Australian Government Department of Health, Disability and Ageing – Private Health Strategy Branch (PHSB)
Private Health Insurance Classification of MBS Items – 1 July 2025 – as at 16 June 2025 ('the PHI Spreadsheet')

This PHI spreadsheet of 16 June 2025 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 2025.

The PHI spreadsheet of 16 June 2025 was derived from the MBS XML file published on 16 June 2025.

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 assigned to both procedure types
- **unlisted** – items not assigned a specific procedure type
  eg, general anaesthesia item not requiring accommodation in itself but is done in hospital in support of other treatments
- **C** - procedure does not normally require Hospital treatment, but with appropriate certification has the potential to be eligible for benefits as Hospital treatment

- **N/A (not Hospital treatment)** - MBS services not claimable as Hospital treatment or if provided to an admitted patient.
- **N/A** - MBS service that may be Hospital treatment but is not intended to be claimable under private health insurance for a privately admitted patient

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	20.05		20.05		
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 $30.70 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 $2.45 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	43.9		43.9		
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 $30.70 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 $2.45 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	84.9		84.9		
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 $30.70 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 $2.45 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	125.1		125.1		
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 $30.70 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 $2.45 per patient.			
52	Common list	Type C	01.12.1989	1	A2	N	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	11		11		
53	Common list	Type C	01.12.1989	1	A2	N	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	21		21		
54	Common list	Type C	01.12.1989	1	A2	N	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	38		38		
57	Common list	Type C	01.12.1989	1	A2	N	Professional attendance at consulting rooms 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		

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
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—initial attendance in a single course of treatment, other than a service to which item 106, 109, 125 or 16401 applies	101.3			76	86.15
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 initial attendance in a single course of treatment, if that attendance is at consulting rooms or hospital, other than a service to which item 126 or 16404 applies	50.95			38.25	43.35
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)	84.05			63.05	71.45
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	148.65			111.5	126.4
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	94.1			70.6	80
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)	228.3			171.25	194.1
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	178.7			134.05	151.9
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 $349.95 or more For any particular patient, once only on the same day	50.95			38.25	43.35

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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 $349.95 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	50.95			38.25	43.35
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	89.4			67.05	76
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 $349.95 or more For any particular patient, once only on the same day	89.4			67.05	76
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	50.95			38.25	43.35
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 applies is $349.95 or more For any particular patient, once only on the same day	50.95			38.25	43.35
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	216.75			162.6	184.25
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	202.65		202.65		
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 $30.70 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 $2.45 per patient.			
125	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A3	Y	Professional attendance lasting at least 45 minutes at consulting rooms or hospital, by a specialist in the practice of the specialist's specialty of gynaecology, following referral of the patient to the specialist by a referring practitioner—initial attendance in a single course of treatment, if: (a) the specialist takes a comprehensive history, including psychosocial history and medication review; and (b) the specialist undertakes any of the following that are clinically relevant: (i) a comprehensive multi-system physical examination; (ii) consideration of multiple complex diagnoses; (iii) discussion of all treatment options available; (iv) assessment of pros and cons of each treatment option given patient characteristics and medical history; (v) consideration, discussion and provision of necessary referrals for clinically appropriate investigations or treatment; (vi) communication of a patient-centred management plan; and (c) the specialist makes available to the patient or carer written documentation that outlines treatment options and information on associated risks and benefits; and (d) another attendance on the patient did not take place on the same day by the specialist in the same single course of treatment	178.7			134.05	151.9

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126	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A3	Y	Professional attendance lasting at least 45 minutes at consulting rooms or hospital, by a specialist in the practice of the specialist's specialty of gynaecology, following referral of the patient to the specialist by a referring practitioner—an attendance after the initial attendance in a single course of treatment, if: (a) the specialist takes a comprehensive history, including psychosocial history and medication review; and (b) the specialist reviews implemented management strategies; and (c) the specialist undertakes any of the following that are clinically relevant: (i) update of management plan; (ii) performance of a physical examination; (iii) discussion of treatment options; (iv) consideration, discussion and provision of necessary referrals; (v) provision of appropriate education; and (d) the specialist makes available to the patient or carer written documentation that outlines treatment options and information on associated risks and benefits; and (e) another attendance on the patient did not take place on the same day by the specialist in the same single course of treatment	89.4			67.05	76
127	Gynaecology	Type C	01.07.2025	1	A3	Y	Video attendance lasting at least 45 minutes by a specialist in the practice of the specialist's specialty of gynaecology, following referral of the patient to the specialist by a referring practitioner—initial attendance in a single course of treatment, if: (a) the specialist takes a comprehensive history, including psycho-social history and medication review; and (b) the specialist undertakes any of the following that are clinically relevant: (i) arranging for necessary investigations which may include a detailed physical examination; (ii) consideration of multiple complex diagnoses; (iii) discussion of all treatment options available; (iv) assessment of pros and cons of each treatment option given patient characteristics and medical history; (v) consideration, discussion and provision of necessary referrals for clinically appropriate investigations or treatment; (vi) communication of a patient-centred management plan; and (c) the specialist makes available to the patient or carer written documentation that outlines treatment options and information on associated risks and benefits; and (d) an attendance on the patient did not take place on the same day by the same specialist gynaecologist in the same single course of treatment.	178.7				151.9
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	131.1			98.35	111.45
129	Gynaecology	Type C	01.07.2025	1	A3	Y	Video attendance lasting at least 45 minutes by a specialist in the practice of the specialist's speciality of gynaecology, following referral of the patient to the specialist by a referring practitioner - an attendance after the initial attendance in a single course of treatment if: (a) the specialist updates the patient's comprehensive history, including psycho-social history and medication review; and (b) the specialist reviews implemented management strategies; and (c) the specialist undertakes any of the following that are clinically relevant: (i) update of management plan; (ii) arranging for necessary investigations which may include a detailed physical examination; (iii) discussion of treatment options; (iv) consideration, discussion and provision of necessary referrals; (v) provision of appropriate education; and (d) the specialist makes available to the patient or carer written documentation that outlines treatment options and information on associated risks and benefits; and (e) an attendance on the patient did not take place on the same day by the specialist for the same single course of treatment.	89.4				76
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	94.45			70.85	80.3
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) lasting at least 45 minutes for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves: (i) an opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) medication recommendations; and (c) an attendance on the patient to which item 110, 116, 119, 91824, 91825, 91826 or 91836 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	312.45			234.35	265.6

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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) lasting at least 20 minutes after the initial attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on the diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 110, 116, 119, 91824, 91825, 91826 or 91836 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	156.45			117.35	133
135	Common list	Type C	01.07.2008	1	A29	N	Professional attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant paediatrician by a referring practitioner, for a patient aged under 25, if the consultant paediatrician: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 137, 139, 289, 92140, 92141, 92142 or 92434) Applicable only once per lifetime	312.45			234.35	265.6
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	312.45			234.35	265.6
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	156.95		156.95		

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% ($)
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	535.95			402	455.6
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	335.05			251.3	284.8
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	649.85				552.4

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% ($)
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	406.2				345.3
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	258.45		258.45	193.85	
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	430.65		430.65	323	
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	602.7		602.7	452.05	
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	775.25		775.25	581.45	
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	861.4		861.4	646.05	
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	137.15		137.15	102.9	
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	144.5		144.5	108.4	
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	175.8		175.8	131.85	
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 over for 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.	67.95		67.95		
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	16.1		16.1		
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 $24.60 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 $1.95 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% ($)
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	35.05		35.05		
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 $24.60 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 $1.95 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	67.95		67.95		
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 $24.60 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 $1.95 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	43.2		43.2		
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 $30.30 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 $2.40 per patient.			
197	Common list	Type C	01.05.2003	1	A7	N	Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed	83.65		83.65		
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	123.15		123.15		
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	100.05		100.05		
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 $24.60 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 $1.95 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% ($)
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	206.8		206.8	155.1	
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	344.6		344.6	258.45	
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	482.1		482.1	361.6	
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	620.25		620.25	465.2	
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	689.1		689.1	516.85	
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	109.65		109.65	82.25	
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	115.6		115.6	86.7	
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	140.65		140.65	105.5	
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	55.4		55.4		
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	128.7		128.7		
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	177.55		177.55		
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	250.9		250.9		
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 Attendance Determination	198.1		198.1		
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, 735, 739, 743, 747, 750 or 758 apply	65.7		65.7	49.3	
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, 735, 739, 743, 747, 750 or 758 apply	65.7		65.7	49.3	
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 231, 232, 392, 393, 729, 731, 965, 967, 92029, 92030, 92060 or 92061 apply	66.05		66.05	49.55	

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% ($)
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 231, 232, 392, 393, 729, 731, 965, 967, 92029, 92030, 92060 or 92061 apply	112.9		112.9	84.7	
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 231, 232, 392, 393, 729, 731, 965, 967, 92029, 92030, 92060 or 92061 apply	188.1		188.1	141.1	
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 231, 232, 392, 393, 729, 731, 965, 967, 92029, 92030, 92060 or 92061 apply	48.5		48.5	36.4	
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 231, 232, 392, 393, 729, 731, 965, 967, 92029, 92030, 92060 or 92061 apply	83.1		83.1	62.35	
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 231, 232, 392, 393, 729, 731, 965, 967, 92029, 92030, 92060 or 92061 apply	138.3		138.3	103.75	
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	64.65		64.65	48.5	
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	30.15		30.15	22.65	
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	144.5		144.5		
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 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 903 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR	98.9		98.9		
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	66.9		66.9	50.2	
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	98.5		98.5	73.9	
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	66.9		66.9	50.2	

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% ($)
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	66.9		66.9	50.2	
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	84.95		84.95	63.75	
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	125.2		125.2	93.9	
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	86.6		86.6		
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 $24.25 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 $1.90 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	123.9		123.9		
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 $24.25 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 $1.90 per patient.			
289	Hospital psychiatric services	Type C	01.07.2008	1	A8	N	Professional attendance lasting at least 45 minutes, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant psychiatrist by a referring practitioner, for a patient aged under 25, if the consultant psychiatrist: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 92140, 92141, 92142 or 92434) Applicable only once per lifetime	312.45			234.35	265.6
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	535.95				455.6

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% ($)
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	335.05				284.8
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 subsection 19(2) of the Act applies		50% of the fee for item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 or 319.			
296	Common list	Type C	01.11.2006	1	A8	N	Professional attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner - an attendance at consulting rooms if the patient: (a) is a new patient for this consultant physician; or (b) has not received a professional attendance from this consultant physician in the preceding 24 months; other than attendance on a patient in relation to whom this item, or any of items 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 92437 and 92478 to 92483 has applied in the preceding 24 months	308.3			231.25	262.1
297	Hospital psychiatric services	Unlisted	01.11.2006	1	A8	N	Professional attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner - an attendance at hospital if the patient: (a) is a new patient for this consultant physician; or (b) has not received a professional attendance from this consultant physician in the preceding 24 months; other than attendance on a patient in relation to whom this item, or any of items 296, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 92437 and 92478 to 92483 has applied in the preceding 24 months (H)	308.3			231.25	
299	Common list	Type C	01.11.2006	1	A8	N	Professional attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner - an attendance at a place other than consulting rooms or a hospital if the patient: (a) is a new patient for this consultant physician; or (b) has not received a professional attendance from this consultant physician in the preceding 24 months; other than attendance on a patient in relation to whom this item, or any of items 296, 297, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 92437 and 92478 to 92483 has applied in the preceding 24 months	368.55				313.3
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	51.3			38.5	43.65
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	162.1		162.1		
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	102.4			76.8	87.05

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% ($)
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 $24.60 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 $1.95 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	157.6			118.2	134
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	217.5			163.15	184.9
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	252.4			189.3	214.55
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	86.6		86.6		
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	25.55			19.2	21.75
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 $24.25 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 $1.90 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	51.3			38.5	43.65
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	123.9		123.9		
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	79			59.25	67.15
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 $24.25 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 $1.90 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% ($)
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	108.85			81.65	92.55
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	126.2			94.65	107.3
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	217.5			163.15	184.9
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	51.3			38.5	43.65
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	102.4			76.8	87.05
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	157.6			118.2	134
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	217.5			163.15	184.9
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	252.4			189.3	214.55
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	94.2			70.65	80.1
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	147.5			110.65	125.4
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	215			161.25	182.75
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	260.15			195.15	221.15
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	295.5			221.65	251.2
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	51.3			38.5	43.65

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% ($)
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	58.35			43.8	49.6
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	102.4			76.8	87.05
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	77.45			58.1	65.85
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	157.6			118.2	134
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	114.65			86	97.5
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	217.5			163.15	184.9
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	252.4			189.3	214.55
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	101.3			76	86.15
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	50.95			38.25	43.35
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	148.65			111.5	126.4
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	94.1			70.6	80
392	Common list	Type C	01.07.2025	1	A7	Y	Professional attendance by a prescribed medical practitioner to prepare a GP chronic condition management plan for a patient	125.3		125.3	94	
393	Common list	Type C	01.07.2025	1	A7	Y	Professional attendance by a prescribed medical practitioner to review a GP chronic condition management plan prepared by the prescribed medical practitioner or an associated medical practitioner	125.3		125.3	94	

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
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.	23.15			17.4	19.7
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.	50.6			37.95	43.05
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.	97.95			73.5	83.3
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.	144.2			108.15	122.6
414	Common list	Type C	01.11.1999	1	A13	N	Professional attendance at other than consulting rooms by a public health physician in the practice of the public health physician's specialty of public health medicine—attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management		The fee for item 410, plus $30.20 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 $2.40 per patient.			
415	Common list	Type C	01.11.1999	1	A13	N	Professional attendance by a public health physician in the practice of the public health physician's specialty of public health medicine at other than consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation		The fee for item 411, plus $30.20 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 $2.40 per patient.			
416	Common list	Type C	01.11.1999	1	A13	N	Professional attendance by a public health physician in the practice of the public health physician's specialty of public health medicine at other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation		The fee for item 412, plus $30.20 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 $2.40 per patient.			
417	Common list	Type C	01.11.1999	1	A13	N	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 $30.20 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 $2.40 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	151.45		151.45	113.6	
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	151.45		151.45	113.6	
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	105		105	78.75	
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	48.95		48.95	36.75	

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% ($)
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	178.5		178.5	133.9	
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	142.65		142.65	107	
695	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A14	Y	Menopause and Perimenopause Health Assessment Professional attendance on a patient for the assessment and management of menopause or perimenopause by a general practitioner lasting at least 20 minutes and including, but not limited to: a) collecting relevant information, including taking a patient history to determine pre-, peri- or post-menopausal status, patient wellbeing and contraindications for management; and b) undertaking a basic physical examination, including recording blood pressure, and review of height and weight; and c) initiating investigations and referrals as clinically indicated, with consideration given to the need for cervical screening, mammography and bone densitometry; and d) discussing management options including non-pharmacological and pharmacological strategies including risks and benefits; e) implementing a management plan which includes patient centred symptoms management; and f) providing the patient with preventative health care advice and information as clinically indicated, including advice on physical activity, smoking cessation, alcohol consumption, nutritional intake and weight management.	101.9		101.9		
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 rooms lasting at least 20 minutes and including: collection of relevant information, including taking a patient history; and a basic physical examination, which must include recording blood pressure and cholesterol; and initiating interventions and referrals as indicated; and implementing a management plan; and providing the patient with preventative health care advice and information.	84.9		84.9		
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	69.2		69.2		
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	160.85		160.85		
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	222		222		
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	313.6		313.6		
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	247.65		247.65		
729	Common list	Type C	01.07.2005	1	A15	N	Contribution by a general practitioner (not including a specialist or consultant physician) to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of item 735, 739, 743, 747, 750 or 758 applies)	82.1		82.1		
731	Common list	Type C	01.07.2005	1	A15	N	Contribution by a general practitioner (not including a specialist or consultant physician) to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which item 735, 739, 743, 747, 750 or 758 applies)	82.1		82.1		
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	27.05		27.05		

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735	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which item 729, 731, 965, 967, 231, 232, 392, 393, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies)	82.5		82.5	61.9	
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	45.65		45.65		
739	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which item 729, 731, 965, 967, 231, 232, 392, 393, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies)	141.05		141.05	105.8	
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	78.4		78.4		
743	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which item 729, 731, 965, 967, 231, 232, 392, 393, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies)	235.15		235.15	176.4	
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	109.95		109.95		
747	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which item 729, 731, 965, 967, 231, 232, 392, 393, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies)	60.6		60.6	45.45	
750	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which item 729, 731, 965, 967, 231, 232, 392, 393, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies)	103.9		103.9	77.95	
758	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which item 729, 731, 965, 967, 231, 232, 392, 393, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies)	172.85		172.85	129.65	
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 $24.25 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 $1.90 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 $24.25 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 $1.90 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 $24.25 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 $1.90 per patient.			

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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 $24.25 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 $1.90 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 $43.60 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 $3.05 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 $43.60 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 $3.05 per patient.			
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 $43.60 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 $3.05 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 $43.60 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 $3.05 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 Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act. For items 92136, 92137, 92138, 92139, 93026 and 93029, see the Telehealth Attendance Determination	71.5		71.5		
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	164.65			123.5	140
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	247.15			185.4	210.1
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	329.25			246.95	279.9
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	118.25			88.7	100.55
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	188.65			141.5	160.4
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	259			194.25	220.15

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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	164.65			123.5	140
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	247.15			185.4	210.1
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	329.25			246.95	279.9
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	118.25			88.7	100.55
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	188.65			141.5	160.4
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	259			194.25	220.15
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	164.65			123.5	140
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	247.15			185.4	210.1
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	329.25			246.95	279.9
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	164.65			123.5	140
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	247.15			185.4	210.1
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	329.25			246.95	279.9
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	95.1			71.35	80.85
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	44.3			33.25	37.7
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)	57.6			43.2	

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% ($)
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	180.65		180.65		
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.	123.7		123.7		
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	82.5		82.5	61.9	
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	141.05		141.05	105.8	
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	235.15		235.15	176.4	
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	60.6		60.6	45.45	
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	103.9		103.9	77.95	
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	172.85		172.85	129.65	
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	164.65			123.5	140
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	247.15			185.4	210.1
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	329.25			246.95	279.9
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	118.25			88.7	100.55
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	188.65			141.5	160.4
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	259			194.25	220.15
965	Common list	Type C	01.07.2025	1	A15	Y	Professional attendance by a general practitioner to prepare a GP chronic condition management plan for a patient	156.55		156.55	117.45	
967	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A15	Y	Professional attendance by a general practitioner to review a GP chronic condition management plan prepared by the general practitioner or an associated medical practitioner	156.55		156.55	117.45	
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	66.05		66.05	49.55	

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% ($)
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	112.9		112.9	84.7	
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	188.15		188.15	141.15	
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	48.5		48.5	36.4	
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	83.1		83.1	62.35	
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 40 minutes	138.3		138.3	103.75	
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.	186.75		186.75		
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 $24.25 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 $1.90 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 $43.60 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 $3.05 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	83.65		83.65	62.75	
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	123.15		123.15	92.4	
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	83.65		83.65	62.75	
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	83.65		83.65		
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	106.2		106.2	79.65	
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	156.45		156.45	117.35	
2721	Hospital psychiatric services	Type C	01.11.2002	1	A20	N	Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes	108.2		108.2		
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 (not including a specialist or a consultant physician), for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes		The fee for item 2721, plus $30.30 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 $2.40 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	154.85		154.85		
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 (not including a specialist or a consultant physician), for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes		The fee for item 2725, plus $30.30 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 $2.40 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% ($)
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	108.2		108.2		
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 $30.30 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 $2.40 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	154.85		154.85		
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 $30.30 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 $2.40 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	178.7			134.05	151.9
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	89.4			67.05	76
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	50.95			38.25	43.35
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	216.75				184.25
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	131.1				111.45
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	94.45				80.3
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	164.65			123.5	140
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	247.15			185.4	210.1
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	329.25			246.95	279.9
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	118.25			88.7	100.55
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	188.65			141.5	160.4

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% ($)
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	259			194.25	220.15
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)	164.65			123.5	140
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)	247.15			185.4	210.1
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)	329.25			246.95	279.9
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)	118.25			88.7	100.55
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)	188.65			141.5	160.4
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)	259			194.25	220.15
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	178.7			134.05	151.9
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	89.4			67.05	76
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	50.95			38.25	43.35
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	216.75				184.25
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	131.1				111.45
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	94.45				80.3
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	164.65			123.5	140
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	247.15			185.4	210.1
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	329.25			246.95	279.9

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% ($)
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	118.25			88.7	100.55
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	188.65			141.5	160.4
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	259			194.25	220.15
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)	164.65			123.5	140
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)	247.15			185.4	210.1
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)	329.25			246.95	279.9
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)	118.25			88.7	100.55
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)	188.65			141.5	160.4
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)	259			194.25	220.15
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.	89.35		89.35		
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	33.8		33.8		
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	68.45			51.35	58.2
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 this Schedule applies) that requires a short patient history and, if necessary, limited examination and management—an attendance on one or more patients on one occasion—each patient		The fee for item 5000, plus $30.30 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 $2.40 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	114.95			86.25	97.75

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% ($)
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 a care recipient in the facility who is not a resident of a self-contained unit, by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 5000, plus $54.55 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 $3.90 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	114.95			86.25	97.75
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	180.15			135.15	153.15
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	226.65			170	192.7
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	226.65			170	192.7
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	304.15			228.15	258.55
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	350.7			263.05	298.1
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	350.7			263.05	298.1
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	57.15		57.15		
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	51.3			38.5	43.65
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	86.2			64.65	73.3
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 $30.30 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 $2.40 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	86.2			64.65	73.3
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 $54.55 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 $3.90 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	135.05			101.3	114.8

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% ($)
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	170			127.5	144.5
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	170			127.5	144.5
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	228.1			171.1	193.9
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	263.05			197.3	223.6
5036	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	263.05			197.3	223.6
5039	Common list	Type C	01.03.2020	1	A21	N	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if: (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019	166.2			124.65	141.3
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	98		98		
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	312.45			234.35	265.6
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	124.7			93.55	106
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 this Schedule applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients on one occasion—each patient		The fee for item 5040, plus $30.30 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 $2.40 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	234.35			175.8	199.2

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% ($)
5049	Common list	Type C	01.01.2005	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 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 $54.55 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 $3.90 per patient.			
5060	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	137.4		137.4		
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 this Schedule applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients on one occasion—each patient		The fee for item 5060, plus $30.30 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 $2.40 per patient.			
5067	Common list	Type C	01.01.2005	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 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 $54.55 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 $3.90 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	233.4		233.4		
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 $30.30 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 $2.40 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 $54.55 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 $3.90 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	21.5		21.5		
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	31.75		31.75		
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	49.15		49.15		
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)	72.7		72.7		
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)	125.35		125.35		
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			

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
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			
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	153.4			115.05	130.4
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	50.95			38.25	43.35
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	101.3			76	86.15

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% ($)
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	140.35			105.3	119.3
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	178.7			134.05	151.9
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	178.7			134.05	151.9
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	89.4			67.05	76
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	312.45			234.35	265.6
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	156.45			117.35	133
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	58.35			43.8	49.6
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	50.55			37.95	43
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	89.4			67.05	76
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	134.2			100.65	114.1

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% ($)
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	178.7			134.05	151.9
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	40.45			30.35	34.4
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	71.55			53.7	60.85
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	107.3			80.5	91.25
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	142.9			107.2	121.5
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	178.7			134.05	151.9
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	89.4			67.05	76
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	312.45			234.35	265.6
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	156.45			117.35	133
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	216.75				184.25

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% ($)
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	131.1				111.45
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	50.55			37.95	43
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	89.4			67.05	76
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	134.2			100.65	114.1
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	178.7			134.05	151.9
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	40.45			30.35	34.4
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	71.55			53.7	60.85
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	107.3			80.5	91.25
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	142.9			107.2	121.5
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.)	59.4			44.55	50.5
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.)	44.3			33.25	37.7
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	59.4			44.55	50.5
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	44.3			33.25	37.7
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	144.1			108.1	122.5
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	144.1			108.1	122.5
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	144.1			108.1	122.5

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% ($)
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	144.1			108.1	122.5
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)	144.1			108.1	122.5
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	144.1			108.1	122.5
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	144.1			108.1	122.5
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	144.1			108.1	122.5
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	144.1			108.1	122.5
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	144.1			108.1	122.5
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	77.8				66.15
10907	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 attended another optometrist for an attendance to which this item or item 10905, 10910, 10911, 10913, 10914 or 10915 applies: (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	39				33.15
10910	Common list	Unlisted	01.01.2015	1	A10	N	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 this item or item 10905, 10907, 10913, 10914 or 10915 applies	77.8				66.15
10911	Common list	Unlisted	01.01.2015	1	A10	N	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 this item, or item 10905, 10907, 10910, 10913, 10914 or 10915 applies	77.8				66.15
10913	N/A (Not hospital treatment)	N/A (Not hospital treatment)	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 suffered a significant change of visual function or 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 this item, or item 10905, 10907, 10910, 10914 or 10915 applies; or(b) for a patient who is at least 65 years of age—within 12 months of an initial consultation to which this item, or item 10905, 10907, 10910, 10911, 10914 or 10915 applies	77.8				66.15
10914	N/A (Not hospital treatment)	N/A (Not hospital treatment)	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 this item or item 10905, 10907, 10910, 10913 or 10915 applies; or(b) for a patient who is at least 65 years of age—within 12 months of an initial consultation to which this item or item 10905, 10907, 10910, 10911, 10913 or 10915 applies	77.8				66.15
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.	77.8				66.15
10916	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.1997	1	A10	N	Professional attendance, being the first in a course of attention, of not more than 15 minutes in duration (other than a service associated with a service to which item 10938, 10939, 10940, 10941, 10942 or 10943 applies)	39				33.15

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% ($)
10918	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.1997	1	A10	N	Professional attendance, being the second or subsequent in a course of attention and being unrelated to the prescription and fitting of contact lenses (other than a service associated with a service to which item 10938, 10939, 10940 or 10941 applies)	39				33.15
10921	N/A (Not hospital treatment)	N/A (Not hospital treatment)	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 for optical correction, being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 appliesFor patients with any of the following:(a) myopia of 5.0 dioptres or greater (spherical equivalent) in at least one eye; (b) manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in at least one eye; (c) astigmatism of 3.0 dioptres or greater in at least one eye; (d) anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)Applicable once for each condition in a period of 36 months	193.45				164.45
10924	N/A (Not hospital treatment)	N/A (Not hospital treatment)	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, for patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, topographic or quantitative corneal morphology if:(a) the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12); and(b) if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens;being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 appliesApplicable once in a period of 36 months	244.05				207.45
10926	N/A (Not hospital treatment)	N/A (Not hospital treatment)	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, 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, being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 appliesApplicable once in a period of 36 months	193.45				164.45
10927	N/A (Not hospital treatment)	N/A (Not hospital treatment)	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, for patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by any of the following:(a) pathological mydriasis;(b) aniridia;(c) coloboma of the iris;(d) pupillary malformation or distortion;(e) significant ocular deformity; or(f) corneal opacity;whether congenital, traumatic or surgical in origin being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 appliesApplicable once in a period of 36 months	244.05				207.45
10928	N/A (Not hospital treatment)	N/A (Not hospital treatment)	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, for patients who, because of physical deformity, are unable to wear spectacles, being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 appliesApplicable once in a period of 36 months	193.45				164.45
10929	N/A (Not hospital treatment)	N/A (Not hospital treatment)	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, 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, being a course of attention for which the first attendance is a service to which:(a) item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 applies; and(b) the contact lenses are not required for appearance, sporting, work or psychological reasons.Applicable once in a period of 36 months	244.05				207.45
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	193.45				164.45
10931	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2005	1	A10	N	A flag fall service to which an item in Subgroup 1 of Group A10 applies (other than this item), if the service:(a) is provided: (i) during a home visit to a person; or (ii) in a residential aged care facility; or (iii) in an institution; and(b) is provided to one or more patients at a single location on a single occasion; and(c) is: (i) bulk billed for the fees for this item and another item applying to the service; or (ii) not bulk billed for the fees for this item and another item applying to the serviceApplicable once per occasion a service is provided under paragraph (a) for each distinct location	44.8				38.1
10938	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2025	1	A10	N	Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, where indicated by the presence of glaucoma with a high risk of clinically significant progression that: (a) is not a service involving multifocal multichannel objective perimetry; (b) is performed by an optometrist; and (c) is performed on a patient who has received two perimetry services to which item 10940 or 10941 applies in the previous 12 months other than a service associated with a service to which item 10916 or 10918 appliesApplicable once per patient (including any service to which item 10939 applies) in a 12-month period	74.3				63.2

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% ($)
10939	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2025	1	A10	N	Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, where indicated by the presence of glaucoma with a high risk of clinically significant progression that: (a) is not a service involving multifocal multichannel objective perimetry; and (b) is performed by an optometrist (c) is performed on a patient who has received two perimetry services to which item 10940 or 10941 applies in the previous 12 monthsother than a service associated with a service to which item 10916 or 10918 appliesApplicable once per patient (including any service to which item 10938 applies) in a 12-month period	44.85				38.15
10940	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2003	1	A10	N	Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, if 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; (c) the patient has received fewer than two perimetry services to which this item or item 10941 applies in a 12-month period other than a service associated with a service to which item 10916 or 10918 applies	74.3				63.2
10941	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2003	1	A10	N	Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, if 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;(c) the patient has received fewer than two perimetry services to which this item or item 10940 applies in a 12-month period other than a service associated with a service to which item 10916 or 10918 applies	44.85				38.15
10942	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2005	1	A10	N	Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N12 or worse at 40cm in the better eye or a horizontal visual field of less than 110 degrees and within 10 degrees above and below the horizontal midline, involving one or more of the following:(a) spectacle correction;(b) determination of contrast sensitivity;(c) determination of glare sensitivity;(d) prescription of magnification aids;other than a service associated with a service to which item 10916, 10921, 10924, 10926, 10927, 10928, 10929 or 10930 appliesApplicable twice per patient in a 12-month period	39				33.15
10943	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2005	1	A10	N	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, where the service:(a) includes assessment of one or more of the following: (i) accommodation; (ii) ocular motility; (iii) vergences; (iv) fusional reserves; (v) cycloplegic refraction; and(b) is not performed for the assessment of learning difficulties or learning disabilities;other than a service to which item 10916, 10921, 10924, 10926, 10927, 10928, 10929 or 10930 appliesApplicable once per patient in a 12-month period	39				33.15
10944	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.09.2015	1	A10	N	Complete removal of embedded foreign body (including a rust ring, if present) from the cornea—not more than once on the same day by the same optometrist (excluding after care). Only claimable when either fully removed, or if the patient is referred to an Ophthalmologist or other appropriately qualified practitioner for further assessment and management after second attendance results in partial removalOther than a service associated with a service to which items 10905, 10907, 10910, 10911, 10913, 10914, 10915, 10916 or 10918 applies	84.15				71.55
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 of ophthalmology; and (b) is not an admitted patient	39				33.15
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	77.8				66.15
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8

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% ($)
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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)	57				48.45
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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)	97.75				83.1
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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)	162.6				138.25

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% ($)
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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 patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements 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 Attendance Determination applies) in a calendar year	72.65				61.8
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	37.85		37.85		

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% ($)
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	27.95		27.95		
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.	14		14		
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.	14		14		
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	8.6				7.35
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	13				11.05
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 person is not an admitted patient of a hospital; and (f) the service is not provided in consulting rooms; and (g) the service is provided in any of the following areas: (i) a Modified Monash 2 area; (ii) a Modified Monash 3 area; (iii) a Modified Monash 4 area; (iv) a Modified Monash 5 area; (v) a Modified Monash 6 area; (vi) a Modified Monash 7 area; and (h) the service is provided by, or on behalf of, a medical practitioner whose practice location is not in an area mentioned in paragraph (g); and (i) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item mentioned in paragraph (a) or (b) applying to the service	13				11.05
10997	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2007	8	M12	N	Service provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition, 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 in place: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP management plan, or team care arrangements, prepared before 1 July 2025; or (iii) a multidisciplinary care plan; and (d) the service is consistent with the plan or arrangements Applicable up to a total of 5 services to which this item, item 92301 or item 93203 applies in a calendar year	14		14		
11000	Support list	Type C	01.12.1991	2	D1	N	Electroencephalography, other than a service:(a) associated with a service to which item 11003, 11009 or 11205 applies; or(b) involving quantitative topographic mapping using neurometrics or similar devices (Anaes.)	143.6			107.7	122.1
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.	379.9			284.95	322.95
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.	379.9			284.95	322.95
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.	379.9			284.95	322.95
11009	Support list	Unlisted	01.12.1991	2	D1	N	ELECTROCORTICOGRAPHY	379.9			284.95	322.95

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% ($)
11012	Support list	Type C	01.12.1991	2	D1	N	NEUROMUSCULAR ELECTRODIAGNOSIS conduction 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)	130.6			97.95	111.05
11015	Support list	Type C	01.12.1991	2	D1	N	NEUROMUSCULAR ELECTRODIAGNOSIS conduction 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)	174.85			131.15	148.65
11018	Support list	Type C	01.12.1991	2	D1	N	NEUROMUSCULAR ELECTRODIAGNOSIS conduction studies on 4 or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not being a service associated with a service to which item 11012 or 11015 applies)	261.3			196	222.15
11021	Support list	Unlisted	01.12.1991	2	D1	N	NEUROMUSCULAR ELECTRODIAGNOSIS repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations	174.85			131.15	148.65
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	132.8			99.6	112.9
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	196.95			147.75	167.45
11200	Support list	Type C	01.12.1991	2	D1	N	PROVOCATIVE TEST OR TESTS FOR OPEN ANGLE GLAUCOMA, including water drinking	47.55			35.7	40.45
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.	126.25			94.7	107.35
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 the specialist's or consultant physician's specialty, other than a service associated with a service to which item 11000, 11340, 11341 or 11343 applies	126.25			94.7	107.35
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, performed by or on behalf of a specialist or consultant physician in the practice of the specialist's or consultant physician's speciality	126.25			94.7	107.35
11211	Support list	Type C	01.11.2001	2	D1	N	Dark adaptometry of one or both eyes with a quantitative estimation of threshold in log lumens at 45 minutes of dark adaptations, performed by or on behalf of a specialist in the practice of the specialist's specialty of ophthalmology	126.25			94.7	107.35
11215	Support list	Type C	01.12.1991	2	D1	N	RETINAL ANGIOGRAPHY, multiple exposures of 1 eye with intravenous dye injection	143.45			107.6	121.95
11218	Support list	Type C	01.12.1991	2	D1	N	RETINAL ANGIOGRAPHY, multiple exposures of both eyes with intravenous dye injection	177.3			133	150.75
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	46.6			34.95	39.65
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.	46.6			34.95	39.65
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	79.1			59.35	67.25
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	47.6			35.7	40.5
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	143.15			107.4	121.7
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	95.05			71.3	80.8
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.	95.05			71.3	80.8
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	120.95			90.75	102.85

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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	93.5			70.15	79.5
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	93.5			70.15	79.5
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.	89.8			67.35	76.35
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.)	224.55			168.45	190.9
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	224.55			168.45	190.9
11303	Support list	Unlisted	01.12.1991	2	D1	N	ELECTROCOCHLEOGRAPHY, extratympanic method, 1 or both ears	224.55			168.45	190.9
11304	Support list	Unlisted	01.11.1994	2	D1	N	ELECTROCOCHLEOGRAPHY, transtympanic membrane insertion technique, 1 or both ears	369.75			277.35	314.3
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.	25.55			19.2	21.75
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.	30.65			23	26.1
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.	43.3			32.5	36.85
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	57.35			43.05	48.75
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	70.85			53.15	60.25
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	23.15			17.4	19.7
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	68.35			51.3	58.1
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	217.15			162.9	184.6
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	435.35			326.55	370.05
11342	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2022	2	D1	N	Programming by video attendance 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	179.6				152.7
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	651.3			488.5	553.65

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% ($)
11345	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2022	2	D1	N	Programming by phone attendance 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	179.6				152.7
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	161.75			121.35	137.5
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	48.05			36.05	40.85
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	24			18	20.4
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	116.9			87.7	99.4
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 a specialist or consultant physician who is also responsible for the supervision of technical staff and quality assurance	339.25			254.45	288.4

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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	72.1			54.1	61.3
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)	80.85			60.65	68.75
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	67.35			50.55	57.25
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	88.25			66.2	75.05
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	88.25			66.2	75.05
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) 231 to 244; (D) 392 or 393; (E) 699; (F) 701 to 707; (G) 715; (H) 729, 731, 965 or 967; (I) 735 to 758; (J) 92004, 92011, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061. Applicable only once in any 12 month period	120.1			90.1	102.1
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.	74.3			55.75	63.2
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.	74.3			55.75	63.2
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.	131.1			98.35	111.45
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	88.25			66.2	75.05
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.	88.45			66.35	75.2
11627	Support list	Unlisted	01.12.1991	2	D1	N	Pulmonary artery pressure monitoring during open heart surgery, in a patient under 12 years of age (H)	266.7			200.05	

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% ($)
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.	36.45				31
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.	21.45			16.1	18.25
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.	21.45				18.25
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	81.35			61.05	69.15
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.	28.25				24.05
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.	195.45				166.15
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.	114.85				97.65
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	77.9			58.45	66.25
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.	77.9			58.45	66.25

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% ($)
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	81.35			61.05	69.15
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.	60.6				51.55
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	196.95			147.75	167.45
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	221.1			165.85	187.95
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.	110.55			82.95	94
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	110.55			82.95	94
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	40.55			30.45	34.5
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	177.55			133.2	150.95
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	177.55			133.2	150.95
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	40.55			30.45	34.5

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% ($)
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	177.55			133.2	150.95
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.	149.25				126.9
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	40.55			30.45	34.5
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	40.55			30.45	34.5
11800	Digestive system	Type C	01.12.1991	2	D1	N	OESOPHAGEAL MOTILITY TEST, manometric	203.45			152.6	172.95
11801	Digestive system	Type B Non-band specific	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 monitoring: (i) has been attempted on the patient but failed due to clinical complications; or (ii) is not clinically appropriate for the patient due to anatomical reasons (nasopharyngeal anatomy) preventing the use of catheter-based pH monitoring; and (b) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (H) (Anaes.)	306.85			230.15	
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	203.45			152.6	172.95
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 the bleeding; and (c) the service has not been provided to the same patient on more than 2 occasions in the preceding 12 months; and (d) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy; and (e) the service is not associated with a service to which item 30680, 30682, 30684 or 30686 applies	1434.1			1075.6	1331.7

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% ($)
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.	1434.1			1075.6	1331.7
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	217.9			163.45	185.25
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	291.3			218.5	247.65
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	32.1			24.1	27.3
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.)	230.4			172.8	195.85
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.)	499.75			374.85	424.8
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.)	499.75			374.85	424.8
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	45.4			34.05	38.6
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	45.4			34.05	38.6
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	45.4			34.05	38.6
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	45.4			34.05	38.6
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	68.65			51.5	58.4
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	92.35			69.3	78.5
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	24.25			18.2	20.65
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	81.9			61.45	69.65
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	134.7			101.05	114.5
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	158.15			118.65	134.45

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% ($)
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	180.2			135.15	153.2
12200	Support list	Type C	01.12.1991	2	D1	N	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis	43.35			32.55	36.85
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	2791.5			2093.65	2689.1
12203	Sleep studies	Unlisted	01.12.1991	2	D1	N	Overnight diagnostic assessment of sleep, for at least 8 hours, for a patient aged 18 years or more, to confirm diagnosis of a sleep disorder, if: (a) either: (i) the patient has been referred by a medical practitioner to a qualified adult sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP-Bang score of 3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or (ii) following professional attendance on the patient (either face-to-face or by video conference) by a qualified adult sleep medicine practitioner or a consultant respiratory physician, the qualified adult sleep medicine practitioner or consultant respiratory physician determines that assessment is necessary to confirm the diagnosis of a sleep disorder; and (b) the overnight diagnostic assessment is performed to investigate: (i) suspected obstructive sleep apnoea syndrome where the patient is assessed as not suitable for an unattended sleep study; or (ii) suspected central sleep apnoea syndrome; or (iii) suspected sleep hypoventilation syndrome; or (iv) suspected sleep-related breathing disorders in association with non-respiratory co-morbid conditions including heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism; or (v) unexplained hypersomnolence which is not attributed to inadequate sleep hygiene or environmental factors; or (vi) suspected parasomnia or seizure disorder where clinical diagnosis cannot be established on clinical features alone (including associated atypical features, vigilance behaviours or failure to respond to conventional therapy); or (vii) suspected sleep related movement disorder, where the diagnosis of restless legs syndrome is not evident on clinical assessment; and (c) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (d) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities 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	685.95			514.5	583.55
12204	Sleep studies	Unlisted	01.11.2018	2	D1	N	Overnight assessment of positive airway pressure, for at least 8 hours, for a patient aged 18 years or more, if: (a) the necessity for an intervention sleep study is determined by a qualified adult sleep medicine practitioner or consultant respiratory physician where a diagnosis of a sleep-related breathing disorder has been made; and (b) the patient has not undergone positive airway pressure therapy in the previous 6 months; and (c) following professional attendance on the patient by a qualified adult sleep medicine practitioner or a consultant respiratory physician (either face-to-face or by video conference), the qualified adult sleep medicine practitioner or consultant respiratory physician establishes that the sleep-related breathing disorder is responsible for the patient's symptoms; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement; (ix) position; and (f) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (g) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (h) the overnight assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient Applicable only once in any 12 month period	685.95			514.5	583.55

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% ($)
12205	Sleep studies	Unlisted	01.11.2018	2	D1	N	Follow-up study for a patient aged 18 years or more with a sleep-related breathing disorder, following professional attendance on the patient by a qualified adult sleep medicine practitioner or consultant respiratory physician (either face-to-face or by video conference), if: (a) any of the following subparagraphs applies: (i) there has been a recurrence of symptoms not explained by known or identifiable factors such as inadequate usage of treatment, sleep duration or significant recent illness; (ii) there has been a significant change in weight or changes in co-morbid conditions that could affect sleep-related breathing disorders, and other means of assessing treatment efficacy (including review of data stored by a therapy device used by the patient) are unavailable or have been equivocal; (iii) the patient has undergone a therapeutic intervention (including, but not limited to, positive airway pressure, upper airway surgery, positional therapy, appropriate oral appliance, weight loss of more than 10% in the previous 6 months or oxygen therapy), and there is either clinical evidence of sub-optimal response or uncertainty about control of sleep-disordered breathing; and (b) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (c) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (d) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (e) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (f) the follow-up study is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient Applicable only once in any 12 month period	685.95			514.5	583.55
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	685.95			514.5	583.55

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% ($)
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	685.95			514.5	583.55
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	818.8			614.1	716.4
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	737.6			553.2	635.2

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% ($)
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 11735 applies is provided to the patient Applicable only once in the same 12 month period to which item 12210 applies	818.8			614.1	716.4
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 provided to the patient Applicable only once in the same 12 month period to which item 12213 applies	737.6			553.2	635.2

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% ($)
12250	Sleep studies	Unlisted	01.10.2008	2	D1	N	Overnight investigation of sleep for at least 8 hours of a patient aged 18 years or more to confirm diagnosis of obstructive sleep apnoea, if: (a) either: (i) the patient has been referred by a medical practitioner to a qualified adult sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP-Bang score of 3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or (ii) following professional attendance on the patient (either face-to-face or by video conference) by a qualified adult sleep medicine practitioner or a consultant respiratory physician, the qualified adult sleep medicine practitioner or consultant respiratory physician determines that investigation is necessary to confirm the diagnosis of obstructive sleep apnoea; and (b) during a period of sleep, there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) continuous ECG; (iv) continuous EEG; (v) EOG; (vi) oxygen saturation; (vii) respiratory effort; and (c) the investigation is performed under the supervision of a qualified adult sleep medicine practitioner; and (d) either: (i) the equipment is applied to the patient by a sleep technician; or (ii) if this is not possible—the reason it is not possible for the sleep technician to apply the equipment to the patient is documented and the patient is given instructions on how to apply the equipment by a sleep technician supported by written instructions; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events and cardiac abnormalities) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11714, 11716, 11717, 11723, 11735 and 12203 is provided to the patient Applicable only once in any 12 month period	391.1			293.35	332.45
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	1065.85			799.4	963.45
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	1065.85			799.4	963.45

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% ($)
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	1117.6			838.2	1015.2
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	1117.6			838.2	1015.2
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	1198.75			899.1	1096.35

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% ($)
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	1198.75			899.1	1096.35
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	119.45			89.6	101.55
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	119.45			89.6	101.55
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 month period	119.45			89.6	101.55
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	119.45			89.6	101.55
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 month period	119.45			89.6	101.55
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	119.45			89.6	101.55

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% ($)
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	58.25			43.7	49.55
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	58.25			43.7	49.55
12500	Support list	Type C	01.12.1991	2	D2	N	BLOOD VOLUME ESTIMATION	252.7			189.55	214.8
12524	Kidney and bladder	Type C	01.12.1991	2	D2	N	RENAL FUNCTION TEST (without imaging procedure)	184.75			138.6	157.05
12527	Kidney and bladder	Type C	01.12.1991	2	D2	N	RENAL FUNCTION TEST (with imaging and at least 2 blood samples)	99.05			74.3	84.2
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	98.7			74.05	83.9
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.	297.2			222.9	252.65
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	301.95			226.5	256.7
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)	134.95			101.25	114.75
13030	Common list	Unlisted	01.07.1996	3	T1	N	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility, if the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life-saving emergency treatment, including any associated attendance—per hour (or part of an hour) (H)	190.6			142.95	
13100	Dialysis for chronic kidney failure	Type B Band 1	01.12.1991	3	T1	N	Supervision in hospital by a medical specialist of—haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, if the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in one day (H)	159.45			119.6	
13103	Dialysis for chronic kidney failure	Type B Band 1	01.12.1991	3	T1	N	Supervision in hospital by a medical specialist of—haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, if the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in one day (H)	83.1			62.35	
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	172.55				146.7
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	690.6		690.6		
13106	Dialysis for chronic kidney failure	Unlisted	01.12.1991	3	T1	N	DECLOTTING OF AN ARTERIOVENOUS SHUNT	141.5			106.15	120.3
13109	Dialysis for chronic kidney failure	Unlisted	01.12.1991	3	T1	N	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS INSERTION AND FIXATION OF (Anaes.)	265.65			199.25	225.85

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% ($)
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.)	266.55			199.95	226.6
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	3628.9			2721.7	3526.5
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	3394.45			2545.85	3292.05
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	543.1			407.35	461.65
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	567.75			425.85	482.6
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	128.9			96.7	109.6
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	98.75			74.1	83.95
13212	Assisted reproductive services	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 (H) (Anaes.)	413.5			310.15	
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.)	129.7			97.3	110.25
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.)	925.7			694.3	823.3
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	59.25			44.45	50.4
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.)	991.6			743.7	
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	487.6			365.7	414.5
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.	484.1			363.1	411.5
13290	Assisted reproductive services	Type C	01.05.1997	3	T1	N	SEMEN, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, by a medical practitioner using a vibrator or electro-ejaculation device including catheterisation and drainage of bladder where required	238.2			178.65	202.5
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 (H)	66.4			49.8	
13303	Support list	Unlisted	01.12.1991	3	T1	N	Umbilical artery catheterisation with or without infusion (H)	98.45			73.85	
13306	Support list	Unlisted	01.12.1991	3	T1	N	Blood transfusion with venesection and complete replacement of blood, including collection from donor (H)	389.75			292.35	
13309	Support list	Unlisted	01.12.1991	3	T1	N	Blood transfusion with venesection and complete replacement of blood, using blood already collected (H)	332.3			249.25	
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	33.2			24.9	28.25
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 (H) (Anaes.)	265.3			199	
13319	Support list	Unlisted	01.05.1997	3	T1	N	Central vein catheterisation in a neonate via peripheral vein (H) (Anaes.)	265.3			199	
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.)	113			84.75	

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% ($)
13506	Digestive system	Unlisted	01.05.1994	3	T1	N	Gastro-oesophageal balloon intubation for control of bleeding from gastric oesophageal varices (H)	215.15			161.4	
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 (H) (Anaes.)	388.85			291.65	
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 (H)	139.35			104.55	
13706	Support list	Type B Band 1	01.12.1991	3	T1	N	Transfusion of blood or bone marrow already collected (H)	97.2			72.9	
13750	Support list	Type B Non-band specific	01.07.1996	3	T1	N	Therapeutic haemapheresis for the removal of plasma or cellular (or both) elements of blood, utilising continuous or intermittent flow techniques, including morphological tests for cell counts and viability studies, if performed; continuous monitoring of vital signs, fluid balance, blood volume and other parameters with continuous registered nurse attendance under the supervision of a consultant physician, other than a service associated with a service to which item 13755 applies—each day (H)	159.45			119.6	
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—other than a service associated with a service to which item 13750 applies—each day (H)	159.45			119.6	
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	85.1			63.85	72.35
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	889.65			667.25	787.25
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 (H)	2139.55			1604.7	
13762	Common list	Type B Non-band specific	01.03.2022	3	T1	N	Extracorporeal photopheresis for the treatment of chronic graft-versus-host disease, if: (a) the person is: (i) has received allogeneic haematopoietic stem cell transplantation; and (ii) has been diagnosed with chronic graft versus host disease following the transplantation; and (iii) steroid treatment is clinically unsuitable as the disease is steroid refractory or the person is steroid-dependent or steroid-intolerant; and (b) the person has previously received an extracorporeal photopheresis treatment cycle and had a partial or complete response in at least one organ in response to treatment; and (c) the person requires further extracorporeal photopheresis; and (d) the service is delivered using an integrated, closed extracorporeal photopheresis system; and (e) the service is provided in combination with the use of 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 (H)	2139.55			1604.7	
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 (H) (Anaes.)	132.6			99.45	
13818	Support list	Unlisted	01.07.1993	3	T1	N	Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement (H) (Anaes.)	132.65			99.5	
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 (H)	87.85			65.9	
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 (H)	1028.65			771.5	
13834	Support list	Type A Surgical	01.03.2020	3	T1	N	Veno–arterial cardiopulmonary extracorporeal life support, management of—the first day (H)	575.85			431.9	
13835	Support list	Unlisted	01.03.2020	3	T1	N	Veno–arterial cardiopulmonary extracorporeal life support, management of—each day after the first (H)	133.95			100.5	
13837	Support list	Type A Surgical	01.03.2020	3	T1	N	Veno-venous pulmonary extracorporeal life support, management of—the first day (H)	575.85			431.9	
13838	Support list	Unlisted	01.03.2020	3	T1	N	Veno-venous pulmonary extracorporeal life support, management of—each day after the first (H)	133.95			100.5	
13839	Support list	Type C	01.05.1994	3	T1	N	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes	26.95			20.25	22.95
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 (H)	689.2			516.9	
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	109.1			81.85	92.75

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% ($)
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 (H)	182.1			136.6	
13851	Heart and vascular system	Type A Surgical	01.05.1994	3	T1	N	Ventricular assist device (excluding intravascular microaxial ventricular assist device inserted into the right ventricle), 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 (H)	575.85			431.9	
13854	Support list	Unlisted	01.05.1994	3	T1	N	Ventricular assist device (excluding intravascular microaxial ventricular assist device inserted into the right ventricle), management of, for a patient admitted to an intensive care unit, including management of complications arising from implantation or management of the device—each day after the first day (H)	133.95			100.5	
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	170.8			128.1	145.2
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)	422.45			316.85	
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)	313.3			235	
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)	89.7			67.3	
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)	170.8			128.1	
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)	134.45			100.85	
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)	179.25			134.45	
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)	89.7			67.3	
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 about Goals 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 a specialist 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	312.45			234.35	265.6
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	126			94.5	107.1
14050	Skin	Type C	01.12.1991	3	T1	N	UVA or UVB phototherapy administered in a whole body cabinet or hand and foot cabinet including associated consultations other than the initial consultation, if treatment is initiated and supervised by a specialist in the specialty of dermatology Applicable not more than 150 times in a 12 month period	61.6			46.2	52.4
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.)	177.85			133.4	151.2
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.)	186.85			140.15	158.85

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% ($)
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.)	299.2			224.4	254.35
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.)	379.95			285	323
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.)	177.85			133.4	151.2
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	276.3			207.25	234.9
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	139.85			104.9	118.9
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.)	59.65			44.75	50.75
14206	Assisted reproductive services	Type C	01.12.1991	3	T1	N	HORMONE OR LIVING TISSUE IMPLANTATION by cannula	41.5			31.15	35.3
14212	Digestive system	Unlisted	01.11.1994	3	T1	N	Intussusception, management of fluid or gas reduction for (H) (Anaes.)	216.1			162.1	
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	209			156.75	177.65
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	179.35			134.55	152.45
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	114.3			85.75	97.2
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)	209			156.75	177.65
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	179.35			134.55	152.45
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	61.25			45.95	52.1
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.)	179.35			134.55	

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% ($)
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	114.3			85.75	97.2
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.)	422.15			316.65	
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.)	769.8			577.35	
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	114.3			85.75	97.2
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 (a) the service is provided in the initial six months of treatment; and (b) the service is delivered using an integrated, closed extracorporeal photopheresis system; and (c) the patient is 18 years old or over; and (d) the patient has received prior systemic treatment for this condition and experienced either disease progression or unacceptable toxicity while on this treatment; and (e) the service is provided in combination with the use of Pharmaceutical Benefits Scheme-subsidised methoxsalen; and (f) the service is supervised by a specialist or consultant physician in the speciality of haematology. Applicable once per treatment cycle (H)	2158.85			1619.15	
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 (a) 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 (b) the service is delivered using an integrated, closed extracorporeal photopheresis system; and (c) the patient is 18 years old or over; and (d) the service is provided in combination with the use of Pharmaceutical Benefits Scheme-subsidised methoxsalen; and (e) the service is supervised by a specialist or consultant physician in the speciality of haematology. Applicable once per treatment cycle (H)	2158.85			1619.15	
14255	Support list	Type C	01.03.2020	3	T1	N	Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	173.05			129.8	147.1
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.)	332.85			249.65	282.95
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.)	662.9			497.2	563.5
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.)	129.9			97.45	110.45
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.)	249.65			187.25	212.25
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.)	497.15			372.9	422.6
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.)	60.95			45.75	51.85
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.)	137.15			102.9	116.6
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.)	45.65			34.25	38.85

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% ($)
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.)	102.85			77.15	87.45
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.)	153.75			115.35	130.7
14272	Support list	Type C	01.03.2020	3	T1	N	Management, without aftercare, of all fractures and dislocations suffered by a patient that: (a) is provided by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (b) occurs at a recognised emergency department of a private hospital (Anaes.)	115.35			86.55	98.05
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	173.05			129.8	147.1
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	129.9			97.45	110.45
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	173.05			129.8	147.1
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	129.9			97.45	110.45
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	173.05			129.8	147.1
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	129.9			97.45	110.45
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)	291.6			218.7	
15902	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	742.85			557.15	640.45

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% ($)
15904	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	1088.35			816.3	985.95
15906	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 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	1678.05			1258.55	1575.65
15908	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 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	2712.85			2034.65	2610.45
15910	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	4242.1			3181.6	4139.7

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% ($)
15912	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 at a level that is equivalent to or higher than that 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	2121.05			1590.8	2018.65
15914	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	6096.85			4572.65	5994.45
15916	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 at a level that is equivalent to or higher than that 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	3048.4			2286.3	2946
15918	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	6836.2			5127.15	6733.8
15920	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	6836.2			5127.15	6733.8

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15922	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 at a level that is equivalent to or higher than that 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	3418.15			2563.65	3315.75
15924	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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.)	7215.4			5411.55	7113
15926	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	7215.4			5411.55	7113
15928	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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.)	3607.7			2705.8	3505.3
15930	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 to implement a one-dimensional plan; and (d) a two-dimensional single-field treatment delivery mode is utilised Applicable up to twice per plan per day	93.45			70.1	79.45
15932	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 up to twice per plan per day	116.4			87.3	98.95
15934	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 up to twice per plan per day	262.1			196.6	222.8
15936	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 up to twice per plan per day	285.1			213.85	242.35
15938	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 an IMRT plan at a level that is equivalent to or higher than that described in item 15910 Applicable up to twice per plan per day	285.1			213.85	242.35
15940	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 an IMRT plan at a level that is equivalent to or higher than that described in item 15910; 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 up to twice per plan per day	313.6			235.2	266.6

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% ($)
15942	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 at a level 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	808.3			606.25	705.9
15944	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 at a level 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	808.3			606.25	705.9
15946	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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 to implement a treatment plan with general anaesthetic or sedation supervised by an anaesthetist Applicable once per day	929.55			697.2	827.15
15948	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	Megavoltage treatment—level 5Specialised 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 Applicable up to twice per day	929.55			697.2	827.15
15950	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	208.6			156.45	177.35
15952	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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)	56.15			42.15	47.75
15954	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to each additional anatomical site following delivery to one anatomical site treated under item 15952 (excluding orbital structures where there is placement of an internal eye shield)	22.55			16.95	19.2
15956	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to orbital structures where there is placement of an internal eye shield	69.05			51.8	58.7
15958	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	108.95			81.75	92.65
15960	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	Complex construction and manufacture of a personalised brachytherapy applicator or mould, derived from three-dimensional image volume datasets, including the removal of applicators, catheters or needles	150.3			112.75	127.8
15962	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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.)	326.8			245.1	277.8
15964	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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.)	435.8			326.85	370.45
15966	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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.)	544.7			408.55	463

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
15968	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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.)	853.8			640.35	751.4
15970	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	141.65			106.25	120.45
15972	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	70.85			53.15	60.25
15974	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	950			712.5	847.6
15976	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	475.05			356.3	403.8
15978	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	1103.95			828	1001.55
15980	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	552.05			414.05	469.25
15982	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	413.95			310.5	351.9
15984	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	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	152.5			114.4	129.65

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% ($)
15990	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	N	Proton beam dosimetry, and proton-photon comparative plan reporting, to assess eligibility for proton beam therapy via the Medical Treatment Overseas Program if: (a) proton planning is required to calculate dose to single or multiple-target structures and requires a dose-volume histogram to complete the planning process; and (b) the proton planning process optimises the differential between target dose, organs at risk, and normal tissue dose, based on review and assessment by a radiation oncologist; and (c) all relevant gross tumour volumes, clinical target volumes and organs at risk are rendered as volumes and nominated with planning dose objectives; and (d) organs at risk are nominated as planning dose constraints; and (e) dose calculations and dose-volume histograms are generated in an inverse planned process, using a specialised calculation algorithm, with prescription and plan details approved and recorded with the plan; and (f) a three-dimensional or four-dimensional image volume dataset is used for the relevant region to be planned and verified; and (g) the final proton dosimetry plan is: (i) validated by both the appropriately qualified radiation therapist and medical physicist, using robust quality assurance processes; and (ii) approved by the radiation oncologist, ensuring the plan is clinically realistic and assessed to be robust to expected uncertainties encountered in proton beam therapy; and (h) a proton-photon comparative plan report is generated; and (i) the service is bulk-billed	7532.8			5649.6	7430.4
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.)	1655.45			1241.6	1553.05
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	1115.95			837	1013.55
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	540.6			405.45	459.55
16012	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.12.1991	3	T3	N	Intravenous administration of a therapeutic dose of Phosphorous 32	3105			2328.75	3002.6
16015	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.05.1997	3	T3	N	Administration of Strontium 89 for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), if systemic antineoplastic therapy is unavailable or has failed to control the patient's disease and either: a) the disease is poorly controlled by conventional radiotherapy; or b) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain.	4766.15			3574.65	4663.75
16018	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	22.12.1999	3	T3	N	Administration of 153 Sm-lexidronam for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), 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.	5128.3			3846.25	5025.9
16050	Support list (DI)	Type C	01.07.2025	3	T3	Y	Administration of Lutetium 177 PSMA, followed within 36 hours by whole body Lu-PSMA SPECT, for treatment of a patient with metastatic castrate resistant prostate cancer who is: (a) PSMA-positive as determined by PSMA PET (defined as SUVmax >15 at a single site of disease and SUVmax >10 at all sites of measurable disease) after disease progression and (b) prior treatment includes at least one taxane chemotherapy and at least one androgen receptor signalling inhibitor. Applicable once per cycle, up to a maximum of 2 cycles in the initial treatment phase.	8000			6000	7897.6
16055	Support list (DI)	Type C	01.07.2025	3	T3	Y	Administration of Lutetium 177 PSMA, followed within 36 hours by whole body Lu-PSMA SPECT, for treatment of a patient with metastatic castrate resistant prostate cancer, if:(a) a service to which item 16050 applies has been provided; and(b) the patient has not developed disease progression while receiving Lutetium 177 PSMA for this condition. Applicable once per cycle, up to a maximum of 4 cycles in the continuing treatment phase.	8000			6000	7897.6
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	31.8				27.05
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	99.75			74.85	84.8
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	50.2			37.65	42.7
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	156.3			117.25	132.9

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% ($)
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	83.65			62.75	71.15
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	62.3				53
16500	Pregnancy and birth	Type C	01.12.1991	3	T4	N	Antenatal attendance	55			41.25	46.75
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	163.95			123	139.4
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	55			41.25	46.75
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	55			41.25	46.75
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	55			41.25	46.75
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	55			41.25	46.75
16511	Pregnancy and birth	Type C	01.11.1995	3	T4	N	Cervix, purse string ligation of (Anaes.)	256.5			192.4	218.05
16512	Pregnancy and birth	Type B Non-band specific	01.11.1995	3	T4	N	Cervix, removal of purse string ligature of (Anaes.)	74.05			55.55	62.95
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)	42.75			32.1	36.35
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.)	735.9			551.95	633.5
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.)	525.65			394.25	446.85
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.)	809.55			607.2	707.15
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 (H) (Anaes.)	735.9			551.95	

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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; (ii) cardiac disease (co-managed with a specialist physician and with echocardiographic evidence of myocardial dysfunction); (iii) previous renal or liver transplant; (iv) renal dialysis; (v) chronic liver disease with documented oesophageal varices; (vi) renal insufficiency in early pregnancy (serum	1900.7			1425.55	
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.)	735.9			551.95	633.5
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 (H) (Anaes.)	735.9			551.95	
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.)	448.35			336.3	381.1
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.)	896.7			672.55	
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	123.15			92.4	
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	123.15			92.4	
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 (H) (Anaes.)	254.3			190.75	
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.)	371.9			278.95	316.15
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.)	485.45			364.1	412.65
16571	Pregnancy and birth	Type A Surgical	01.11.1995	3	T4	N	Cervix, repair of extensive laceration or lacerations (Anaes.)	371.9			278.95	316.15
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 (H) (Anaes.)	303			227.25	
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	434.85			326.15	369.65
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	166.4			124.8	141.45
16600	Pregnancy and birth	Type C	01.07.1995	3	T4	N	Amniocentesis, diagnostic	74.05			55.55	62.95

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% ($)
16603	Pregnancy and birth	Type B Non-band specific	01.07.1995	3	T4	N	Chorionic villus sampling, by any route	142.2			106.65	120.9
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.)	283.75			212.85	241.2
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.)	578.6			433.95	491.85
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.)	455.25			341.45	387
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.)	242.5			181.9	206.15
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	242.5			181.9	206.15
16621	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	Amnioinfusion, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios (H)	242.5			181.9	
16624	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	Fetal fluid filled cavity, drainage of (H)	349.05			261.8	
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 (H)	710.45			532.85	
17610	Support list	Type C	01.11.2006	3	T6	N	ANAESTHETIST, PRE-ANAESTHESIA CONSULTATION (Professional attendance by a medical practitioner in the practice of ANAESTHESIA) - a BRIEF consultation involving a targeted history and limited examination (including the cardio-respiratory system) - AND of not more than 15 minutes s duration, not being a service associated with a service to which items 2801 - 3000 apply	50.95			38.25	43.35
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	101.3			76	86.15
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	140.35			105.3	119.3
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	178.7			134.05	151.9
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 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	50.95			38.25	43.35
17645	Common list	Type C	01.11.2006	3	T6	N	- a consultation involving a selective history and examination of multiple systems and the 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.	101.3			76	86.15
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	140.35			105.3	119.3
17655	Common list	Type C	01.11.2006	3	T6	N	- a consultation involving an exhaustive history and comprehensive examination of multiple systems and the formulation of a written patient management plan following discussion with relevant health care professionals 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.	178.7			134.05	151.9
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.	101.3			76	86.15

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% ($)
17690	Support list	Type C	01.11.2006	3	T6	N	- Where a pre-anaesthesia consultation covered by an item in the range 17615-17625 is performed in-rooms if: (a) the service is provided to a patient prior to an admitted patient episode of care involving anaesthesia; and (b) the service is not provided to 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.	46.8			35.1	39.8
18213	Support list	Type C	01.11.1993	3	T7	N	Intravenous regional anaesthesia of limb by retrograde perfusion of local anaesthetic agent	103.35			77.55	87.85
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 (H) (Anaes.)	221.55			166.2	
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 (H) (Anaes.)		The fee for item 18216 plus $22.15 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	43.95			33	37.4
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	58.35			43.8	49.6
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, if the service is provided between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday (H)	332.25			249.2	
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, if continuous attendance by a medical practitioner extends beyond the first hour—for a patient in labour, if the service is provided between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday (H)		The fee for item 18226 plus $33.40 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	72.95			54.75	62.05
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.)	278.1			208.6	236.4
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.)	221.55			166.2	188.35
18233	Support list	Unlisted	01.11.1993	3	T7	N	EPIDURAL INJECTION of blood for blood patch (Anaes.)	221.55			166.2	188.35
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.)	145.65			109.25	123.85
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.)	72.95			54.75	62.05
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	43.95			33	37.4
18240	Support list	Unlisted	01.11.1993	3	T7	N	RETROBULBAR OR PERIBULBAR INJECTION of an anaesthetic agent	109.15			81.9	92.8
18242	Support list	Type B Non-band specific	01.11.1993	3	T7	N	GREATER OCCIPITAL NERVE, injection of an anaesthetic agent (Anaes.)	43.95			33	37.4
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	117.65			88.25	100.05
18248	Support list	Unlisted	01.11.1993	3	T7	N	PHRENIC NERVE, injection of an anaesthetic agent	103.35			77.55	87.85
18250	Support list	Unlisted	01.11.1993	3	T7	N	SPINAL ACCESSORY NERVE, injection of an anaesthetic agent	72.95			54.75	62.05
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	117.65			88.25	100.05
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	117.65			88.25	100.05
18256	Support list	Unlisted	01.11.1993	3	T7	N	SUPRASCAPULAR NERVE, injection of an anaesthetic agent	72.95			54.75	62.05
18258	Support list	Unlisted	01.11.1993	3	T7	N	INTERCOSTAL NERVE (single), injection of an anaesthetic agent	72.95			54.75	62.05
18260	Support list	Unlisted	01.11.1993	3	T7	N	INTERCOSTAL NERVES (multiple), injection of an anaesthetic agent	103.35			77.55	87.85

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% ($)
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.)	72.95			54.75	62.05
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	117.65			88.25	100.05
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	72.95			54.75	62.05
18268	Support list	Unlisted	01.11.1993	3	T7	N	OBTURATOR NERVE, injection of an anaesthetic agent	103.35			77.55	87.85
18270	Support list	Unlisted	01.11.1993	3	T7	N	FEMORAL NERVE, injection of an anaesthetic agent	103.35			77.55	87.85
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	72.95			54.75	62.05
18276	Support list	Type B Non-band specific	01.11.1993	3	T7	N	PARAVERTEBRAL NERVES, injection of an anaesthetic agent, (multiple levels)	145.65			109.25	123.85
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	103.35			77.55	87.85
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.)	145.65			109.25	123.85
18282	Common list	Unlisted	01.11.1993	3	T7	N	Carotid sinus, injection of an anaesthetic agent, as an independent percutaneous procedure (H)	117.65			88.25	
18284	Common list	Type B Non-band specific	01.11.1993	3	T7	N	Cervical or thoracic sympathetic chain, injection of an anaesthetic agent (H) (Anaes.)	172.2			129.15	
18286	Common list	Type B Non-band specific	01.11.1993	3	T7	N	Lumbar or pelvic sympathetic chain, injection of an anaesthetic agent (H) (Anaes.)	172.2			129.15	
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 (H) (Anaes.)	172.2			129.15	
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.)	291.3			218.5	247.65
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.)	145.65			109.25	123.85
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 (H) (Anaes.)	205.35			154.05	
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 (H) (Anaes.)	175.6			131.7	
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	69.2			51.9	58.85
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.)	205.35			154.05	174.55
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	145.65			109.25	123.85
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	145.65			109.25	123.85
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	291.3			218.5	247.65
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.)	145.65			109.25	123.85
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	145.65			109.25	123.85

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% ($)
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.)	145.65			109.25	123.85
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.)	287.8			215.85	244.65
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	145.65			109.25	123.85
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.)	182.5			136.9	155.15
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	311.5			233.65	264.8
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.)	52.55			39.45	44.7
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.)	52.55			39.45	44.7
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.)	145.65			109.25	123.85
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.)	145.65			109.25	123.85
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.)	268.2			201.15	
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)	145.65			109.25	123.85

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% ($)
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.)	268.2			201.15	
19000	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A7	Y	Menopause and Perimenopause Health Assessment Professional attendance on a patient for the assessment and management of menopause or perimenopause by a prescribed medical practitioner lasting at least 20 minutes and including, but not limited to: a) collecting relevant information, including taking a patient history to determine pre-, peri- or post-menopausal status, patient wellbeing and contraindications for management; and b) undertaking a basic physical examination, including recording blood pressure, and review of height and weight; and c) initiating investigations and referrals as clinically indicated, with consideration given to the need for cervical screening, mammography and bone densitometry; and d) discussing management options including non-pharmacological and pharmacological strategies including risks and benefits; e) implementing a management plan which includes patient centred symptoms management; and f) providing the patient with preventative health care advice and information as clinically indicated, including advice on physical activity, smoking cessation, alcohol consumption, nutritional intake and weight management.	81.5		81.5		
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)	115.5			86.65	98.2
20102	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for plastic repair of cleft lip (H) (6 basic units)	138.6			103.95	
20104	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for electroconvulsive therapy (H) (4 basic units)	92.4			69.3	
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)	115.5			86.65	98.2
20124	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for otoscopy (4 basic units)	92.4			69.3	78.55
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)	115.5			86.65	98.2
20142	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for lens surgery (H) (5 basic units)	115.5			86.65	
20143	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for retinal surgery (H) (6 basic units)	138.6			103.95	
20144	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for corneal transplant (H) (7 basic units)	161.7			121.3	
20145	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for vitrectomy (H) (7 basic units)	161.7			121.3	
20146	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of conjunctiva (5 basic units)	115.5			86.65	98.2
20147	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for squint repair (H) (6 basic units)	138.6			103.95	
20148	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for ophthalmoscopy (4 basic units)	92.4			69.3	78.55
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)	138.6			103.95	117.85
20162	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for intranasal surgery for malignancy or for intranasal ablation (H) (7 basic units)	161.7			121.3	
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)	92.4			69.3	78.55
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)	138.6			103.95	117.85
20172	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for repair of cleft palate (H) (7 basic units)	161.7			121.3	
20174	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision of retropharyngeal tumour (H) (9 basic units)	207.9			155.95	
20176	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical intraoral surgery (H) (10 basic units)	231			173.25	
20190	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on facial bones, other than a service to which another item in this Subgroup applies (H) (5 basic units)	115.5			86.65	
20192	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction) (H) (10 basic units)	231			173.25	
20210	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for intracranial procedures, other than a service to which another item in this Subgroup applies (H) (15 basic units)	346.5			259.9	
20212	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for subdural taps (H) (5 basic units)	115.5			86.65	
20214	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for burr holes of the cranium (H) (9 basic units)	207.9			155.95	
20216	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for intracranial vascular procedures, including those for aneurysms or arterio-venous abnormalities (H) (20 basic units)	462			346.5	
20220	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for spinal fluid shunt procedures (H) (10 basic units)	231			173.25	
20222	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for ablation of an intracranial nerve (H) (6 basic units)	138.6			103.95	
20225	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for all cranial bone procedures (H) (12 basic units)	277.2			207.9	
20230	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the head or face (H) (12 basic units)	277.2			207.9	

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% ($)
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)	115.5			86.65	98.2
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)	346.5			259.9	294.55
20320	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, other than a service to which another item in this Subgroup applies (H) (6 basic units)	138.6			103.95	
20321	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for laryngectomy, hemi laryngectomy, laryngopharyngectomy or pharyngectomy (H) (10 basic units)	231			173.25	
20330	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for laser surgery to the airway (excluding nose and mouth) (H) (8 basic units)	184.8			138.6	
20350	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on major vessels of neck, other than a service to which another item in this Subgroup applies (H) (10 basic units)	231			173.25	
20352	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for simple ligation of major vessels of neck (H) (5 basic units)	115.5			86.65	
20355	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the neck (H) (12 basic units)	277.2			207.9	
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)	69.3			52	58.95
20401	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on the breast, other than a service to which another item in this Subgroup applies (H) (4 basic units)	92.4			69.3	
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 (H) (5 basic units)	115.5			86.65	
20403	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of management of anaesthesia for axillary dissection or sentinel node biopsy (H) (5 basic units)	115.5			86.65	
20404	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for mastectomy (H) (6 basic units)	138.6			103.95	
20405	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for reconstructive procedures on the breast using myocutaneous flaps (H) (8 basic units)	184.8			138.6	
20406	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical or modified radical procedures on breast with internal mammary node dissection (H) (13 basic units)	300.3			225.25	
20410	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for electrical conversion of arrhythmias (H) (4 basic units)	92.4			69.3	
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)	115.5			86.65	98.2
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)	92.4			69.3	78.55
20450	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on clavicle, scapula or sternum, other than a service to which another item in this Subgroup applies (H) (5 basic units)	115.5			86.65	
20452	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical surgery on clavicle, scapula or sternum (H) (6 basic units)	138.6			103.95	
20470	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for partial rib resection, other than a service to which another item in this Subgroup applies (H) (6 basic units)	138.6			103.95	
20472	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for thoracoplasty (H) (10 basic units)	231			173.25	
20474	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical procedures on chest wall (H) (13 basic units)	300.3			225.25	
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)	231			173.25	196.35
20500	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures on the oesophagus (H) (15 basic units)	346.5			259.9	
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)	138.6			103.95	117.85
20522	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for needle biopsy of pleura (H) (4 basic units)	92.4			69.3	
20524	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for pneumocentesis (H) (4 basic units)	92.4			69.3	
20526	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for thoracoscopy (H) (10 basic units)	231			173.25	
20528	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for mediastinoscopy (H) (8 basic units)	184.8			138.6	
20540	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, other than a service to which another item in this Subgroup applies (H) (13 basic units)	300.3			225.25	
20542	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for pulmonary decortication (H) (15 basic units)	346.5			259.9	
20546	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for pulmonary resection with thoracoplasty (H) (15 basic units)	346.5			259.9	
20548	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for intrathoracic repair of trauma to trachea and bronchi (H) (15 basic units)	346.5			259.9	

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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 (H) (20 basic units)	462			346.5	
20600	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on cervical spine or spinal cord, or both, other than a service to which another item in this Subgroup applies (H) (10 basic units)	231			173.25	
20604	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for posterior cervical laminectomy with the patient in the sitting position (H) (13 basic units)	300.3			225.25	
20620	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on thoracic spine or spinal cord, or both, other than a service to which another item in this Subgroup applies (H) (10 basic units)	231			173.25	
20622	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for thoracolumbar sympathectomy (H) (13 basic units)	300.3			225.25	
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)	184.8			138.6	157.1
20632	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for lumbar sympathectomy (H) (7 basic units)	161.7			121.3	
20634	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for chemonucleolysis (H) (10 basic units)	231			173.25	
20670	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for extensive spine or spinal cord procedures, or both (H) (13 basic units)	300.3			225.25	
20680	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for manipulation of spine when performed in the operating theatre of a hospital (H) (3 basic units)	69.3			52	
20690	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for percutaneous spinal procedures, other than a service to which another item in this Subgroup applies (H) (5 basic units)	115.5			86.65	
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)	69.3			52	58.95
20702	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous liver biopsy (4 basic units)	92.4			69.3	78.55
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)	92.4			69.3	78.55
20704	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior upper abdomen (H) (10 basic units)	231			173.25	
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, other than a service to which another item in this Subgroup applies (H) (7 basic units)	161.7			121.3	
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)	115.5			86.65	98.2
20740	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for upper gastrointestinal endoscopic procedures (H) (5 basic units)	115.5			86.65	
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 (H) (7 basic units)	161.7			121.3	
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)	115.5			86.65	98.2
20752	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for repair of incisional hernia or wound dehiscence, or both (H) (6 basic units)	138.6			103.95	
20754	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on an omphalocele (H) (7 basic units)	161.7			121.3	
20756	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for transabdominal repair of diaphragmatic hernia (H) (9 basic units)	207.9			155.95	
20770	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on major upper abdominal blood vessels (H) (15 basic units)	346.5			259.9	
20790	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures within the peritoneal cavity in the upper abdomen, including any of the following: (a) open cholecystectomy; (b) gastrectomy; (c) laparoscopic assisted nephrectomy; (d) bowel shunts (H) (8 basic units)	184.8			138.6	
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 (H) (10 basic units)	231			173.25	
20792	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for partial hepatectomy (excluding liver biopsy) (H) (13 basic units)	300.3			225.25	
20793	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for extended or trisegmental hepatectomy (H) (15 basic units)	346.5			259.9	
20794	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for pancreatectomy, partial or total (H) (12 basic units)	277.2			207.9	
20798	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for neuro endocrine tumour removal in the upper abdomen (H) (10 basic units)	231			173.25	
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)	138.6			103.95	117.85

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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)	69.3			52	58.95
20802	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lipectomy of the lower abdomen (5 basic units)	115.5			86.65	98.2
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)	92.4			69.3	78.55
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)	231			173.25	196.35
20806	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for laparoscopic procedures in the lower abdomen (H) (7 basic units)	161.7			121.3	
20810	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for lower intestinal endoscopic procedures (H) (4 basic units)	92.4			69.3	
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)	138.6			103.95	117.85
20820	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall (5 basic units)	115.5			86.65	98.2
20830	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for hernia repairs in lower abdomen, other than a service to which another item in this Subgroup applies (H) (4 basic units)	92.4			69.3	
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)	138.6			103.95	117.85
20840	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for all open procedures within the peritoneal cavity in the lower abdomen, including appendicectomy, other than a service to which another item in this Subgroup applies (H) (6 basic units)	138.6			103.95	
20841	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for bowel resection, including laparoscopic bowel resection, other than a service to which another item in this Subgroup applies (H) (8 basic units)	184.8			138.6	
20842	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for amniocentesis (4 basic units)	92.4			69.3	78.55
20844	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir (H) (10 basic units)	231			173.25	
20845	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical prostatectomy (H) (10 basic units)	231			173.25	
20846	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical hysterectomy (H) (10 basic units)	231			173.25	
20847	Support list	Unlisted	01.11.2005	3	T10	N	Initiation of the management of anaesthesia for ovarian malignancy (H) (10 basic units)	231			173.25	
20848	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for pelvic exenteration (H) (10 basic units)	231			173.25	
20850	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for caesarean section (H) (12 basic units)	277.2			207.9	
20855	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for caesarean hysterectomy or hysterectomy within 24 hours of birth (H) (15 basic units)	346.5			259.9	
20860	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for extraperitoneal procedures in lower abdomen, including those on the urinary tract, other than a service to which another item in this Subgroup applies (H) (6 basic units)	138.6			103.95	
20862	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for renal procedures, including upper one-third of ureter (H) (7 basic units)	161.7			121.3	
20863	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for nephrectomy (H) (10 basic units)	231			173.25	
20864	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for total cystectomy (H) (10 basic units)	231			173.25	
20866	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for adrenalectomy (H) (10 basic units)	231			173.25	
20867	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for neuro endocrine tumour removal in the lower abdomen (H) (10 basic units)	231			173.25	
20868	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for renal transplantation (donor or recipient) (H) (10 basic units)	231			173.25	
20880	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on major lower abdominal vessels, other than a service to which another item in this Subgroup applies (H) (15 basic units)	346.5			259.9	
20882	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for inferior vena cava ligation (H) (10 basic units)	231			173.25	
20884	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for percutaneous umbrella insertion (H) (5 basic units)	115.5			86.65	
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)	138.6			103.95	117.85
20900	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the perineum not being a service to which another item in this Subgroup applies (3 basic units)	69.3			52	58.95
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) (H) (4 basic units)	92.4			69.3	
20904	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical perineal procedures, including radical perineal prostatectomy or radical vulvectomy (H) (7 basic units)	161.7			121.3	
20905	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the perineum (H) (10 basic units)	231			173.25	
20906	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for vulvectomy (H) (4 basic units)	92.4			69.3	
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)	92.4			69.3	78.55

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20911	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for endoscopic ureteroscopic surgery including laser procedures (H) (5 basic units)	115.5			86.65	
20912	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for transurethral resection of bladder tumour or tumours (H) (5 basic units)	115.5			86.65	
20914	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for transurethral resection of prostate (H) (7 basic units)	161.7			121.3	
20916	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for bleeding post-transurethral resection (H) (7 basic units)	161.7			121.3	
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)	92.4			69.3	78.55
20924	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on undescended testis, unilateral or bilateral (H) (4 basic units)	92.4			69.3	
20926	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical orchidectomy, inguinal approach (H) (4 basic units)	92.4			69.3	
20928	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical orchidectomy, abdominal approach (H) (6 basic units)	138.6			103.95	
20930	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for orchiopexy, unilateral or bilateral (H) (4 basic units)	92.4			69.3	
20932	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for complete amputation of penis (H) (4 basic units)	92.4			69.3	
20934	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for complete amputation of penis with bilateral inguinal lymphadenectomy (H) (6 basic units)	138.6			103.95	
20936	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for complete amputation of penis with bilateral inguinal and iliac lymphadenectomy (H) (8 basic units)	184.8			138.6	
20938	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for insertion of penile prosthesis (H) (4 basic units)	92.4			69.3	
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)	92.4			69.3	78.55
20942	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for vaginal procedures (including repair operations and urinary incontinence procedures) (H) (5 basic units)	115.5			86.65	
20943	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transvaginal assisted reproductive services (4 basic units)	92.4			69.3	78.55
20944	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for vaginal hysterectomy (H) (6 basic units)	138.6			103.95	
20946	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal birth (8 basic units)	184.8			138.6	157.1
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)	92.4			69.3	78.55
20950	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for culdoscopy (5 basic units)	115.5			86.65	98.2
20952	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for hysteroscopy (4 basic units)	92.4			69.3	78.55
20954	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for correction of inverted uterus (H) (10 basic units)	231			173.25	
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)	92.4			69.3	78.55
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)	115.5			86.65	98.2
20960	Support list	Unlisted	01.05.2002	3	T10	N	Initiation of the management of anaesthesia for vaginal procedures in the management of post-partum haemorrhage, if the blood loss isgreater than 500 ml (H) (7 basic units)	161.7			121.3	
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)	69.3			52	58.95
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)	115.5			86.65	98.2
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)	92.4			69.3	78.55
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)	115.5			86.65	98.2
21116	Support list	Unlisted	01.05.2003	3	T10	N	Initiation of the management of anaesthesia for percutaneous bone marrow harvesting from the pelvis (H) (6 basic units)	138.6			103.95	
21120	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on the bony pelvis (H) (6 basic units)	138.6			103.95	
21130	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for body cast application or revision, when performed in the operating theatre of a hospital (H) (3 basic units)	69.3			52	
21140	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for interpelviabdominal (hindquarter) amputation (H) (15 basic units)	346.5			259.9	
21150	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical procedures for tumour of the pelvis, except hindquarter amputation (H) (10 basic units)	231			173.25	
21155	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior pelvis (H) (10 basic units)	231			173.25	
21160	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint, when performed in the operating theatre of a hospital (H) (4 basic units)	92.4			69.3	
21170	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures involving symphysis pubis or sacroiliac joint (H) (8 basic units)	184.8			138.6	
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)	69.3			52	58.95

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% ($)
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)	92.4			69.3	78.55
21200	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures involving hip joint, when performed in the operating theatre of a hospital (H) (4 basic units)	92.4			69.3	
21202	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for arthroscopic procedures of the hip joint (H) (4 basic units)	92.4			69.3	
21210	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures involving hip joint, other than a service to which another item in this Subgroup applies (H) (6 basic units)	138.6			103.95	
21212	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for hip disarticulation (H) (10 basic units)	231			173.25	
21214	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of management of anaesthesia for primary total hip replacement. (H) (10 basic units)	231			173.25	
21215	Support list	Unlisted	01.03.2022	3	T10	N	Initiation of management of anaesthesia for revision total hip replacement (H) (15 basic units)	346.5			259.9	
21216	Support list	Unlisted	01.11.2005	3	T10	N	Initiation of the management of anaesthesia for bilateral total hip replacement (H) (14 basic units)	323.4			242.55	
21220	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures involving upper two-thirds of femur, when performed in the operating theatre of a hospital (H) (4 basic units)	92.4			69.3	
21230	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures involving upper two-thirds of femur, other than a service to which another item in this Subgroup applies (H) (6 basic units)	138.6			103.95	
21232	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for above knee amputation (H) (5 basic units)	115.5			86.65	
21234	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical resection of the upper two-thirds of femur (H) (8 basic units)	184.8			138.6	
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)	92.4			69.3	78.55
21270	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures involving arteries of upper leg, including bypass graft, other than a service to which another item in this Subgroup applies (H) (8 basic units)	184.8			138.6	
21272	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for femoral artery ligation (H) (4 basic units)	92.4			69.3	
21274	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for femoral artery embolectomy (H) (6 basic units)	138.6			103.95	
21275	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the upper leg (H) (10 basic units)	231			173.25	
21280	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for microsurgical reimplantation of upper leg (H) (15 basic units)	346.5			259.9	
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)	69.3			52	58.95
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)	92.4			69.3	78.55
21340	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures on lower one-third of femur, when performed in the operating theatre of a hospital (H) (4 basic units)	92.4			69.3	
21360	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures on lower one-third of femur (H) (5 basic units)	115.5			86.65	
21380	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures on knee joint when performed in the operating theatre of a hospital (H) (3 basic units)	69.3			52	
21382	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for arthroscopic procedures of knee joint (H) (4 basic units)	92.4			69.3	
21390	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures on upper ends of tibia, fibula or patella, or any of them, when performed in the operating theatre of a hospital (H) (3 basic units)	69.3			52	
21392	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures on upper ends of tibia, fibula or patella, or any of them (H) (4 basic units)	92.4			69.3	
21400	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures on knee joint, other than a service to which another item in this Subgroup applies (H) (4 basic units)	92.4			69.3	
21402	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for knee replacement (H) (7 basic units)	161.7			121.3	
21403	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for bilateral knee replacement (H) (10 basic units)	231			173.25	
21404	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for disarticulation of knee (H) (5 basic units)	115.5			86.65	
21420	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for cast application, removal or repair, involving knee joint, undertaken in a hospital (H) (3 basic units)	69.3			52	
21430	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on veins of knee or popliteal area, other than a service to which another item in this Subgroup applies (H) (4 basic units)	92.4			69.3	
21432	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for repair of arteriovenous fistula of knee or popliteal area (H) (5 basic units)	115.5			86.65	
21440	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on arteries of knee or popliteal area, other than a service to which another item in this Subgroup applies (H) (8 basic units)	184.8			138.6	
21445	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the knee or popliteal area (H) (10 basic units)	231			173.25	
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)	69.3			52	58.95
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)	92.4			69.3	78.55
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)	69.3			52	58.95

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% ($)
21464	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for arthroscopic procedure of ankle joint (H) (4 basic units)	92.4			69.3	
21472	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for repair of Achilles tendon (H) (5 basic units)	115.5			86.65	
21474	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for gastrocnemius recession (H) (5 basic units)	115.5			86.65	
21480	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures on bones of lower leg, ankle or foot, including amputation, other than a service to which another item in this Subgroup applies (H) (4 basic units)	92.4			69.3	
21482	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical resection of bone involving lower leg, ankle or foot (H) (5 basic units)	115.5			86.65	
21484	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for osteotomy or osteoplasty of tibia or fibula (H) (5 basic units)	115.5			86.65	
21486	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for total ankle replacement (H) (7 basic units)	161.7			121.3	
21490	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for lower leg cast application, removal or repair, undertaken in a hospital (H) (3 basic units)	69.3			52	
21500	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on arteries of lower leg, including bypass graft, other than a service to which another item in this Subgroup applies (H) (8 basic units)	184.8			138.6	
21502	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for embolectomy of the lower leg (H) (6 basic units)	138.6			103.95	
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)	92.4			69.3	78.55
21522	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for venous thrombectomy of the lower leg (H) (5 basic units)	115.5			86.65	
21530	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for microsurgical reimplantation of lower leg, ankle or foot (H) (15 basic units)	346.5			259.9	
21532	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for microsurgical reimplantation of toe (H) (8 basic units)	184.8			138.6	
21535	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the lower leg (H) (10 basic units)	231			173.25	
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)	69.3			52	58.95
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)	115.5			86.65	98.2
21620	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint, when performed in the operating theatre of a hospital (H) (4 basic units)	92.4			69.3	
21622	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for arthroscopic procedures of shoulder joint (H) (5 basic units)	115.5			86.65	
21630	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular jointor shoulder joint, other than a service to which another item in this Subgroup applies (H) (5 basic units)	115.5			86.65	
21632	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint (H) (6 basic units)	138.6			103.95	
21634	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for shoulder disarticulation (H) (9 basic units)	207.9			155.95	
21636	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for interthoracoscapular (forequarter) amputation (H) (15 basic units)	346.5			259.9	
21638	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for total shoulder replacement (H) (10 basic units)	231			173.25	
21650	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on arteries of shoulder or axilla, other than a service to which another item in this Subgroup applies (H) (8 basic units)	184.8			138.6	
21652	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures for axillary-brachial aneurysm (H) (10 basic units)	231			173.25	
21654	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for bypass graft of arteries of shoulder or axilla (H) (8 basic units)	184.8			138.6	
21656	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for axillary-femoral bypass graft (H) (10 basic units)	231			173.25	
21670	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on veins of shoulder or axilla (H) (4 basic units)	92.4			69.3	
21680	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for shoulder cast application, removal or repair, other than a service to which another item in this Subgroup applies, when undertaken in a hospital (H) (3 basic units)	69.3			52	
21682	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for shoulder spica application, when undertaken in a hospital (H) (4 basic units)	92.4			69.3	
21685	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the shoulder or the axilla (H) (10 basic units)	231			173.25	
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)	69.3			52	58.95
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)	92.4			69.3	78.55
21712	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open tenotomy of the upper arm or elbow (H) (5 basic units)	115.5			86.65	

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21714	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for tenoplasty of the upper arm or elbow (H) (5 basic units)	115.5			86.65	
21716	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for tenodesis for rupture of long tendon of biceps (H) (5 basic units)	115.5			86.65	
21730	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures on the upper arm or elbow, when performed in the operating theatre of a hospital (H) (3 basic units)	69.3			52	
21732	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for arthroscopic procedures of elbow joint (H) (4 basic units)	92.4			69.3	
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)	115.5			86.65	98.2
21756	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for radical procedures on the upper arm or elbow (H) (6 basic units)	138.6			103.95	
21760	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for total elbow replacement (H) (7 basic units)	161.7			121.3	
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)	184.8			138.6	157.1
21772	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for embolectomy of arteries of the upper arm (H) (6 basic units)	138.6			103.95	
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)	92.4			69.3	78.55
21785	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the upper arm or elbow (H) (10 basic units)	231			173.25	
21790	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for microsurgical reimplantation of upper arm (H) (15 basic units)	346.5			259.9	
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)	69.3			52	58.95
21810	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the nerves, muscles, tendons, fascia, or bursae of the forearm, wrist or hand (4 basic units)	92.4			69.3	78.55
21820	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for closed procedures on the radius, ulna, wrist, or hand bones, when performed in the operating theatre of a hospital (H) (3 basic units)	69.3			52	
21830	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for open procedures on the radius, ulna, wrist, or hand bones, other than a service to which another item in this Subgroup applies (4 basic units)	92.4			69.3	
21832	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for total wrist replacement (H) (7 basic units)	161.7			121.3	
21834	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for arthroscopic procedures of the wrist joint (H) (4 basic units)	92.4			69.3	
21840	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures on the arteries of forearm, wrist or hand, other than a service to which another item in this Subgroup applies (H) (8 basic units)	184.8			138.6	
21842	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for embolectomy of artery of forearm, wrist or hand (H) (6 basic units)	138.6			103.95	
21850	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the veins of forearm, wrist or hand, not being a service to which another item in this Subgroup applies (4 basic units)	92.4			69.3	78.55
21860	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for forearm, wrist, or hand cast application, removal or repair, when undertaken in a hospital (H) (3 basic units)	69.3			52	
21865	Support list	Unlisted	01.07.2008	3	T10	N	Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the forearm, wrist or hand (H) (10 basic units)	231			173.25	
21870	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for microsurgical reimplantation of forearm, wrist or hand (H) (15 basic units)	346.5			259.9	
21872	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for microsurgical reimplantation of a finger (H) (8 basic units)	184.8			138.6	
21878	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting where the area of burn involves not more than 3% of total body surface (3 basic units)	69.3			52	58.95
21879	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves more than 3% but less than 10% of total body surface (H) (5 basic units)	115.5			86.65	
21880	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 10% or more but less than 20% of total body surface (H) (7 basic units)	161.7			121.3	
21881	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 20% or more but less than 30% of total body surface (H) (9 basic units)	207.9			155.95	
21882	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 30% or more but less than 40% of total body surface (H) (11 basic units)	254.1			190.6	
21883	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 40% or more but less than 50% of total body surface (H) (13 basic units)	300.3			225.25	
21884	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 50% or more but less than 60% of total body surface (H) (15 basic units)	346.5			259.9	

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% ($)
21885	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 60% or more but less than 70% of total body surface (H) (17 basic units)	392.7			294.55	
21886	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 70% or more but less than 80% of total body surface (H) (19 basic units)	438.9			329.2	
21887	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 80% or more of total body surface (H) (21 basic units)	485.1			363.85	
21900	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for hysterosalpingography (3 basic units)	69.3			52	58.95
21906	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: lumbar or thoracic (5 basic units)	115.5			86.65	98.2
21908	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: cervical (6 basic units)	138.6			103.95	117.85
21910	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for injection procedure for myelography—posterior fossa (H) (9 basic units)	207.9			155.95	
21912	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for discography: lumbar or thoracic (5 basic units)	115.5			86.65	98.2
21914	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for discography: cervical (6 basic units)	138.6			103.95	117.85
21915	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for peripheral arteriogram (H) (5 basic units)	115.5			86.65	
21916	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for arteriograms—cerebral, carotid or vertebral (H) (5 basic units)	115.5			86.65	
21918	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for retrograde arteriogram: brachial or femoral (5 basic units)	115.5			86.65	98.2
21922	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for computerised axial tomography scanning, magnetic resonance scanning, digital subtraction angiography scanning (6 basic units)	138.6			103.95	117.85
21925	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography (H) (4 basic units)	92.4			69.3	
21926	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for fluoroscopy (4 basic units)	92.4			69.3	78.55
21930	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for bronchography (H) (6 basic units)	138.6			103.95	
21935	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for phlebography (5 basic units)	115.5			86.65	98.2
21936	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for heart—2 dimensional real time transoesophageal examination (H) (5 basic units)	115.5			86.65	
21939	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for peripheral venous cannulation (3 basic units)	69.3			52	58.95
21941	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for cardiac catheterisation (including coronary arteriography, ventriculography, cardiac mappingor insertion of automatic defibrillator or transvenous pacemaker) (H) (7 basic units)	161.7			121.3	
21942	Support list	Unlisted	01.05.2002	3	T10	N	Initiation of the management of anaesthesia for cardiac electrophysiological procedures including radio frequency ablation (H) (10 basic units)	231			173.25	
21943	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for central vein catheterisation or insertion of right heart balloon catheter (via jugular, subclavian or femoral vein) by percutaneous or open exposure (H) (5 basic units)	115.5			86.65	
21945	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lumbar puncture, cisternal puncture, or epidural injection (5 basic units)	115.5			86.65	98.2
21949	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for harvesting of bone marrow for the purpose of transplantation (5 basic units)	115.5			86.65	98.2
21952	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for diagnostic muscle biopsy to assess for malignant hyperpyrexia (H) (4 basic units)	92.4			69.3	
21955	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for electroencephalography (5 basic units)	115.5			86.65	98.2
21959	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for brain stem evoked response audiometry (5 basic units)	115.5			86.65	98.2
21962	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for electrocochleography by extratympanic method or transtympanic membrane insertion method (5 basic units)	115.5			86.65	98.2
21965	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA as a therapeutic procedure if there is a clinical need for anaesthesia, not for headache of any etiology (5 basic units)	115.5			86.65	98.2
21969	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA during hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen) (8 basic units)	184.8			138.6	157.1
21970	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen) (15 basic units)	346.5			259.9	294.55
21973	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for brachytherapy using radioactive sealed sources (5 basic units)	115.5			86.65	98.2
21976	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for therapeutic nuclear medicine (5 basic units)	115.5			86.65	98.2
21980	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radiotherapy (5 basic units)	115.5			86.65	98.2
21990	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA when no procedure ensues (3 basic units)	69.3			52	58.95
21992	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA performed on a person under the age of 10 years in connection with a procedure covered by an item which has not been identified as attracting an anaesthetic (4 basic units)	92.4			69.3	78.55

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21997	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA in connection with a procedure covered by an item that does not include the word "(Anaes.)", other than a service to which item 21965 or 21992 applies, if there is a clinical need for anaesthesia (4 basic units)	92.4			69.3	78.55
22002	Support list	Unlisted	01.11.2001	3	T10	N	Administration of blood or bone marrow, when performed in association with the management of anaesthesia (H) (4 basic units)	92.4			69.3	
22007	Support list	Unlisted	01.11.2001	3	T10	N	Endotracheal intubation with flexible fibreoptic scope associated with difficult airway, when performed in association with the management of anaesthesia (H) (4 basic units)	92.4			69.3	
22008	Support list	Unlisted	01.11.2001	3	T10	N	Double lumen endobronchial tube or bronchial blocker, insertion of, when performed in association with the management of anaesthesia (H) (4 basic units)	92.4			69.3	
22012	Support list	Unlisted	01.11.2001	3	T10	N	Monitoring that: (a) is of one of the following types of blood pressure: (i) central venous blood pressure; (ii) pulmonary arterial blood pressure; (iii) systemic arterial blood pressure; (iv) cardiac intracavity blood pressure; and (b) is conducted by indwelling catheter; and (c) is performed in association with the administration of anaesthesia for a procedure and not as a service to which item 13876 applies; and (d) is performed, on a day, on a patient who: (i) is categorised as having a high risk of complications; or (ii) during the procedure develops either complications or a high risk of complications; and (e) has not previously been performed in those circumstances on the day on the patient for that type of blood pressure (H) (3 basic units)	69.3			52	
22014	Support list	Unlisted	01.11.2001	3	T10	N	Monitoring that: (a) is of one of the following types of blood pressure: (i) central venous blood pressure; (ii) pulmonary arterial blood pressure; (iii) systemic arterial blood pressure; (iv) cardiac intracavity blood pressure; and (b) is conducted by indwelling catheter; and (c) is performed in association with the administration of anaesthesia for a procedure (the current procedure) and not as a service to which item 13876 applies; and (d) is performed, on a day, on a patient: (i) who is categorised as having a high risk of complications or develops during the current procedure either complications or a high risk of complications; and (ii) for whom monitoring of that type of blood pressure to which item 22012 applies has already been performed on the day in association with the administration of anaesthesia for another discrete procedure; and (e) has not previously been performed in association with the current procedure for that type of blood pressure (H) (3 basic units)	69.3			52	
22015	Support list	Unlisted	01.11.2001	3	T10	N	Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement, when performed in association with the management of anaesthesia (H) (6 basic units)	138.6			103.95	
22020	Support list	Unlisted	01.11.2001	3	T10	N	Central vein catheterisation by percutaneous or open exposure, other than a service to which item 13318 applies, when performed in association with the management of anaesthesia (H) (4 basic units)	92.4			69.3	
22025	Support list	Unlisted	01.11.2001	3	T10	N	Intra-arterial cannulation when performed in association with the management of anaesthesia for a procedure for a patient who: (a) is categorised as having a high risk of complications; or (b) develops a high risk of complications during the procedure (H) (4 basic units)	92.4			69.3	
22031	Support list	Unlisted	01.11.2005	3	T10	N	Intrathecal or epidural injection (initial) of a therapeutic substance, with or without insertion of a catheter, in association with anaesthesia and surgery, for post-operative pain management, other than a service associated with a service to which item 22036 applies (H) (5 basic units)	115.5			86.65	
22032	Support list	Unlisted	01.03.2025	3	T10	N	Introduction of a plexus or nerve block to a peripheral nerve, perioperatively performed using an in-situ catheter in association with anaesthesia and surgery, for post-operative pain management (4 basic units)	92.4			69.3	78.55
22036	Support list	Unlisted	01.11.2005	3	T10	N	Intrathecal or epidural injection (subsequent) of a therapeutic substance, using an in-situ catheter, in association with anaesthesia and surgery, for post-operative pain, other than a service associated with a service to which item 22031 applies (H) (3 basic units)	69.3			52	
22041	Support list	Unlisted	01.11.2019	3	T10	N	Introduction of a plexus or nerve block proximal to the lower leg or forearm, perioperatively performed in the induction room, theatre or recovery room, for post-operative pain management (H) (2 basic units)	46.2			34.65	
22042	Support list	Unlisted	01.11.2019	3	T10	N	Introduction of a nerve block performed via a retrobulbar, peribulbar, or sub Tenon's approach, or other complex eye block, when administered by an anaesthetist perioperatively (1 basic units)	23.1			17.35	19.65
22051	Support list	Unlisted	01.11.2008	3	T10	N	Intra-operative transoesophageal echocardiography—monitoring in real time the structure and function of the heart chambers, valves and surrounding structures, including assessment of blood flow, with appropriate permanent recording during procedures on the heart, pericardium or great vessels of the chest, other than a service associated with a service to which item 55130, 55135 or 21936 applies (H) (9 basic units)	207.9			155.95	
22052	Support list	Unlisted	01.03.2024	3	T10	N	Transfusion of blood by an anaesthetist, including collection from donor, when used for intra-operative normovolaemic haemodilution, where the service is provided on the same occasion as the administration of anaesthesia by the same anaesthetist, other than a service associated with a service to which item 13703 applies (6 basic units)	138.6			103.95	117.85
22053	Support list	Unlisted	01.03.2024	3	T10	N	Insertion of lumbar cerebrospinal fluid drain, by an anaesthetist at the request of the treating specialist, where the service is provided on the same occasion as the administration of anaesthesia by the same anaesthetist, other than a service associated with a service to which item 40018 applies (6 basic units)	138.6			103.95	117.85

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22054	Support list	Unlisted	01.03.2024	3	T10	N	Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography by an anaesthetist, where the service: (a) is provided on the same day as a service to which item 38477, 38484, 38499, 38516 or 38517 applies; and (b) includes Doppler techniques with colour flow mapping and recordings on digital media; and (c) is performed during cardiac valve surgery (replacement or repair); and (d) incorporates sequential assessment of cardiac function and valve competence before and after the surgical procedure; and (e) is not associated with a service to which item 21936, 22051, 55118, 55130 or 55135 applies; and (f) is provided on the same occasion as the administration of anaesthesia by the same anaesthetist (18 basic units)	415.8			311.85	353.45
22055	Support list	Unlisted	01.11.2001	3	T10	N	Perfusion of limb or organ using heart-lung machine or equivalent, other than a service associated with anaesthesia to which an item in Subgroup 21 applies (H) (12 basic units)	277.2			207.9	
22060	Support list	Unlisted	01.11.2001	3	T10	N	Whole body perfusion, cardiac bypass, if the heart-lung machine or equivalent is continuously operated by a medical perfusionist, other than a service associated with anaesthesia to which an item in Subgroup 21 applies (H) (30 basic units)	693			519.75	
22065	Support list	Unlisted	01.11.2001	3	T10	N	Induced controlled hypothermia—total body, that is: (a) a service to which item 22060 applies; and (b) not a service associated with anaesthesia, to which an item in Subgroup 21 applies (H) (5 basic units)	115.5			86.65	
22075	Support list	Unlisted	01.11.2001	3	T10	N	Deep hypothermic circulatory arrest, with core temperature less than 22°c, including management of retrograde cerebral perfusion (if performed), other than a service associated with anaesthesia to which an item in Subgroup 21 applies (H) (15 basic units)	346.5			259.9	
22900	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT BY A MEDICAL PRACTITIONER OF ANAESTHESIA for extraction of tooth or teeth with or without incision of soft tissue or removal of bone (6 basic units)	138.6			103.95	117.85
22905	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for restorative dental work (6 basic units)	138.6			103.95	117.85
23010	Support list	Unlisted	01.11.2001	3	T10	N	Anaesthesia, perfusion or assistance, if the service time is not more than 15 minutes (H) (1 basic units)	23.1			17.35	
23025	Support list	Unlisted	01.11.2019	3	T10	N	16 MINUTES TO 30 MINUTES (2 basic units)	46.2			34.65	39.3
23035	Support list	Unlisted	01.11.2019	3	T10	N	31 MINUTES to 45 MINUTES (3 basic units)	69.3			52	58.95
23045	Support list	Unlisted	01.11.2019	3	T10	N	46 MINUTES to 1:00 HOUR (4 basic units)	92.4			69.3	78.55
23055	Support list	Unlisted	01.11.2019	3	T10	N	1:01 HOURS to 1:15 HOURS (5 basic units)	115.5			86.65	98.2
23065	Support list	Unlisted	01.11.2019	3	T10	N	1:16 HOURS to 1:30 HOURS (6 basic units)	138.6			103.95	117.85
23075	Support list	Unlisted	01.11.2019	3	T10	N	1:31 HOURS to 1:45 HOURS (7 basic units)	161.7			121.3	137.45
23085	Support list	Unlisted	01.11.2019	3	T10	N	1:46 HOURS to 2:00 HOURS (8 basic units)	184.8			138.6	157.1
23091	Support list	Unlisted	01.11.2005	3	T10	N	2:01 HOURS TO 2:10 HOURS (9 basic units)	207.9			155.95	176.75
23101	Support list	Unlisted	01.11.2005	3	T10	N	2:11 HOURS TO 2:20 HOURS (10 basic units)	231			173.25	196.35
23111	Support list	Unlisted	01.11.2005	3	T10	N	2:21 HOURS TO 2:30 HOURS (11 basic units)	254.1			190.6	216
23112	Support list	Unlisted	01.11.2005	3	T10	N	2:31 HOURS TO 2:40 HOURS (12 basic units)	277.2			207.9	235.65
23113	Support list	Unlisted	01.11.2005	3	T10	N	2:41 HOURS TO 2:50 HOURS (13 basic units)	300.3			225.25	255.3
23114	Support list	Unlisted	01.11.2005	3	T10	N	2:51 HOURS TO 3:00 HOURS (14 basic units)	323.4			242.55	274.9
23115	Support list	Unlisted	01.11.2005	3	T10	N	3:01 HOURS TO 3:10 HOURS (15 basic units)	346.5			259.9	294.55
23116	Support list	Unlisted	01.11.2005	3	T10	N	3:11 HOURS TO 3:20 HOURS (16 basic units)	369.6			277.2	314.2
23117	Support list	Unlisted	01.11.2005	3	T10	N	3:21 HOURS TO 3:30 HOURS (17 basic units)	392.7			294.55	333.8
23118	Support list	Unlisted	01.11.2005	3	T10	N	3:31 HOURS TO 3:40 HOURS (18 basic units)	415.8			311.85	353.45
23119	Support list	Unlisted	01.11.2005	3	T10	N	3:41 HOURS TO 3:50 HOURS (19 basic units)	438.9			329.2	373.1
23121	Support list	Unlisted	01.11.2005	3	T10	N	3:51 HOURS TO 4:00 HOURS (20 basic units)	462			346.5	392.7
23170	Support list	Unlisted	01.11.2001	3	T10	N	4:01 HOURS TO 4:10 HOURS (21 basic units)	485.1			363.85	412.35
23180	Support list	Unlisted	01.11.2001	3	T10	N	4:11 HOURS TO 4:20 HOURS (22 basic units)	508.2			381.15	432
23190	Support list	Unlisted	01.11.2001	3	T10	N	4:21 HOURS TO 4:30 HOURS (23 basic units)	531.3			398.5	451.65
23200	Support list	Unlisted	01.11.2001	3	T10	N	4:31 HOURS TO 4:40 HOURS (24 basic units)	554.4			415.8	471.25
23210	Support list	Unlisted	01.11.2001	3	T10	N	4:41 HOURS TO 4:50 HOURS (25 basic units)	577.5			433.15	490.9
23220	Support list	Unlisted	01.11.2001	3	T10	N	4:51 HOURS TO 5:00 HOURS (26 basic units)	600.6			450.45	510.55
23230	Support list	Unlisted	01.11.2001	3	T10	N	5:01 HOURS TO 5:10 HOURS (27 basic units)	623.7			467.8	530.15
23240	Support list	Unlisted	01.11.2001	3	T10	N	5:11 HOURS TO 5:20 HOURS (28 basic units)	646.8			485.1	549.8
23250	Support list	Unlisted	01.11.2001	3	T10	N	5:21 HOURS TO 5:30 HOURS (29 basic units)	669.9			502.45	569.45
23260	Support list	Unlisted	01.11.2001	3	T10	N	5:31 HOURS TO 5:40 HOURS (30 basic units)	693			519.75	590.6
23270	Support list	Unlisted	01.11.2001	3	T10	N	5:41 HOURS TO 5:50 HOURS (31 basic units)	716.1			537.1	613.7
23280	Support list	Unlisted	01.11.2001	3	T10	N	(5:51 HOURS TO 6:00 HOURS (32 basic units)	739.2			554.4	636.8
23290	Support list	Unlisted	01.11.2001	3	T10	N	6:01 HOURS TO 6:10 HOURS (33 basic units)	762.3			571.75	659.9
23300	Support list	Unlisted	01.11.2001	3	T10	N	6:11 HOURS TO 6:20 HOURS (34 basic units)	785.4			589.05	683
23310	Support list	Unlisted	01.11.2001	3	T10	N	6:21 HOURS TO 6:30 HOURS (35 basic units)	808.5			606.4	706.1
23320	Support list	Unlisted	01.11.2001	3	T10	N	6:31 HOURS TO 6:40 HOURS (36 basic units)	831.6			623.7	729.2
23330	Support list	Unlisted	01.11.2001	3	T10	N	6:41 HOURS TO 6:50 HOURS (37 basic units)	854.7			641.05	752.3
23340	Support list	Unlisted	01.11.2001	3	T10	N	6:51 HOURS TO 7:00 HOURS (38 basic units)	877.8			658.35	775.4
23350	Support list	Unlisted	01.11.2001	3	T10	N	7:01 HOURS TO 7:10 HOURS (39 basic units)	900.9			675.7	798.5
23360	Support list	Unlisted	01.11.2001	3	T10	N	7:11 HOURS TO 7:20 HOURS (40 basic units)	924			693	821.6
23370	Support list	Unlisted	01.11.2001	3	T10	N	7:21 HOURS TO 7:30 HOURS (41 basic units)	947.1			710.35	844.7
23380	Support list	Unlisted	01.11.2001	3	T10	N	7:31 HOURS TO 7:40 HOURS (42 basic units)	970.2			727.65	867.8
23390	Support list	Unlisted	01.11.2001	3	T10	N	7:41 HOURS TO 7:50 HOURS (43 basic units)	993.3			745	890.9
23400	Support list	Unlisted	01.11.2001	3	T10	N	7:51 HOURS TO 8:00 HOURS (44 basic units)	1016.4			762.3	914
23410	Support list	Unlisted	01.11.2001	3	T10	N	8:01 HOURS TO 8:10 HOURS (45 basic units)	1039.5			779.65	937.1

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% ($)
23420	Support list	Unlisted	01.11.2001	3	T10	N	8:11 HOURS TO 8:20 HOURS (46 basic units)	1062.6			796.95	960.2
23430	Support list	Unlisted	01.11.2001	3	T10	N	8:21 HOURS TO 8:30 HOURS (47 basic units)	1085.7			814.3	983.3
23440	Support list	Unlisted	01.11.2001	3	T10	N	8:31 HOURS TO 8:40 HOURS (48 basic units)	1108.8			831.6	1006.4
23450	Support list	Unlisted	01.11.2001	3	T10	N	8:41 HOURS TO 8:50 HOURS (49 basic units)	1131.9			848.95	1029.5
23460	Support list	Unlisted	01.11.2001	3	T10	N	8:51 HOURS TO 9:00 HOURS (50 basic units)	1155			866.25	1052.6
23470	Support list	Unlisted	01.11.2001	3	T10	N	9:01 HOURS TO 9:10 HOURS (51 basic units)	1178.1			883.6	1075.7
23480	Support list	Unlisted	01.11.2001	3	T10	N	9:11 HOURS TO 9:20 HOURS (52 basic units)	1201.2			900.9	1098.8
23490	Support list	Unlisted	01.11.2001	3	T10	N	9:21 HOURS TO 9:30 HOURS (53 basic units)	1224.3			918.25	1121.9
23500	Support list	Unlisted	01.11.2001	3	T10	N	9:31 HOURS TO 9:40 HOURS (54 basic units)	1247.4			935.55	1145
23510	Support list	Unlisted	01.11.2001	3	T10	N	9:41 HOURS TO 9:50 HOURS (55 basic units)	1270.5			952.9	1168.1
23520	Support list	Unlisted	01.11.2001	3	T10	N	9:51 HOURS TO 10:00 HOURS (56 basic units)	1293.6			970.2	1191.2
23530	Support list	Unlisted	01.11.2001	3	T10	N	10:01 HOURS TO 10:10 HOURS (57 basic units)	1316.7			987.55	1214.3
23540	Support list	Unlisted	01.11.2001	3	T10	N	10:11 HOURS TO 10:20 HOURS (58 basic units)	1339.8			1004.85	1237.4
23550	Support list	Unlisted	01.11.2001	3	T10	N	10:21 HOURS TO 10:30 HOURS (59 basic units)	1362.9			1022.2	1260.5
23560	Support list	Unlisted	01.11.2001	3	T10	N	10:31 HOURS TO 10:40 HOURS (60 basic units)	1386			1039.5	1283.6
23570	Support list	Unlisted	01.11.2001	3	T10	N	10:41 HOURS TO 10:50 HOURS (61 basic units)	1409.1			1056.85	1306.7
23580	Support list	Unlisted	01.11.2001	3	T10	N	10:51 HOURS TO 11:00 HOURS (62 basic units)	1432.2			1074.15	1329.8
23590	Support list	Unlisted	01.11.2001	3	T10	N	11:01 HOURS TO 11:10 HOURS (63 basic units)	1455.3			1091.5	1352.9
23600	Support list	Unlisted	01.11.2001	3	T10	N	11:11 HOURS TO 11:20 HOURS (64 basic units)	1478.4			1108.8	1376
23610	Support list	Unlisted	01.11.2001	3	T10	N	11:21 HOURS TO 11:30 HOURS (65 basic units)	1501.5			1126.15	1399.1
23620	Support list	Unlisted	01.11.2001	3	T10	N	11:31 HOURS TO 11:40 HOURS (66 basic units)	1524.6			1143.45	1422.2
23630	Support list	Unlisted	01.11.2001	3	T10	N	11:41 HOURS TO 11:50 HOURS (67 basic units)	1547.7			1160.8	1445.3
23640	Support list	Unlisted	01.11.2001	3	T10	N	11:51 HOURS TO 12:00 HOURS (68 basic units)	1570.8			1178.1	1468.4
23650	Support list	Unlisted	01.11.2001	3	T10	N	12:01 HOURS TO 12:10 HOURS (69 basic units)	1593.9			1195.45	1491.5
23660	Support list	Unlisted	01.11.2001	3	T10	N	12:11 HOURS TO 12:20 HOURS (70 basic units)	1617			1212.75	1514.6
23670	Support list	Unlisted	01.11.2001	3	T10	N	12:21 HOURS TO 12:30 HOURS (71 basic units)	1640.1			1230.1	1537.7
23680	Support list	Unlisted	01.11.2001	3	T10	N	12:31 HOURS TO 12:40 HOURS (72 basic units)	1663.2			1247.4	1560.8
23690	Support list	Unlisted	01.11.2001	3	T10	N	12:41 HOURS TO 12:50 HOURS (73 basic units)	1686.3			1264.75	1583.9
23700	Support list	Unlisted	01.11.2001	3	T10	N	12:51 HOURS TO 13:00 HOURS (74 basic units)	1709.4			1282.05	1607
23710	Support list	Unlisted	01.11.2001	3	T10	N	13:01 HOURS TO 13:10 HOURS (75 basic units)	1732.5			1299.4	1630.1
23720	Support list	Unlisted	01.11.2001	3	T10	N	13:11 HOURS TO 13:20 HOURS (76 basic units)	1755.6			1316.7	1653.2
23730	Support list	Unlisted	01.11.2001	3	T10	N	13:21 HOURS TO 13:30 HOURS (77 basic units)	1778.7			1334.05	1676.3
23740	Support list	Unlisted	01.11.2001	3	T10	N	13:31 HOURS TO 13:40 HOURS (78 basic units)	1801.8			1351.35	1699.4
23750	Support list	Unlisted	01.11.2001	3	T10	N	13:41 HOURS TO 13:50 HOURS (79 basic units)	1824.9			1368.7	1722.5
23760	Support list	Unlisted	01.11.2001	3	T10	N	13:51 HOURS TO 14:00 HOURS (80 basic units)	1848			1386	1745.6
23770	Support list	Unlisted	01.11.2001	3	T10	N	14:01 HOURS TO 14:10 HOURS (81 basic units)	1871.1			1403.35	1768.7
23780	Support list	Unlisted	01.11.2001	3	T10	N	14:11 HOURS TO 14:20 HOURS (82 basic units)	1894.2			1420.65	1791.8
23790	Support list	Unlisted	01.11.2001	3	T10	N	14:21 HOURS TO 14:30 HOURS (83 basic units)	1917.3			1438	1814.9
23800	Support list	Unlisted	01.11.2001	3	T10	N	14:31 HOURS TO 14:40 HOURS (84 basic units)	1940.4			1455.3	1838
23810	Support list	Unlisted	01.11.2001	3	T10	N	14:41 HOURS TO 14:50 HOURS (85 basic units)	1963.5			1472.65	1861.1
23820	Support list	Unlisted	01.11.2001	3	T10	N	14:51 HOURS TO 15:00 HOURS (86 basic units)	1986.6			1489.95	1884.2
23830	Support list	Unlisted	01.11.2001	3	T10	N	15:01 HOURS TO 15:10 HOURS (87 basic units)	2009.7			1507.3	1907.3
23840	Support list	Unlisted	01.11.2001	3	T10	N	15:11 HOURS TO 15:20 HOURS (88 basic units)	2032.8			1524.6	1930.4
23850	Support list	Unlisted	01.11.2001	3	T10	N	15:21 HOURS TO 15:30 HOURS (89 basic units)	2055.9			1541.95	1953.5
23860	Support list	Unlisted	01.11.2001	3	T10	N	15:31 HOURS TO 15:40 HOURS (90 basic units)	2079			1559.25	1976.6
23870	Support list	Unlisted	01.11.2001	3	T10	N	15:41 HOURS TO 15:50 HOURS (91 basic units)	2102.1			1576.6	1999.7
23880	Support list	Unlisted	01.11.2001	3	T10	N	15:51 HOURS TO 16:00 HOURS (92 basic units)	2125.2			1593.9	2022.8
23890	Support list	Unlisted	01.11.2001	3	T10	N	16:01 HOURS TO 16:10 HOURS (93 basic units)	2148.3			1611.25	2045.9
23900	Support list	Unlisted	01.11.2001	3	T10	N	16:11 HOURS TO 16:20 HOURS (94 basic units)	2171.4			1628.55	2069
23910	Support list	Unlisted	01.11.2001	3	T10	N	16:21 HOURS TO 16:30 HOURS (95 basic units)	2194.5			1645.9	2092.1
23920	Support list	Unlisted	01.11.2001	3	T10	N	16:31 HOURS TO 16:40 HOURS (96 basic units)	2217.6			1663.2	2115.2
23930	Support list	Unlisted	01.11.2001	3	T10	N	16:41 HOURS TO 16:50 HOURS (97 basic units)	2240.7			1680.55	2138.3
23940	Support list	Unlisted	01.11.2001	3	T10	N	16:51 HOURS TO 17:00 HOURS (98 basic units)	2263.8			1697.85	2161.4
23950	Support list	Unlisted	01.11.2001	3	T10	N	17:01 HOURS TO 17:10 HOURS (99 basic units)	2286.9			1715.2	2184.5
23960	Support list	Unlisted	01.11.2001	3	T10	N	17:11 HOURS TO 17:20 HOURS (100 basic units)	2310			1732.5	2207.6
23970	Support list	Unlisted	01.11.2001	3	T10	N	17:21 HOURS TO 17:30 HOURS (101 basic units)	2333.1			1749.85	2230.7
23980	Support list	Unlisted	01.11.2001	3	T10	N	17:31 HOURS TO 17:40 HOURS (102 basic units)	2356.2			1767.15	2253.8
23990	Support list	Unlisted	01.11.2001	3	T10	N	17:41 HOURS TO 17:50 HOURS (103 basic units)	2379.3			1784.5	2276.9
24100	Support list	Unlisted	01.11.2001	3	T10	N	17:51 HOURS TO 18:00 HOURS (104 basic units)	2402.4			1801.8	2300
24101	Support list	Unlisted	01.11.2001	3	T10	N	18:01 HOURS TO 18:10 HOURS (105 basic units)	2425.5			1819.15	2323.1
24102	Support list	Unlisted	01.11.2001	3	T10	N	18:11 HOURS TO 18:20 HOURS (106 basic units)	2448.6			1836.45	2346.2
24103	Support list	Unlisted	01.11.2001	3	T10	N	18:21 HOURS TO 18:30 HOURS (107 basic units)	2471.7			1853.8	2369.3
24104	Support list	Unlisted	01.11.2001	3	T10	N	18:31 HOURS TO 18:40 HOURS (108 basic units)	2494.8			1871.1	2392.4
24105	Support list	Unlisted	01.11.2001	3	T10	N	18:41 HOURS TO 18:50 HOURS (109 basic units)	2517.9			1888.45	2415.5
24106	Support list	Unlisted	01.11.2001	3	T10	N	18:51 HOURS TO 19:00 HOURS (110 basic units)	2541			1905.75	2438.6
24107	Support list	Unlisted	01.11.2001	3	T10	N	19:01 HOURS TO 19:10 HOURS (111 basic units)	2564.1			1923.1	2461.7
24108	Support list	Unlisted	01.11.2001	3	T10	N	19:11 HOURS TO 19:20 HOURS (112 basic units)	2587.2			1940.4	2484.8
24109	Support list	Unlisted	01.11.2001	3	T10	N	19:21 HOURS TO 19:30 HOURS (113 basic units)	2610.3			1957.75	2507.9
24110	Support list	Unlisted	01.11.2001	3	T10	N	19:31 HOURS TO 19:40 HOURS (114 basic units)	2633.4			1975.05	2531

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
24111	Support list	Unlisted	01.11.2001	3	T10	N	19:41 HOURS TO 19:50 HOURS (115 basic units)	2656.5			1992.4	2554.1
24112	Support list	Unlisted	01.11.2001	3	T10	N	19:51 HOURS TO 20:00 HOURS (116 basic units)	2679.6			2009.7	2577.2
24113	Support list	Unlisted	01.11.2001	3	T10	N	20:01 HOURS TO 20:10 HOURS (117 basic units)	2702.7			2027.05	2600.3
24114	Support list	Unlisted	01.11.2001	3	T10	N	20:11 HOURS TO 20:20 HOURS (118 basic units)	2725.8			2044.35	2623.4
24115	Support list	Unlisted	01.11.2001	3	T10	N	20:21 HOURS TO 20:30 HOURS (119 basic units)	2748.9			2061.7	2646.5
24116	Support list	Unlisted	01.11.2001	3	T10	N	20:31 HOURS TO 20:40 HOURS (120 basic units)	2772			2079	2669.6
24117	Support list	Unlisted	01.11.2001	3	T10	N	20:41 HOURS TO 20:50 HOURS (121 basic units)	2795.1			2096.35	2692.7
24118	Support list	Unlisted	01.11.2001	3	T10	N	20:51 HOURS TO 21:00 HOURS (122 basic units)	2818.2			2113.65	2715.8
24119	Support list	Unlisted	01.11.2001	3	T10	N	21:01 HOURS TO 21:10 HOURS (123 basic units)	2841.3			2131	2738.9
24120	Support list	Unlisted	01.11.2001	3	T10	N	21:11 HOURS TO 21:20 HOURS (124 basic units)	2864.4			2148.3	2762
24121	Support list	Unlisted	01.11.2001	3	T10	N	21:21 HOURS TO 21:30 HOURS (125 basic units)	2887.5			2165.65	2785.1
24122	Support list	Unlisted	01.11.2001	3	T10	N	21:31 HOURS TO 21:40 HOURS (126 basic units)	2910.6			2182.95	2808.2
24123	Support list	Unlisted	01.11.2001	3	T10	N	21:41 HOURS TO 21:50 HOURS (127 basic units)	2933.7			2200.3	2831.3
24124	Support list	Unlisted	01.11.2001	3	T10	N	21:51 HOURS TO 22:00 HOURS (128 basic units)	2956.8			2217.6	2854.4
24125	Support list	Unlisted	01.11.2001	3	T10	N	22:01 HOURS TO 22:10 HOURS (129 basic units)	2979.9			2234.95	2877.5
24126	Support list	Unlisted	01.11.2001	3	T10	N	22:11 HOURS TO 22:20 HOURS (130 basic units)	3003			2252.25	2900.6
24127	Support list	Unlisted	01.11.2001	3	T10	N	22:21 HOURS TO 22:30 HOURS (131 basic units)	3026.1			2269.6	2923.7
24128	Support list	Unlisted	01.11.2001	3	T10	N	22:31 HOURS TO 22:40 HOURS (132 basic units)	3049.2			2286.9	2946.8
24129	Support list	Unlisted	01.11.2001	3	T10	N	22:41 HOURS TO 22:50 HOURS (133 basic units)	3072.3			2304.25	2969.9
24130	Support list	Unlisted	01.11.2001	3	T10	N	22:51 HOURS TO 23:00 HOURS (134 basic units)	3095.4			2321.55	2993
24131	Support list	Unlisted	01.11.2001	3	T10	N	23:01 HOURS TO 23:10 HOURS (135 basic units)	3118.5			2338.9	3016.1
24132	Support list	Unlisted	01.11.2001	3	T10	N	23:11 HOURS TO 23:20 HOURS (136 basic units)	3141.6			2356.2	3039.2
24133	Support list	Unlisted	01.11.2001	3	T10	N	23:21 HOURS TO 23:30 HOURS (137 basic units)	3164.7			2373.55	3062.3
24134	Support list	Unlisted	01.11.2001	3	T10	N	23:31 HOURS TO 23:40 HOURS (138 basic units)	3187.8			2390.85	3085.4
24135	Support list	Unlisted	01.11.2001	3	T10	N	23:41 HOURS TO 23:50 HOURS (139 basic units)	3210.9			2408.2	3108.5
24136	Support list	Unlisted	01.11.2001	3	T10	N	23:51 HOURS TO 24:00 HOURS (140 basic units)	3234			2425.5	3131.6
25000	Support list	Unlisted	01.11.2001	3	T10	N	Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient has severe systemic disease (equivalent to ASA physical status indicator 3) (H) (1 basic units)	23.1			17.35	
25005	Support list	Unlisted	01.11.2001	3	T10	N	Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient has severe systemic disease which is a constant threat to life (equivalent to ASA physical status indicator 4) (H) (2 basic units)	46.2			34.65	
25010	Support list	Unlisted	01.11.2001	3	T10	N	Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is not expected to survive for 24 hours, with or without the associated operation (equivalent to ASA physical status indicator 5) (H) (3 basic units)	69.3			52	
25013	Support list	Unlisted	01.05.2020	3	T10	N	Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged under 4 years (H) (1 basic units)	23.1			17.35	
25014	Support list	Unlisted	01.05.2020	3	T10	N	Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged 75 years or more (H) (1 basic units)	23.1			17.35	
25020	Support list	Unlisted	01.11.2001	3	T10	N	Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part—other than a service associated with a service to which item 25025, 25030 or 25050 applies (H) (2 basic units)	46.2			34.65	
25025	Support list	Unlisted	01.11.2001	3	T10	N	Anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday (H) (0 basic units)		An additional amount of 50% of fee for the anaesthetic service.That is:(a) an anaesthesia item/s range 20100 - 21997 or 22900, plus (b)an item range 23010 - 24136, plus(c) if applicable,an item range 25000-25014, plus(d) where performed, any assoc therapeutic or diagnostic service range 22002-22051			
25030	Support list	Unlisted	01.11.2001	3	T10	N	Assistance in the management of anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday (H) (0 basic units)		50% of the fee for assistance at anaesthesia. That is: (a) an assistant anaesthesia item in the range 25200 - 25205, plus (b) an item range 23010-24136, plus (c) where applicable, an item range 25000-25014, plus (d) where performed, any associated therapeutic or diagnostic service 22002 -22051			

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
25050	Support list	Unlisted	01.11.2001	3	T10	N	Perfusion, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday. (H) (0 basic units)		An additional amount of 50% of the fee for the perfusion service. That is: (a) item 22060, plus (b) an item range 23010 - 24136, plus (c) where applicable, an item range 25000 - 25014, plus (d) where performed, any associated therapeutic or diagnostic service in the range 22002-22051 or 22065-22075			
25200	Support list	Unlisted	01.11.2001	3	T10	N	Assistance in the management of anaesthesia requiring continuous anaesthesia on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of attendance on all other patients (H) (5 basic units)		An amount of $115.50 (5 basic units) plus an item in the range 23010 - 24136 plus, where applicable - an item in the range 25000 - 25020 plus, where performed, any associated therapeutic or diagnostic service/s in the range 22001 - 22051			
25205	Support list	Unlisted	01.11.2001	3	T10	N	Assistance in the management of elective anaesthesia, if: (a) the patient has complex airway problems; or (b) the patient is a neonate; or (c) the patient is a paediatric patient and is receiving one or more of the following services: (i) invasive monitoring, either intravascular or transoesophageal; (ii) organ transplantation; (iii) craniofacial surgery; (iv) major tumour resection; (v) separation of conjoint twins; or (d) there is anticipated to be massive blood loss (greater than 50% of blood volume) during the procedure; or (e) the patient is critically ill, with multiple organ failure; or (f) the service time of the management of anaesthesia exceeds 6 hours and the assistance is provided to the exclusion of attendance on all other patients (H) (5 basic units)		An amount of $115.50 (5 basic units) plus an item in the range 23010 - 24136 plus, where applicable - an item in the range 25000 - 25020 plus, where performed, any associated therapeutic or diagnostic service/s in the range 22002 - 22051			
30001	Support list	Unlisted	01.11.1997	3	T8	N	OPERATIVE PROCEDURE, not being a service to which any other item in this Group applies, being a service to which an item in this Group would have applied had the procedure not been discontinued on medical grounds		50% of the fee which would have applied had the procedure not been discontinued			
30003	Plastic and reconstructive surgery (medically necessary)	Type C	01.12.1991	3	T8	N	Burns, involving 1% or more but less than 3% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performedNot applicable for skin reactions secondary to radiotherapy	42.4			31.8	36.05
30006	Plastic and reconstructive surgery (medically necessary)	Type C	01.12.1991	3	T8	N	Burns, involving 3% or more but less than 10% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performedNot applicable for skin reactions secondary to radiotherapy	54.2			40.65	46.1
30007	Plastic and reconstructive surgery (medically necessary)	Type C	01.07.2023	3	T8	N	Burns, involving 10% or more of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performedNot applicable for skin reactions secondary to radiotherapy	181.3			136	154.15
30010	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	3	T8	N	Burns, involving not more than 3% of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.)	86.25			64.7	
30014	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	3	T8	N	Burns, involving 3% or more but less than 20% of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.)	181.3			136	
30015	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.07.2023	3	T8	N	Burns, involving 20% or more but less than 50% of total body surface, or burns of less than 20% of total body surface involving 1% or more of total body surface within the hands or face, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) (Assist.)	271.95			204	
30016	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Burns, involving 50% or more of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) (Assist.)	407.85			305.9	
30023	Skin	Type A Surgical	01.12.1991	3	T8	N	WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	380.35			285.3	323.3
30024	Skin	Type A Surgical	01.11.2005	3	T8	N	Wound of soft tissue, debridement of an extensively infected post-surgical incision or Fournier's gangrene, under general anaesthesia, or regional or field nerve block, including suturing of the wound if carried out (H) (Anaes.) (Assist.)	380.35			285.3	
30026	Skin	Type C	01.12.1991	3	T8	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), superficial, not being a service to which another item in Group T4 applies (Anaes.)	60.95			45.75	51.85
30029	Skin	Unlisted	01.12.1991	3	T8	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue, not being a service to which another item in Group T4 applies (Anaes.)	105			78.75	89.25
30032	Skin	Type C	01.12.1991	3	T8	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG), superficial (Anaes.)	96.2			72.15	81.8

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% ($)
30035	Skin	Unlisted	01.12.1991	3	T8	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)	137.15			102.9	116.6
30038	Skin	Type C	01.12.1991	3	T8	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, large (MORE THAN 7 CM LONG), superficial, not being a service to which another item in Group T4 applies (Anaes.)	105			78.75	89.25
30042	Skin	Type B Non-band specific	01.12.1991	3	T8	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, other than on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue, other than a service to which another item in Group T4 applies (Anaes.)	216.45			162.35	184
30045	Skin	Type B Non-band specific	01.12.1991	3	T8	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), superficial (Anaes.)	137.15			102.9	116.6
30049	Skin	Unlisted	01.12.1991	3	T8	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)	216.45			162.35	184
30052	Skin	Unlisted	01.12.1991	3	T8	N	FULL THICKNESS LACERATION OF EAR, EYELID, NOSE OR LIP, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	296.3			222.25	251.9
30055	Skin	Type B Non-band specific	01.12.1991	3	T8	N	Wounds, dressing of, under general, regional or intravenous sedation, with or without removal of sutures, other than a service associated with a service to which another item in this Group applies (Anaes.)	86.25			64.7	73.35
30058	Common list	Unlisted	01.12.1991	3	T8	N	Post-operative haemorrhage, control of, under general anaesthesia, as an independent procedure (H) (Anaes.)	168.4			126.3	
30061	Common list	Type C	01.12.1991	3	T8	N	SUPERFICIAL FOREIGN BODY, REMOVAL OF, (including from cornea or sclera), as an independent procedure (Anaes.)	27.45			20.6	23.35
30062	Gynaecology	Type C	01.05.2007	3	T8	N	Etonogestrel subcutaneous implant, removal of, as an independent procedure (Anaes.)	70.85			53.15	60.25
30064	Skin	Type C	01.12.1991	3	T8	N	SUBCUTANEOUS FOREIGN BODY, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.)	128.2			96.15	109
30068	Common list	Type A Surgical	01.12.1991	3	T8	N	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure (Anaes.) (Assist.)	322.85			242.15	274.45
30071	Skin	Type C	01.12.1991	3	T8	N	Diagnostic biopsy of skin, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)	60.95			45.75	51.85
30072	Common list	Type C	01.11.2016	3	T8	N	Diagnostic biopsy of mucous membrane, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)	60.95			45.75	51.85
30075	Common list	Unlisted	01.12.1991	3	T8	N	DIAGNOSTIC BIOPSY OF LYMPH NODE, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)	174.7			131.05	148.5
30078	Common list	Unlisted	01.12.1991	3	T8	N	DIAGNOSTIC DRILL BIOPSY OF LYMPH NODE, DEEP TISSUE OR ORGAN, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.)	56.5			42.4	48.05
30081	Common list	Type B Non-band specific	01.12.1991	3	T8	N	DIAGNOSTIC BIOPSY OF BONE MARROW by trephine using open approach, where the biopsy specimen is sent for pathological examination (Anaes.)	128.2			96.15	109
30084	Common list	Type B Non-band specific	01.12.1991	3	T8	N	DIAGNOSTIC BIOPSY OF BONE MARROW by trephine using percutaneous approach where the biopsy is sent for pathological examination (Anaes.)	68.6			51.45	58.35
30087	Common list	Type B Non-band specific	01.12.1991	3	T8	N	DIAGNOSTIC BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE, where the biopsy is sent for pathological examination (Anaes.)	34.3			25.75	29.2
30090	Lung and chest	Unlisted	01.12.1991	3	T8	N	DIAGNOSTIC BIOPSY OF PLEURA, PERCUTANEOUS 1 or more biopsies on any 1 occasion, where the biopsy is sent for pathological examination (Anaes.)	149.95			112.5	127.5
30093	Common list	Unlisted	01.12.1991	3	T8	N	DIAGNOSTIC NEEDLE BIOPSY OF VERTEBRA, where the biopsy is sent for pathological examination (Anaes.)	200.15			150.15	170.15
30094	Common list	Type B Non-band specific	01.04.1992	3	T8	N	DIAGNOSTIC PERCUTANEOUS ASPIRATION BIOPSY of deep organ using interventional imaging techniques - but not including imaging, where the biopsy is sent for pathological examination (Anaes.)	221			165.75	187.85
30097	Common list	Type C	01.11.2006	3	T8	N	Personal performance of a Synacthen Stimulation Test, including associated consultation; by a medical practitioner with resuscitation training and access to facilities where life support procedures can be implemented, if: serum cortisol at 0830-0930 hours on any day in the preceding month has been measured at greater than 100 nmol/L but less than 400 nmol/L; or in a patient who is acutely unwell and adrenal insufficiency is suspected.	113.35			85.05	96.35
30099	Skin	Type B Non-band specific	01.12.1991	3	T8	N	SINUS, excision of, involving superficial tissue only (Anaes.)	105			78.75	89.25
30103	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	SINUS, excision of, involving muscle and deep tissue (Anaes.)	214.55			160.95	182.4
30104	Ear, nose and throat	Type B Non-band specific	01.11.1995	3	T8	N	Pre-auricular sinus, excision of, on a patient 10 years of age or over (Anaes.)	148.1			111.1	125.9
30105	Ear, nose and throat	Type B Non-band specific	01.09.2015	3	T8	N	Pre-auricular sinus, excision of, on a patient under 10 years of age (Anaes.)	192.45			144.35	163.6
30107	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Excision of ganglion, other than a service associated with a service to which another item in this Group applies (Anaes.)	256.5			192.4	218.05

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30166	Weight loss surgery	Type A Surgical	01.07.2023	3	T8	N	Removal of redundant abdominal skin and lipectomy, as a wedge excision, for functional problems following significant weight loss equivalent to at least 5 body mass index points and if there has been a stable weight for a period of at least 6 months prior to surgery, other than a service associated with a service to which item 30175, 30176, 30177, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies (H) (Anaes.) (Assist.)	874.95			656.25	
30169	Weight loss surgery	Type A Surgical	01.07.2023	3	T8	N	Removal of redundant non-abdominal skin and lipectomy for functional problems following significant weight loss equivalent to at least 5 body mass index points and if there has been a stable weight for a period of at least 6 months prior to surgery, one or 2 non-abdominal areas, other than a service associated with a service to which item 30175, 30176, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies (H) (Anaes.) (Assist.)	699.95			525	
30175	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2022	3	T8	N	Radical abdominoplasty, with repair of rectus diastasis, excision of skin and subcutaneous tissue, and transposition of umbilicus, not being a laparoscopic procedure, if:(a) the patient has an abdominal wall defect as a consequence of pregnancy; and(b) the patient: (i) has a diastasis of at least 3cm measured by diagnostic imaging prior to this service; and(ii) has either or both of the following: (A) at least moderately severe pain or discomfort at the site of the diastasis in the abdominal wall during functional use and the pain or discomfort has been documented in the patient's records by the practitioner providing the service;(B) low back pain or urinary symptoms likely due to rectus diastasis and the pain or symptoms have been documented in the patient's records by the practitioner providing the service; and (iii) has failed to respond to non-surgical conservative treatment, that must have included physiotherapy; and(iv) has not been pregnant in the last 12 months; and (c) the service is not a service associated with a service to which item 30166, 30169, 30176, 30177, 30179, 30651, 30655, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 appliesApplicable once per lifetime (H) (Anaes.) (Assist.)	1131.65			848.75	
30176	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.01.2016	3	T8	N	Radical abdominoplasty, with excision of skin and subcutaneous tissue, repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30166, 30169, 30175, 30177, 30179, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies, if the patient has previously had a massive intra-abdominal or pelvic tumour surgically removed (H) (Anaes.) (Assist.)	1149.8			862.35	
30177	Weight loss surgery	Type A Advanced Surgical	01.12.1991	3	T8	N	Lipectomy, excision of skin and subcutaneous tissue associated with redundant abdominal skin and fat that is a direct consequence of significant weight loss, in conjunction with a radical abdominoplasty, with or without repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30166, 30175, 30176, 30179, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and (b) the redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)	1149.8			862.35	
30179	Weight loss surgery	Type A Advanced Surgical	01.01.2016	3	T8	N	Circumferential lipectomy, as an independent procedure, to correct circumferential excess of redundant skin and fat that is a direct consequence of significant weight loss, with or without a radical abdominoplasty, not being a service associated with a service to which item 30175, 30176, 30177, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies, if: (a) the circumferential excess of redundant skin and fat is complicated by intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and (b) the circumferential excess of redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)	1415.2			1061.4	
30180	Skin	Unlisted	01.12.1991	3	T8	N	AXILLARY HYPERHIDROSIS, partial excision for (Anaes.)	159.25			119.45	135.4
30183	Skin	Unlisted	01.12.1991	3	T8	N	Axillary hyperhidrosis, total excision of sweat gland bearing area (H) (Anaes.)	287.6			215.7	
30187	Skin	Type B Non-band specific	01.11.1995	3	T8	N	PALMAR OR PLANTAR WARTS, removal of, by carbon dioxide laser or erbium laser, requiring admission to a hospital, or when performed by a specialist in the practice of his/her specialty, (5 or more warts) (Anaes.)	299.8			224.85	254.85
30189	Skin	Type B Non-band specific	01.12.1991	3	T8	N	WARTS or MOLLUSCUM CONTAGIOSUM (one or more), removal of, by any method (other than by chemical means), where undertaken in the operating theatre of a hospital, not being a service associated with a service to which another item in this Group applies (H) (Anaes.)	171.8			128.85	
30190	Skin	Type A Surgical and Type B Non-band specific	01.11.1995	3	T8	N	Angiofibromas, trichoepitheliomas or other severely disfiguring tumours of the face or neck (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), suitable for laser ablation as confirmed by the opinion of a specialist in the specialty of dermatology—removal of, by carbon dioxide laser or erbium laser ablation, including associated resurfacing (10 or more tumours) (Anaes.)	463.95			348	394.4

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30191	Skin	Type C	01.11.2018	3	T8	N	Angiofibromas, trichoepithelioma, epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary haemorrhagic telangiectasia and other severely disfiguring or recurrently bleeding tumours (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), treatment of, with carbon dioxide/erbium or other appropriate laser (or curettage and fine point diathermy for pyogenic granuloma only), if confirmed by the opinion of a specialist in the specialty of dermatology, one or more lesions.	74.05			55.55	62.95
30192	Skin	Type C	01.12.1991	3	T8	N	PREMALIGNANT SKIN LESIONS (including solar keratoses), treatment of, by ablative technique (10 or more lesions) (Anaes.)	46.1			34.6	39.2
30196	Skin	Type C	01.11.1993	3	T8	N	Malignant neoplasm of skin or mucous membrane that has been: (a) proven by histopathology; or (b) confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery where a specimen has been submitted for histologic confirmation; removal of, by serial curettage, or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy or diathermy (Anaes.)	147.25			110.45	125.2
30202	Skin	Type C	01.11.1993	3	T8	N	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery—removal of, by liquid nitrogen cryotherapy using repeat freeze thaw cycles	56.35			42.3	47.9
30207	Skin	Type C	01.12.1991	3	T8	N	Skin lesions, multiple injections with glucocorticoid preparations (Anaes.)	52			39	44.2
30210	Skin	Type B Band 1	01.12.1991	3	T8	N	Keloid and other skin lesions, extensive, multiple injections of glucocorticoid preparations, if undertaken in the operating theatre of a hospital (H) (Anaes.)	190.1			142.6	
30216	Skin	Type C	01.12.1991	3	T8	N	HAEMATOMA, aspiration of (Anaes.)	31.9			23.95	27.15
30219	Skin	Type C	01.12.1991	3	T8	N	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring admission to a hospital - INCISION WITH DRAINAGE OF (excluding aftercare)	31.9			23.95	27.15
30223	Skin	Type B Non-band specific	01.12.1991	3	T8	N	LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS or similar lesion, requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding aftercare) (Anaes.)	190.1			142.6	
30224	Common list	Unlisted	01.04.1992	3	T8	N	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS using interventional imaging techniques - but not including imaging (Anaes.)	277.15			207.9	235.6
30225	Common list	Type A Surgical and Type B Non-band specific	01.04.1992	3	T8	N	ABSCESS DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.)	312.25			234.2	265.45
30226	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	MUSCLE, excision of (LIMITED), or fasciotomy (Anaes.)	174.7			131.05	148.5
30229	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Muscle, excision of (extensive) (H) (Anaes.) (Assist.)	318.4			238.8	
30232	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	MUSCLE, RUPTURED, repair of (limited), not associated with external wound (Anaes.)	260.8			195.6	221.7
30235	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Muscle, ruptured, repair of (extensive), not associated with external wound (H) (Anaes.) (Assist.)	344.95			258.75	
30238	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE (Anaes.)	174.7			131.05	148.5
30241	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	415.75			311.85	353.4
30244	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	STYLOID PROCESS OF TEMPORAL BONE, removal of (Anaes.) (Assist.)	415.75			311.85	
30246	Ear, nose and throat	Type A Surgical	01.07.1998	3	T8	N	PAROTID DUCT, repair of, using micro-surgical techniques (Anaes.) (Assist.)	804.75			603.6	
30247	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Parotid gland, total extirpation of, including removal of tumour, other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.)	862.5			646.9	
30250	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Parotid gland, total extirpation of, with preservation of facial nerve, including: (a) removal of tumour; and (b) exposure or mobilisation of facial nerve; other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.)	1459.45			1094.6	
30251	Ear, nose and throat	Type A Advanced Surgical	01.07.1998	3	T8	N	Recurrent parotid tumour, excision of, with preservation of facial nerve, including: (a) removal of tumour; and (b) exposure or mobilisation of facial nerve; other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.)	2241.9			1681.45	
30253	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Parotid gland, superficial lobectomy of, with exposure of facial nerve, including: (a) removal of tumour; and (b) exposure or mobilisation of facial nerve; other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.)	973			729.75	
30255	Ear, nose and throat	Type A Advanced Surgical	01.05.1997	3	T8	N	SUBMANDIBULAR DUCTS, relocation of, for surgical control of drooling (Anaes.) (Assist.)	1295.65			971.75	
30256	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Submandibular gland, extirpation of, other than a service associated with a service to which item 31423, 31426, 31429, 31432, 31435 or 31438 applies on the same side (H) (Anaes.) (Assist.)	519.65			389.75	
30257	Ear, nose and throat	Type B Non-band specific	01.03.2023	3	T8	N	Sialendoscopy, of submandibular or parotid duct, with or without removal of calculus or treatment of stricture (Anaes.)	583.25			437.45	495.8
30259	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	Sublingual gland, extirpation of (H) (Anaes.)	231.65			173.75	
30262	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.)	68.6			51.45	58.35
30266	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures. (Anaes.)	174.7			131.05	148.5
30269	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Salivary gland, repair of cutaneous fistula of (H) (Anaes.)	174.7			131.05	
30272	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Tongue, partial excision of (H) (Anaes.) (Assist.)	344.95			258.75	
30275	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Radical excision of intra oral tumour, with or without resection of mandible, including dissection of lymph glands of neck, unilateral, other than a service associated with a service to which item 31423, 31426, 31429, 31432, 31435 or 31438 applies on the same side (H) (Anaes.) (Assist.)	2056.35			1542.3	
30278	Ear, nose and throat	Type C	01.12.1991	3	T8	N	Tongue tie, repair of, other than: (a) a service to which another item in this Subgroup applies; or (b) a service associated with a service to which item 45009 applies (Anaes.)	54.2			40.65	46.1

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30281	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a person aged 2 years and over, under general anaesthesia, other than a service associated with a service to which item 45009 applies (H) (Anaes.)	139.35			104.55	
30283	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.)	238.8			179.1	203
30286	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Branchial cyst, removal of, on a patient 10 years of age or over (H) (Anaes.) (Assist.)	464.15			348.15	
30287	Ear, nose and throat	Type A Surgical	01.09.2015	3	T8	N	Branchial cyst, removal of, on a patient under 10 years of age (H) (Anaes.) (Assist.)	603.45			452.6	
30289	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Branchial fistula, removal of, on a patient 10 years of age or over (Anaes.) (Assist.)	585.9			439.45	
30293	Ear, nose and throat	Type A Surgical	01.11.1992	3	T8	N	Cervical oesophagostomy, or closure of cervical oesophagostomy with or without plastic repair (H) (Anaes.) (Assist.)	519.65			389.75	
30294	Ear, nose and throat	Type A Advanced Surgical	01.11.1992	3	T8	N	CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction (Anaes.) (Assist.)	2056.35			1542.3	
30296	Ear, nose and throat	Type A Advanced Surgical	01.11.1992	3	T8	N	THYROIDECTOMY, total (Anaes.) (Assist.)	1194.25			895.7	
30297	Ear, nose and throat	Type A Advanced Surgical	01.11.1992	3	T8	N	THYROIDECTOMY following previous thyroid surgery (Anaes.) (Assist.)	1194.25			895.7	
30299	Breast surgery (medically necessary)	Type A Surgical	01.11.2005	3	T8	N	Sentinel lymph node biopsy or biopsies for breast cancer, involving dissection in an axilla, using preoperative lymphoscintigraphy and/or lymphotropic dye injection (H) (Anaes.) (Assist.)	828.5			621.4	
30305	Breast surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Sentinel lymph node biopsy or biopsies for breast cancer, involving dissection along internal mammary chain (H) (Anaes.) (Assist.)	828.55			621.45	
30306	Ear, nose and throat	Type A Surgical	01.11.1992	3	T8	N	TOTAL HEMITHYROIDECTOMY (Anaes.) (Assist.)	931.65			698.75	
30310	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Partial or subtotal thyroidectomy (Anaes.) (Assist.)	931.65			698.75	
30311	Skin	Type A Surgical and Type B Non-band specific	01.11.2021	3	T8	N	Sentinel lymph node biopsy or biopsies for cutaneous melanoma, using preoperative lymphoscintigraphy and/or lymphotropic dye injection, if: (a) the primary lesion is greater than 1.0 mm in depth (or at least 0.8 mm in depth in the presence of ulceration); and (b) appropriate excision of the primary melanoma has occurred; and (c) the service is not associated with a service to which item 30075, 30078, 30299, 30305, 30329, 30332, 30618, 30820, 31423, 52025 or 52027 appliesApplicable to only one lesion per occasion on which the service is provided (H) (Anaes.) (Assist.)	726.1			544.6	
30314	Ear, nose and throat	Type A Surgical	01.11.1992	3	T8	N	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone, on a patient 10 years of age or over (Anaes.) (Assist.)	533.5			400.15	
30315	Ear, nose and throat	Type A Advanced Surgical	01.11.1992	3	T8	N	Minimally invasive parathyroidectomy. Removal of 1 or more parathyroid adenoma through a small cervical incision for an image localised adenoma, including thymectomy. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30318, 30317 or 30320 applies. (Anaes.) (Assist.)	1329.8			997.35	
30317	Ear, nose and throat	Type A Advanced Surgical	01.11.1992	3	T8	N	Redo parathyroidectomy. Cervical re-exploration for persistent or recurrent hyperparathyroidism, including thymectomy and cervical exploration of the mediastinum. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30318 or 30320 applies. (Anaes.) (Assist.)	1592.2			1194.15	
30318	Ear, nose and throat	Type A Advanced Surgical	01.11.1992	3	T8	N	Open parathyroidectomy, exploration and removal of 1 or more adenoma or hyperplastic glands via a cervical incision including thymectomy and cervical exploration of the mediastinum when performed. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30317 or 30320 applies. (Anaes.) (Assist.)	1329.8			997.35	
30320	Ear, nose and throat	Type A Advanced Surgical	01.11.1992	3	T8	N	Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thorascopic approach. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30317 or 30318 applies. (Anaes.) (Assist.)	1592.2			1194.15	
30323	Common list	Type A Advanced Surgical	01.11.1992	3	T8	N	Excision of phaeochromocytoma or extraadrenal paraganglioma via endoscopic or open approach. (Anaes.) (Assist.)	1592.2			1194.15	
30324	Kidney and bladder	Type A Advanced Surgical	01.11.1992	3	T8	N	Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach. (Anaes.) (Assist.)	1592.2			1194.15	
30326	Ear, nose and throat	Type A Surgical	01.09.2015	3	T8	N	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone, on a patient under 10 years of age (Anaes.) (Assist.)	693.6			520.2	
30329	Common list	Unlisted	01.11.1992	3	T8	N	LYMPH NODES of GROIN, limited excision of (Anaes.)	288.05			216.05	244.85
30330	Common list	Type A Surgical	01.11.1992	3	T8	N	LYMPH NODES of GROIN, radical excision of (Anaes.) (Assist.)	838.45			628.85	
30332	Common list	Type A Surgical	01.11.1992	3	T8	N	Lymph nodes of axilla, limited excision of (H) (Anaes.) (Assist.)	404.5			303.4	
30336	Common list	Type A Advanced Surgical	01.05.2000	3	T8	N	Lymph nodes of axilla, complete excision of (H) (Anaes.) (Assist.)	1213.5			910.15	
30382	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Enterocutaneous fistula, repair of, if dissection and resection of bowel is performed, with or without anastomosis or formation of a stoma (H) (Anaes.) (Assist.)	1524.6			1143.45	
30384	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Open or minimally invasive excision of a retroperitoneal mass, 4 cm or greater in largest dimension, lasting more than 3 hours, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	1592.2			1194.15	
30385	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Unplanned return to theatre for laparotomy or laparoscopy for control or drainage of intra-abdominal haemorrhage following abdominal surgery (H) (Anaes.) (Assist.)	657.2			492.9	

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% ($)
30387	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Laparoscopy or laparotomy when an operation is performed on abdominal, retroperitoneal or pelvic viscera, excluding lymph node biopsy, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	740.75			555.6	
30388	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Laparotomy for abdominal trauma, including control of haemorrhage (with or without packing) and containment of contamination (H) (Anaes.) (Assist.)	1242.5			931.9	
30390	Digestive system	Type B Non-band specific	01.11.1992	3	T8	N	Laparoscopy, diagnostic, with or without aspiration of fluid, on a patient 10 years of age or over, if no other intra-abdominal procedure is performed (H) (Anaes.) (Assist.)	256.5			192.4	
30392	Digestive system	Type A Surgical	01.12.1991	3	T8	N	RADICAL OR DEBULKING OPERATION for advanced intra-abdominal malignancy, with or without omentectomy, as an independent procedure (Anaes.) (Assist.)	786.9			590.2	
30396	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Laparotomy or laparoscopy for generalised intra-peritoneal sepsis (also known as peritonitis), with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity, with or without closure of the abdomen when performed by laparotomy (H) (Anaes.) (Assist.)	1185.85			889.4	
30397	Digestive system	Unlisted	01.11.1992	3	T8	N	Laparostomy, via wound previously made and left open or closed, including change of dressings or packs, with or without drainage of loculated collections (H) (Anaes.)	271			203.25	
30399	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs (Anaes.) (Assist.)	372.75			279.6	
30400	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.11.1992	3	T8	N	LAPAROTOMY WITH INSERTION OF PORTACATH for administration of cytotoxic therapy including placement of reservoir (Anaes.) (Assist.)	737.8			553.35	
30406	Digestive system	Type C	01.11.1992	3	T8	N	PARACENTESIS ABDOMINIS (Anaes.)	60.95			45.75	51.85
30408	Digestive system	Type A Surgical	01.11.1992	3	T8	N	PERITONEOVENOUS shunt, insertion of (Anaes.) (Assist.)	457.4			343.05	
30409	Digestive system	Type B Non-band specific	01.11.1992	3	T8	N	LIVER BIOPSY, percutaneous (Anaes.)	203.45			152.6	172.95
30411	Digestive system	Unlisted	01.11.1992	3	T8	N	LIVER BIOPSY by wedge excision when performed in conjunction with another intraabdominal procedure (Anaes.)	103.6			77.7	
30412	Digestive system	Unlisted	01.11.1992	3	T8	N	Liver biopsy by core needle, when performed in conjunction with another intra-abdominal procedure (H) (Anaes.)	61.1			45.85	
30414	Digestive system	Type A Surgical	01.11.1992	3	T8	N	LIVER, subsegmental resection of, (local excision), other than for trauma (Anaes.) (Assist.)	804.75			603.6	
30415	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	LIVER, segmental resection of, other than for trauma (Anaes.) (Assist.)	1609.2			1206.9	
30416	Digestive system	Type A Surgical	01.12.1991	3	T8	N	Liver cysts, greater than 5 cm in diameter, marsupialisation of 4 or less (Anaes.) (Assist.)	873.7			655.3	
30417	Digestive system	Type A Advanced Surgical	01.04.1992	3	T8	N	Liver cysts, greater than 5 cm in diameter, marsupialisation of 5 or more (Anaes.) (Assist.)	1310.5			982.9	
30418	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	LIVER, lobectomy of, other than for trauma (Anaes.) (Assist.)	1863.7			1397.8	
30419	Digestive system	Type A Surgical	01.12.1991	3	T8	N	Liver tumour, other than a hepatocellular carcinoma, destruction of one or more, by local ablation, other than a service associated with a service to which item 50950 or 50952 applies (H) (Anaes.) (Assist.)	953.2			714.9	
30421	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, other than for trauma (Anaes.) (Assist.)	2329.2			1746.9	
30422	Digestive system	Type A Surgical	01.11.1992	3	T8	N	LIVER, repair of superficial laceration of, for trauma (Anaes.) (Assist.)	787.8			590.85	
30425	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	LIVER, repair of deep multiple lacerations of, or debridement of, for trauma (Anaes.) (Assist.)	1524.6			1143.45	
30427	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	LIVER, segmental resection of, for trauma (Anaes.) (Assist.)	1821.05			1365.8	
30428	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Liver, lobectomy of, for trauma (H) (Anaes.) (Assist.)	1948.15			1461.15	
30430	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, for trauma (H) (Anaes.) (Assist.)	2710.2			2032.65	
30431	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Liver abscess, single, open or minimally invasive abdominal drainage of, excluding aftercare (H) (Anaes.) (Assist.)	608.15			456.15	
30433	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Liver abscess, multiple, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.)	847			635.25	
30439	Digestive system	Unlisted	01.11.1992	3	T8	N	Intraoperative ultrasound of biliary tract, or operative cholangiography, if the service: (a) is performed in association with an intra-abdominal procedure; and (b) is not associated with a service to which item 30442 or 30445 applies (Anaes.) (Assist.)	216.45			162.35	
30440	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Cholangiogram, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques, other than a service associated with a service to which item 30451 applies (H) (Anaes.) (Assist.)	614.1			460.6	
30441	Digestive system	Unlisted	01.12.1991	3	T8	N	Intraoperative ultrasound for staging of intra-abdominal tumours (Anaes.)	159			119.25	
30442	Digestive system	Unlisted	01.11.1992	3	T8	N	CHOLEDOCHOSCOPY in conjunction with another procedure (Anaes.)	216.45			162.35	
30443	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Cholecystectomy, by any approach, without cholangiogram (Anaes.) (Assist.)	749.4			562.05	
30445	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Cholecystectomy, by any approach, with attempted or completed cholangiogram or intraoperative ultrasound of the biliary system, when performed via laparoscopic or open approach or when conversion from laparoscopic to open approach is required (Anaes.) (Assist.)	970.7			728.05	
30448	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Cholecystectomy, by any approach, involving removal of common duct calculi via the cystic duct, with or without stent insertion (Anaes.) (Assist.)	1135.05			851.3	

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% ($)
30449	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Cholecystectomy with removal of common duct calculi via choledochotomy, by any approach, with or without insertion of a stent (Anaes.) (Assist.)	1262.05			946.55	
30450	Digestive system	Type A Surgical	01.12.1991	3	T8	N	Calculus of biliary tract, extraction of, using interventional imaging techniques (H) (Anaes.) (Assist.)	611.75			458.85	
30451	Digestive system	Type A Surgical	01.11.1992	3	T8	N	BILIARY DRAINAGE TUBE, exchange of, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30440 applies (Anaes.) (Assist.)	312.25			234.2	265.45
30452	Digestive system	Type A Surgical	01.11.1992	3	T8	N	CHOLEDOCHOSCOPY with balloon dilation of a stricture or passage of stent or extraction of calculi (Anaes.) (Assist.)	440.35			330.3	
30454	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Choledochotomy without cholecystectomy, with or without removal of calculi (Anaes.) (Assist.)	1537.8			1153.35	
30455	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Choledochotomy with cholecystectomy, with removal of calculi, including biliary intestinal anastomosis (Anaes.) (Assist.)	1537.8			1153.35	
30457	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Choledochotomy, intrahepatic, involving removal of intrahepatic bile duct calculi (H) (Anaes.) (Assist.)	1609.2			1206.9	
30458	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (Anaes.) (Assist.)	1182.9			887.2	
30460	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	CHOLECYSTODUODENOSTOMY, CHOLECYSTOENTEROSTOMY, CHOLEDOCHOJEJUNOSTOMY or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (Anaes.) (Assist.)	1006.15			754.65	
30461	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Radical resection of porta hepatis (including associated neuro-lymphatic tissue), for cancer, suspected cancer or choledochal cyst, including bile duct excision and biliary-enteric anastomoses, other than a service associated with a service to which item 30440, 30451 or 31454 applies (Anaes.) (Assist.)	1724.6			1293.45	
30463	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses, for cancer, suspected cancer or choledochal cyst (Anaes.) (Assist.)	2117.6			1588.2	
30464	Digestive system	Type A Advanced Surgical	31.10.1992	3	T8	N	Radical resection of common hepatic duct and right and left hepatic ducts, for cancer, suspected cancer or choledochal cyst, involving either or both of the following:(a) more than 2 anastomoses;(b) resection of segment (or major portion of segment) of liver; (Anaes.) (Assist.)	2541.05			1905.8	
30469	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Biliary stricture, repair of, after one or more operations on the biliary tree (H) (Anaes.) (Assist.)	2007.55			1505.7	
30472	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Repair of bile duct injury, including immediate reconstruction, other than a service associated with a service to which item 30584 applies (Anaes.) (Assist.)	1554.95			1166.25	
30473	Gastrointestinal endoscopy	Type B Non-band specific	01.11.1992	3	T8	N	Oesophagoscopy (not being a service associated with a service to which item 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30478 or 30479 applies. (Anaes.)	206.6			154.95	175.65
30475	Gastrointestinal endoscopy	Type B Non-band specific	01.11.1992	3	T8	N	Endoscopic dilatation of stricture of upper gastrointestinal tract (including the use of imaging intensification if clinically indicated) (H) (Anaes.)	407.1			305.35	
30478	Gastrointestinal endoscopy	Type B Non-band specific	01.11.1992	3	T8	N	Oesophagoscopy (other than a service associated with a service to which item 41822 or 41825 applies), gastroscopy, duodenoscopy, panendoscopy or push enteroscopy, one or more such procedures, if: (a) the procedures are performed using one or more of the following endoscopic procedures: (i) polypectomy; (ii) sclerosing or adrenalin injections; (iii) banding; (iv) endoscopic clips; (v) haemostatic powders; (vi) diathermy; (vii) argon plasma coagulation; and (b) the procedures are for the treatment of one or more of the following: (i) upper gastrointestinal tract bleeding; (ii) polyps; (iii) removal of foreign body; (iv) oesophageal or gastric varices; (v) peptic ulcers; (vi) neoplasia; (vii) benign vascular lesions; (viii) strictures of the gastrointestinal tract; (ix) tumorous overgrowth through or over oesophageal stents; other than a service associated with a service to which item 30473 or 30479 applies (H) (Anaes.)	286.5			214.9	
30479	Gastrointestinal endoscopy	Type A Surgical	01.11.1992	3	T8	N	Endoscopy with laser therapy, for the treatment of one or more of the following: (a) neoplasia; (b) benign vascular lesions; (c) strictures of the gastrointestinal tract; (d) tumorous overgrowth through or over oesophageal stents; (e) peptic ulcers; (f) angiodysplasia; (g) gastric antral vascular ectasia; (h) post-polypectomy bleeding; other than a service associated with a service to which item 30473 or 30478 applies (Anaes.)	555.35			416.55	472.05
30481	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Percutaneous gastrostomy (initial procedure): (a) including any associated imaging services; and (b) excluding the insertion of a device for the purpose of facilitating weight loss (H) (Anaes.)	416.45			312.35	
30482	Digestive system	Unlisted	01.11.1992	3	T8	N	PERCUTANEOUS GASTROSTOMY (repeat procedure): (a) including any associated imaging services; and (b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	296.15			222.15	251.75
30483	Digestive system	Unlisted	01.12.1991	3	T8	N	Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device: (a) non-endoscopic insertion of; or (b) non-endoscopic replacement of; on a patient 10 years of age or over, excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	206.55			154.95	175.6
30484	Gastrointestinal endoscopy	Type A Surgical	01.11.1992	3	T8	N	Endoscopic retrograde cholangiopancreatography, other than a service to which item 30664 or 30665 applies (H) (Anaes.)	425.75			319.35	
30485	Gastrointestinal endoscopy	Type A Surgical	01.11.1992	3	T8	N	Endoscopic sphincterotomy with or without extraction of stones from common bile duct (H) (Anaes.)	657.2			492.9	

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30488	Gastrointestinal endoscopy	Unlisted	01.11.1992	3	T8	N	Small bowel intubation—as an independent procedure (H) (Anaes.)	105			78.75	
30490	Gastrointestinal endoscopy	Type A Surgical	01.11.1992	3	T8	N	Oesophageal prosthesis, insertion of, including endoscopy and dilatation (H) (Anaes.)	614.1			460.6	
30491	Gastrointestinal endoscopy	Type A Surgical	01.11.1992	3	T8	N	Bile duct, endoscopic stenting of (including endoscopy and dilatation) (H) (Anaes.)	647.9			485.95	
30492	Digestive system	Type A Surgical	01.12.1991	3	T8	N	BILE DUCT, PERCUTANEOUS STENTING OF (including dilatation when performed), using interventional imaging techniques - but not including imaging (Anaes.)	918.45			688.85	
30494	Gastrointestinal endoscopy	Type A Surgical	01.11.1992	3	T8	N	ENDOSCOPIC BILIARY DILATATION (Anaes.)	490.55			367.95	
30495	Digestive system	Type A Surgical	01.12.1991	3	T8	N	PERCUTANEOUS BILIARY DILATATION for biliary stricture, using interventional imaging techniques - but not including imaging (Anaes.)	918.45			688.85	
30515	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Gastroenterostomy (including gastroduodenostomy), enterocolostomy or enteroenterostomy, as an independent procedure or in combination with another procedure, only if required for irresectable obstruction, other than a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	821.7			616.3	
30517	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Revision of gastroenterostomy, pyloroplasty or gastroduodenostomy (Anaes.) (Assist.)	1075.8			806.85	
30518	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Partial gastrectomy, not being a service associated with a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	1152			864	
30520	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Gastric tumour, 2 cm or greater in diameter, removal of, by local excision, by laparoscopic or open approach, including any associated anastomosis, excluding polypectomy, other than a service to which item 30518 applies (Anaes.) (Assist.)	991.15			743.4	
30521	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	GASTRECTOMY, TOTAL, for benign disease (Anaes.) (Assist.)	1685.5			1264.15	
30526	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Gastrectomy, total, and removal of lower oesophagus, performed by open or minimally invasive approach, with anastomosis in the mediastinum, including any of the following (if performed):(a) distal pancreatectomy;(b) nodal dissection;(c) splenectomy (Anaes.) (Assist.)	2515.45			1886.6	
30529	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	ANTIREFLUX operation by fundoplasty, with OESOPHAGOPLASTY for stricture or short oesophagus (Anaes.) (Assist.)	1524.6			1143.45	
30530	Digestive system	Type A Surgical	01.11.1992	3	T8	N	ANTIREFLUX operation by cardiopexy, with or without fundoplasty (Anaes.) (Assist.)	914.85			686.15	
30532	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Oesophagogastric myotomy (Heller's operation) by endoscopic, abdominal or thoracic approach, whether performed by open or minimally invasive approach, including fundoplication when performed laparoscopically (Anaes.) (Assist.)	1050.4			787.8	
30533	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (Anaes.) (Assist.)	1249.4			937.05	
30559	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Oesophagus, local excision for tumour of (H) (Anaes.) (Assist.)	991.15			743.4	
30560	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Oesophageal perforation, repair of, by abdominal or thoracic approach, including thoracic drainage (Anaes.) (Assist.)	1100.95			825.75	
30562	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient 10 years of age or over (Anaes.) (Assist.)	694			520.5	
30563	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Colostomy or ileostomy, refashioning of, on a patient 10 years of age or over (H) (Anaes.) (Assist.)	694			520.5	
30565	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	SMALL INTESTINE, resection of, without anastomosis (including formation of stoma) (Anaes.) (Assist.)	1016.4			762.3	
30574	Hernia and appendix	Unlisted	01.11.1992	3	T8	N	NOTE: Multiple Operation and Multiple Anaesthetic rules apply to this item Appendicectomy, when performed in conjunction with another intra-abdominal procedure and during which a specimen is collected and sent for pathological testing (Anaes.)	71.9			53.95	
30577	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Initial pancreatic necrosectomy by open, laparoscopic or endoscopic approach, excluding aftercare (Anaes.) (Assist.)	1270.6			952.95	
30583	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Distal pancreatectomy with splenic preservation, by open or minimally invasive approach (Anaes.) (Assist.)	1813.3			1360	
30584	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Pancreatico duodenectomy (Whipple's procedure), with or without preservation of pylorus, including any of the following (if performed):(a) cholecystectomy;(b) pancreatico-biliary anastomosis;(c) gastro-jejunal anastomosis (Anaes.) (Assist.)	3499.65			2624.75	
30589	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	PANCREATICO-JEJUNOSTOMY for pancreatitis or trauma (Anaes.) (Assist.)	1459.45			1094.6	
30590	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	PANCREATICO-JEJUNOSTOMY following previous pancreatic surgery (Anaes.) (Assist.)	1609.2			1206.9	
30593	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	Pancreatectomy, near total or total (including duodenum), with or without splenectomy (H) (Anaes.) (Assist.)	2202.15			1651.65	
30594	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	PANCREATECTOMY for pancreatitis following previously attempted drainage procedure or partial resection (Anaes.) (Assist.)	2541.05			1905.8	
30596	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	SPLENORRHAPHY OR PARTIAL SPLENECTOMY (Anaes.) (Assist.)	1046.75			785.1	
30599	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	SPLENECTOMY, for massive spleen (weighing more than 1500 grams) or involving thoraco-abdominal incision (Anaes.) (Assist.)	1524.6			1143.45	

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% ($)
30600	Digestive system	Type A Surgical	01.11.1992	3	T8	N	Emergency repair of diaphragmatic laceration or hernia, following recent trauma, by any approach, including when performed in conjunction with another procedure indicated as a result of abdominal or chest trauma (Anaes.) (Assist.)	906.6			679.95	
30601	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Diaphragmatic hernia, congenital, or delayed presentation of traumatic rupture, repair of, by thoracic or abdominal approach, on a patient 10 years of age or over, other than a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	1116.85			837.65	
30606	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	PORTAL HYPERTENSION, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (Anaes.) (Assist.)	1295.8			971.85	
30608	Digestive system	Type A Advanced Surgical	01.09.2015	3	T8	N	Small intestine, resection of, with anastomosis, on a patient under 10 years of age (Anaes.) (Assist.)	1467.85			1100.9	
30611	Common list	Type A Surgical	01.09.2015	3	T8	N	Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, on a patient under 10 years of age, if the specimen excised is sent for histological confirmation of diagnosis, other than a service to which another item in this Group applies (Anaes.) (Assist.)	657.25			492.95	558.7
30615	Hernia and appendix	Type A Surgical	01.11.1992	3	T8	N	Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection, on a patient 10 years of age or over (Anaes.) (Assist.)	608.15			456.15	
30618	Ear, nose and throat	Type A Surgical	01.09.2015	3	T8	N	Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient under 10 years of age (H) (Anaes.) (Assist.)	609.25			456.95	
30619	Digestive system	Type A Advanced Surgical	01.09.2015	3	T8	N	Laparoscopic splenectomy, on a patient under 10 years of age (Anaes.) (Assist.)	1092.25			819.2	
30621	Digestive system	Type A Surgical	01.12.1991	3	T8	N	Repair of symptomatic umbilical, epigastric or linea alba hernia requiring mesh or other repair, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30651 or 30655 applies (Anaes.) (Assist.)	475.4			356.55	
30622	Digestive system	Type A Surgical	01.09.2015	3	T8	N	Caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, reduction of intussusception, removal of Meckel's diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty or drainage of pancreas, on a patient under 10 years of age (Anaes.) (Assist.)	790.6			592.95	
30623	Digestive system	Type A Surgical	01.09.2015	3	T8	N	Laparotomy involving division of peritoneal adhesions (if no other intra-abdominal procedure is performed), on a patient under 10 years of age (Anaes.) (Assist.)	790.6			592.95	
30626	Digestive system	Type A Surgical	01.09.2015	3	T8	N	Laparotomy involving division of adhesions in association with another intra-abdominal procedure if the time taken to divide the adhesions is between 45 minutes and 2 hours, on a patient under 10 years of age (Anaes.) (Assist.)	794.25			595.7	
30627	Digestive system	Type B Non-band specific	01.09.2015	3	T8	N	Laparoscopy, diagnostic, if no other intra-abdominal procedure is performed, on a patient under 10 years of age (H) (Anaes.)	333.55			250.2	
30628	Male reproductive system	Type C	01.12.1991	3	T8	N	HYDROCELE, tapping of	41.5			31.15	35.3
30629	Male reproductive system	Type A Surgical	01.11.2020	3	T8	N	Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, without insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643 or 30644 applies (Anaes.) (Assist.)	608.15			456.15	
30630	Male reproductive system	Type B Non-band specific	01.11.2020	3	T8	N	Insertion of testicular prosthesis, at least 6 months following orchidectomy (H) (Anaes.) (Assist.)	552.7			414.55	
30631	Male reproductive system	Unlisted	01.12.1991	3	T8	N	Hydrocele, removal of, other than a service associated with a service to which item 30641, 30642 or 30644 applies (H) (Anaes.)	276.05			207.05	
30635	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	Varicocele, surgical correction of, including microsurgical techniques, other than a service associated with a service to which item 30390, 30627, 30641, 30642 or 30644 applies—one procedure (Anaes.) (Assist.)	340.4			255.3	
30636	Digestive system	Unlisted	01.09.2015	3	T8	N	Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device, non-endoscopic insertion of, or non-endoscopic replacement of, on a patient under 10 years of age (Anaes.)	272.05			204.05	231.25
30637	Digestive system	Type A Surgical	01.09.2015	3	T8	N	Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient under 10 years of age (Anaes.) (Assist.)	902.45			676.85	
30639	Digestive system	Type A Surgical	01.09.2015	3	T8	N	Colostomy or ileostomy, refashioning of, on a patient under 10 years of age (H) (Anaes.) (Assist.)	902.45			676.85	
30640	Hernia and appendix	Type A Advanced Surgical	01.05.2016	3	T8	N	Repair of large and irreducible scrotal hernia, if surgery exceeds 2 hours, in a patient 10 years of age or over, other than a service to which item 30615, 30621, 30648, 30651 or 30655 applies (Anaes.) (Assist.)	1067.35			800.55	
30641	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (H) (Anaes.) (Assist.)	475.4			356.55	
30642	Male reproductive system	Type A Surgical	01.05.2017	3	T8	N	Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, with insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643, 30644 or 45051 applies (Anaes.) (Assist.)	884.45			663.35	
30643	Male reproductive system	Type A Surgical	01.09.2015	3	T8	N	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient under 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (Anaes.) (Assist.)	790.6			592.95	
30644	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient at least 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (Anaes.) (Assist.)	608.15			456.15	
30645	Hernia and appendix	Type A Surgical	01.09.2015	3	T8	N	Appendicectomy, on a patient under 10 years of age, other than a service to which item 30574 applies (Anaes.) (Assist.)	675.4			506.55	

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30646	Hernia and appendix	Type A Surgical	01.09.2015	3	T8	N	Laparoscopic appendicectomy, on a patient under 10 years of age (Anaes.) (Assist.)	675.4			506.55	
30648	Hernia and appendix	Type A Surgical	01.07.2021	3	T8	N	Femoral or inguinal hernia or infantile hydrocele, repair of, by open or minimally invasive approach, on a patient 10 years of age or over, other than a service to which item 30615 or 30651 applies (Anaes.) (Assist.)	541.95			406.5	
30649	Male reproductive system	Unlisted	01.09.2015	3	T8	N	Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient under 10 years of age (H) (Anaes.)	218.95			164.25	
30651	Common list	Type A Surgical	01.07.2021	3	T8	N	Ventral hernia repair involving primary fascial closure by suture, with or without onlay mesh or insertion of intraperitoneal onlay mesh repair, without closure of the defect or advancement of the rectus muscle toward the midline, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service associated with a service to which item 30175, 30621, 30655 or 30657 applies (H) (Anaes.) (Assist.)	608.15			456.15	
30652	Common list	Type A Surgical	01.07.2021	3	T8	N	Recurrent groin hernia regardless of size of defect, repair of, with or without mesh, by open or minimally invasive approach, in a patient 10 years of age or over (Anaes.) (Assist.)	608.15			456.15	
30654	Male reproductive system	Type C	01.11.2016	3	T8	N	Circumcision of the penis, with topical or local analgesia, other than a service to which item 30658 applies	54.2			40.65	46.1
30655	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Ventral hernia, repair of, with advancement of the rectus muscles to the midline using a retro-rectus, pre-peritoneal or sublay technique, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service associated with a service to which item 30175, 30621 or 30651 applies (H) (Anaes.) (Assist.)	1067.35			800.55	
30657	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Unilateral abdominal wall reconstruction with component separation, including transversus abdominus release and external oblique release for abdominal wall closure by mobilising the rectus abdominis muscles to the midline, by open or minimally invasive approach (Anaes.) (Assist.)	1519.9			1139.95	
30658	Male reproductive system	Type B Non-band specific	01.11.2016	3	T8	N	Circumcision of the penis, when performed under general or regional anaesthesia and in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.)	165.6			124.2	140.8
30661	Male reproductive system	Type B Non-band specific	01.11.2022	3	T8	N	Minor surgical repair following a complication from the circumcision of a penis, when performed in conjunction with a service to which an item in Group T7 or Group T10 applies, other than a service associated with a service to which item 45206 applies (H) (Anaes.)	447.5			335.65	
30662	Male reproductive system	Type A Surgical	01.11.2022	3	T8	N	Complex surgical repair following a complication from the circumcision of a penis, including single stage local flap, if indicated, to repair one defect, on genitals (other than a service associated with a service to which item 37819, 37822, 45200, 45201, 45202, 45203 or 45206 applies) (H) (Anaes.) (Assist.)	894.8			671.1	
30663	Male reproductive system	Unlisted	01.12.1991	3	T8	N	Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient 10 years of age or over (H) (Anaes.)	168.4			126.3	
30664	Gastrointestinal endoscopy	Type A Surgical	01.03.2024	3	T8	N	Endoscopic retrograde cholangiopancreatography (ERCP), with single operator, single use peroral cholangiopancreatoscopy (POCPS) and biopsy, for the diagnosis of biliary strictures for a patient for whom: (a) a previous ERCP service has been provided; and (b) results from guided brush cytology or intraductal biopsy (or both) are indeterminate Applicable not more than 2 times in a 12 month period, or not more than 3 times in a 12 month period if the patient has been diagnosed with primary sclerosing cholangitis (PSC) (H) (Anaes.) (Assist.)	682.95			512.25	
30665	Gastrointestinal endoscopy	Type A Surgical	01.03.2024	3	T8	N	Endoscopic retrograde cholangiopancreatography (ERCP), with single operator, single use peroral cholangiopancreatoscopy (POCPS) and electrohydraulic or laser lithotripsy for the removal of biliary stones that are: (a) greater than 10mm in diameter; or (b) proximal to a stricture; for a patient for whom there has been at least one failed attempt at removal via ERCP extraction techniques Applicable not more than 2 times per treatment cycle (H) (Anaes.) (Assist.)	955.3			716.5	
30666	Male reproductive system	Unlisted	01.12.1991	3	T8	N	Paraphimosis or phimosis, reduction of, under general anaesthesia, with or without dorsal incision, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	55.35			41.55	
30672	Back, neck and spine	Type A Surgical	01.12.1991	3	T8	N	COCCYX, excision of (Anaes.) (Assist.)	519.65			389.75	
30676	Skin	Type A Surgical	01.12.1991	3	T8	N	Pilonidal sinus or cyst, or sacral sinus or cyst, definitive excision of (H) (Anaes.)	442.2			331.65	
30679	Skin	Type B Non-band specific	01.12.1991	3	T8	N	Pilonidal sinus, injection of sclerosant fluid under anaesthesia (H) (Anaes.)	112.35			84.3	
30680	Gastrointestinal endoscopy	Type A Advanced Surgical	01.07.2007	3	T8	N	Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, without intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding if the patient: (a) has recurrent or persistent bleeding; and (b) is anaemic or has active bleeding; and (c) has had an upper gastrointestinal endoscopy and a colonoscopy performed that did not identify the cause of the bleeding; not in association with another item in this Subgroup (other than item 30682 or 30686) (H) (Anaes.)	1364.9			1023.7	
30682	Gastrointestinal endoscopy	Type A Advanced Surgical	01.07.2007	3	T8	N	Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, without intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding if the patient: (a) has recurrent or persistent bleeding; and (b) is anaemic or has active bleeding; and (c) has had an upper gastrointestinal endoscopy and a colonoscopy performed that did not identify the cause of the bleeding; not in association with another item in this Subgroup (other than item 30680 or 30684) (H) (Anaes.)	1364.9			1023.7	

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30684	Gastrointestinal endoscopy	Type A Advanced Surgical	01.07.2007	3	T8	N	Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, with one or more of the following procedures—snare polypectomy, removal of foreign body, diathermy, heater probe, laser coagulation or argon plasma coagulation, for diagnosis and management of patients with obscure gastrointestinal bleeding if the patient: (a) has recurrent or persistent bleeding; and (b) is anaemic or has active bleeding; and (c) has had an upper gastrointestinal endoscopy and a colonoscopy performed that did not identify the cause of the bleeding; not in association with another item in this Subgroup (other than item 30682 or 30686) (H) (Anaes.)	1679.65			1259.75	
30686	Gastrointestinal endoscopy	Type A Advanced Surgical	01.07.2007	3	T8	N	Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, with one or more of the following procedures—snare polypectomy, removal of foreign body, diathermy, heater probe, laser coagulation or argon plasma coagulation, for diagnosis and management of patients with obscure gastrointestinal bleeding if the patient: (a) has recurrent or persistent bleeding; and (b) is anaemic or has active bleeding; and (c) has had an upper gastrointestinal endoscopy and a colonoscopy performed that did not identify the cause of the bleeding; not in association with another item in this Subgroup (other than item 30680 or 30684) (H) (Anaes.)	1679.65			1259.75	
30687	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2012	3	T8	N	Endoscopy with radiofrequency ablation of mucosal metaplasia for the treatment of Barrett's Oesophagus in a single course of treatment, following diagnosis of high grade dysplasia confirmed by histological examination (H) (Anaes.)	555.35			416.55	
30688	Gastrointestinal endoscopy	Type A Surgical	01.07.2007	3	T8	N	Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, for the staging of one or more of oesophageal, gastric or pancreatic cancer, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis (H) (Anaes.)	425.75			319.35	
30690	Gastrointestinal endoscopy	Type A Surgical	01.07.2007	3	T8	N	Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, with fine needle aspiration (including aspiration of the locoregional lymph nodes if performed, for the staging of one or more of oesophageal, gastric or pancreatic cancer), not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis (H) (Anaes.)	657.2			492.9	
30692	Gastrointestinal endoscopy	Type A Surgical	01.07.2007	3	T8	N	Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, for the diagnosis of one or more of pancreatic, biliary or gastric submucosal tumours, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis (H) (Anaes.)	425.75			319.35	
30694	Gastrointestinal endoscopy	Type A Surgical	01.07.2007	3	T8	N	Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, with fine needle aspiration for the diagnosis of one or more of pancreatic, biliary or gastric submucosal tumours, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis (H) (Anaes.)	657.2			492.9	
30720	Hernia and appendix	Type A Surgical	01.07.2021	3	T8	N	Appendicectomy, on a patient 10 years of age or over, whether performed by:(a) laparoscopy or right iliac fossa open incision; or(b) conversion of a laparoscopy to an open right iliac fossa incision;other than a service to which item 30574 applies (Anaes.) (Assist.)	519.65			389.75	
30721	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Laparotomy or laparoscopy, or laparoscopy converted to laparotomy, with or without associated biopsies, including the division of adhesions (if performed, but only if the time taken to divide adhesions is 45 minutes or less), if no other intra-abdominal procedure is performed (Anaes.) (Assist.)	563.75			422.85	
30722	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Laparotomy or laparoscopy, on a patient 10 years of age or over, including any of the following procedures (if performed, and including division of one or more adhesions, but only if the time taken to divide the adhesions is 45 minutes or less): (a) colostomy; (b) colotomy; (c) cholecystostomy; (d) enterostomy; (e) enterotomy; (f) gastrostomy; (g) gastrotomy; (h) caecostomy; (i) gastric fixation by cardiopexy; (j) reduction of intussusception; (k) simple repair of ruptured viscus (including perforated peptic ulcer); (l) reduction of volvulus; (m) drainage of pancreas (Anaes.) (Assist.)	608.15			456.15	
30723	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Laparotomy, laparoscopy or extra-peritoneal approach, for drainage of an intra-abdominal, pancreatic or retroperitoneal collection or abscess (Anaes.) (Assist.)	608.15			456.15	
30724	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Laparotomy or laparoscopy with division of adhesions, lasting more than 45 minutes but less than 2 hours, performed either:(a) as a primary procedure; or(b) when the division of adhesions is performed in conjunction with another primary procedure—to provide access to a surgical field (but excluding mobilisation or normal anatomical dissection of the organ or structure for which the primary procedure is being carried out) (Anaes.) (Assist.)	610.95			458.25	
30725	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Laparotomy or laparoscopy for intestinal obstruction or division of extensive, complex adhesions, lasting 2 hours or more, performed either:a) as a primary procedure; orb) when the division of adhesions is performed in conjunction with another procedure—to provide access to a surgical field, but excluding mobilisation or normal anatomical dissection of the organ or structure for which the other procedure is being carried out (Anaes.) (Assist.)	1082.75			812.1	
30730	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Small intestine, resection of, including either of the following:(a) a small bowel diverticulum (such as Meckel's procedure) with anastomosis;(b) stricturoplasty (Anaes.) (Assist.)	1129.1			846.85	
30731	Gastrointestinal endoscopy	Type A Surgical	01.07.2021	3	T8	N	Intraoperative enterotomy for visualisation of the small intestine by endoscopy, including endoscopic examination using a flexible endoscope, with or without biopsies (Anaes.) (Assist.)	847			635.25	
30732	Common list	Type A Advanced Surgical	01.07.2021	3	T8	N	Peritonectomy, lasting more than 5 hours, including hyperthermic intra-peritoneal chemotherapy (Anaes.) (Assist.)	4637.2			3477.9	

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30750	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Oesophagectomy with colon or jejunal interposition graft, by any approach, including:(a) any gastrointestinal anastomoses (except vascular anastomoses); and(b) anastomoses in the chest or neck (if appropriate)One surgeon (Anaes.) (Assist.)	2405.8			1804.35	
30751	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Oesophagectomy with colon or jejunal interposition graft, by any approach, including:(a) any gastrointestinal anastomoses (except vascular anastomoses); and(b) anastomoses in the chest or neck (if appropriate)Conjoint surgery, principal surgeon (Anaes.) (Assist.)	2405.8			1804.35	
30752	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Oesophagectomy with colon or jejunal interposition graft, by any approach, including:(a) any gastrointestinal anastomoses (except vascular anastomoses); and(b) anastomoses in the chest or neck (if appropriate)Conjoint surgery, co-surgeon (Anaes.) (Assist.)	1804.3			1353.25	
30753	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Oesophagectomy, by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestOne surgeon (Anaes.) (Assist.)	2007.55			1505.7	
30754	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Oesophagectomy, by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestConjoint surgery, principal surgeon (Anaes.) (Assist.)	2007.55			1505.7	
30755	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Oesophagectomy by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestConjoint surgery, co-surgeon (Anaes.) (Assist.)	1505.65			1129.25	
30756	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Antireflux operation by fundoplasty, with or without cardiopexy, by any approach, with or without closure of the diaphragmatic hiatus, other than a service to which item 30601 applies (Anaes.) (Assist.)	1016.4			762.3	
30760	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Vagotomy, with or without gastroenterostomy, pyloroplasty or other drainage procedure (Anaes.) (Assist.)	686.1			514.6	
30761	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Bleeding peptic ulcer, control of, by laparoscopy or laparotomy, involving suture of bleeding point or wedge excision (with or without gastric resection), including either of the following (if performed):(a) vagotomy and pyloroplasty;(b) gastroenterostomy (Anaes.) (Assist.)	885.15			663.9	
30762	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Gastrectomy, subtotal or total radical, for carcinoma, by open or minimally invasive approach, including all necessary anastomoses, including either or both of the following (if performed):(a) extended lymph node dissection;(b) splenectomy (Anaes.) (Assist.)	1939.65			1454.75	
30763	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Gastric tumour, 2cm or greater in diameter, removal of, by local excision, by endoscopic approach, including any required anastomosis, excluding polypectomy, other than a service to which item 30518 applies (Anaes.) (Assist.)	787.8			590.85	
30770	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes.) (Assist.)	975.65			731.75	
30771	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Portal hypertension, porto-caval, meso-caval or selective spleno-renal shunt for (Anaes.) (Assist.)	1967.85			1475.9	
30780	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Intrahepatic biliary bypass of left or right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)	1638.9			1229.2	
30790	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Pancreatic cyst anastomosis to stomach, duodenum or small intestine, by endoscopic, open or minimally invasive approach, with or without the use of endoscopic or intraoperative ultrasound (Anaes.) (Assist.)	818.1			613.6	
30791	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Pancreatic necrosectomy, by open, laparoscopic or endoscopic approach, excluding aftercare, subsequent procedure (Anaes.) (Assist.)	508.3			381.25	
30792	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Distal pancreatectomy with splenectomy, by open or minimally invasive approach (Anaes.) (Assist.)	1393.2			1044.9	
30800	Digestive system	Type A Surgical	01.07.2021	3	T8	N	Splenectomy, by open or minimally invasive approach, other than a service to which item 30792 applies (Anaes.) (Assist.)	840.2			630.15	
30810	Digestive system	Type A Advanced Surgical	01.07.2021	3	T8	N	Exploration of pancreas or duodenum for endocrine tumour, including associated imaging, either: (a) followed by local excision of tumour; or (b) when, after extensive exploration, no tumour is found (Anaes.) (Assist.)	1338.3			1003.75	
30820	Ear, nose and throat	Type B Non-band specific	01.07.2021	3	T8	N	Lymph node of neck, biopsy of, by open procedure, if the specimen excised is sent for pathological examination (Anaes.)	214.55			160.95	182.4
31000	Skin	Type A Surgical	01.03.1992	3	T8	N	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections (Anaes.)	677.7			508.3	576.05
31001	Skin	Type A Surgical	01.03.1992	3	T8	N	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive) (Anaes.)	847			635.25	744.6
31002	Skin	Type A Advanced Surgical	01.03.1992	3	T8	N	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections (Anaes.)	1016.4			762.3	914

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
31003	Skin	Type A Surgical	01.11.2018	3	T8	N	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections Not applicable to a service performed in association with a service to which item 31000 applies (Anaes.)	677.7			508.3	576.05
31004	Skin	Type A Surgical	01.11.2018	3	T8	N	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive) Not applicable to a service performed in association with a service to which item 31001 applies (Anaes.)	847			635.25	744.6
31005	Skin	Type A Advanced Surgical	01.11.2018	3	T8	N	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections Not applicable to a service performed in association with a service to which item 31002 applies (Anaes.)	1016.4			762.3	914
31206	Skin	Type C	01.11.2016	3	T8	N	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is not more than 10 mm in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	111.4			83.55	94.7
31211	Skin	Type C	01.11.2016	3	T8	N	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is more than 10 mm, but not more than 20 mm, in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	143.6			107.7	122.1
31216	Skin	Type C	01.11.2016	3	T8	N	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is more than 20 mm in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	167.55			125.7	142.45
31220	Skin	Type C	01.05.1997	3	T8	N	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), lipomas, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions and suture, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous or subcutaneous tissue by surgical excision (other than by shave excision); and (c) all of the specimens excised are sent for histological examination (Anaes.)	250.2			187.65	212.7
31221	Skin	Type C	01.11.2016	3	T8	N	Tumours, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) each site of excision is closed by suture; and (d) all of the specimens excised are sent for histological examination (Anaes.)	250.2			187.65	212.7
31225	Skin	Type B Non-band specific	01.05.1997	3	T8	N	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), lipomas, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of more than 10 lesions, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous or subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and (c) each site of excision is closed by suture; and (d) all of the specimens excised are sent for histological examination (Anaes.)	444.85			333.65	378.15
31227	Skin	Type B Non-band specific	01.07.2023	3	T8	N	Tumour, lipoma or cyst, removal of single lesion by excision and suture, where removal is from subcutaneous tissue and the specimen excised is sent for histological examination (Anaes.)	156.25			117.2	132.85
31245	Skin	Type A Surgical	01.05.1997	3	T8	N	Skin and subcutaneous tissue, extensive excision of, in the treatment of suppurative hydradenitis (excision from axilla, groin or natal cleft) or sycosis barbae or nuchae (excision from face or neck) (H) (Anaes.)	430.4			322.8	
31250	Skin	Type A Surgical	01.05.1997	3	T8	N	GIANT HAIRY or COMPOUND NAEVUS, excision of an area at least 1 percent of body surface where the specimen excised is sent for histological confirmation of diagnosis (Anaes.)	430.4			322.8	365.85
31340	Skin	Unlisted	01.05.1997	3	T8	N	Muscle, bone or cartilage, excision of one or more of, if clinically indicated, and if: (a) the specimen excised is sent for histological confirmation; and (b) a malignant tumour of skin covered by item 31000, 31001, 31002, 31003, 31004, 31005, 31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369, 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383 is excised (Anaes.)		75% of the fee for excision of malignant tumour			
31344	Skin	Type B Non-band specific	01.07.2023	3	T8	N	Lipoma, removal of, by surgical excision or liposuction, if:(a) the lesion:(i) is subcutaneous and 150mm or more in diameter; or(ii) is submuscular, intramuscular or involves dissection of a named nerve or vessel and is 50 mm or more in diameter; and(b) a specimen of the excised lipoma is sent for histological confirmation of diagnosis (H) (Anaes.) (Assist.)	736.95			552.75	
31345	Skin	Type B Non-band specific	01.05.1997	3	T8	N	Lipoma, removal of, by surgical excision or liposuction, if:(a) the lesion is: (i) subcutaneous and 50 mm or more in diameter but less than 150 mm in diameter; or(ii) sub fascial; and (b) the specimen excised is sent for histological confirmation of diagnosis (Anaes.)	246.1			184.6	209.2
31346	Diabetes management (excluding insulin pumps)	Type B Non-band specific	01.05.2003	3	T8	N	Liposuction (suction assisted lipolysis) to one regional area for contour problems of abdominal, upper arm or thigh fat because of repeated insulin injections, if: (a) the lesion is subcutaneous; and (b) the lesion is 50 mm or more in diameter; and (c) photographic and/or diagnostic imaging evidence demonstrating the need for this service is documented in the patient notes (Anaes.)	246.1			184.6	209.2

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31350	Common list	Type A Surgical and Type B Non-band specific	01.05.1997	3	T8	N	Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, on a patient 10 years of age or over, if the specimen excised is sent for histological confirmation of diagnosis, other than a service to which another item in this Group applies (Anaes.) (Assist.)	505.5			379.15	429.7
31355	Common list	Type A Surgical and Type B Non-band specific	01.05.1997	3	T8	N	MALIGNANT TUMOUR of SOFT TISSUE, excluding tumours of skin, cartilage and bone, removal of by surgical excision, where histological proof of malignancy has been obtained, not being a service to which another item in this Group applies (Anaes.) (Assist.)	833.55			625.2	731.15
31356	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	258.2			193.65	219.5
31357	Skin	Type C	01.11.2016	3	T8	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	127.9			95.95	108.75
31358	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	316			237	268.6
31359	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision), if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia (the applicable site); and (b) the necessary excision area is at least one third of the surface area of the applicable site; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (H) (Anaes.)	385.15			288.9	
31360	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	196			147	166.6
31361	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	217.8			163.35	185.15
31362	Skin	Type C	01.11.2016	3	T8	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	156.25			117.2	132.85
31363	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	284.95			213.75	242.25
31364	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	196			147	166.6

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31365	Skin	Type C	01.11.2016	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372, 31373, 31377, 31378 or 31379), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	184.65			138.5	157
31366	Skin	Type C	01.11.2016	3	T8	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	111.4			83.55	94.7
31367	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	249.2			186.9	211.85
31368	Skin	Type C	01.11.2016	3	T8	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and (b) the necessary excision diameter is at least 15 mm but not more than 30mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	146.5			109.9	124.55
31369	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	286.85			215.15	243.85
31370	Skin	Type C	01.11.2016	3	T8	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination (Anaes.)	167.55			125.7	142.45
31371	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if: (a) the tumour is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	416.45			312.35	354
31372	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if: (a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with a service to which item 45201 applies (Anaes.)	360.15			270.15	306.15
31373	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if: (a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	416.25			312.2	353.85
31374	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with a service to which item 45201 applies (Anaes.)	328.85			246.65	279.55

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31375	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with a service to which item 45201 applies (Anaes.)	353.9			265.45	300.85
31376	Skin	Type B Non-band specific	01.11.2016	3	T8	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	410.2			307.65	348.7
31377	Skin	Type B Non-band specific	01.11.2022	3	T8	N	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; not in association with a service to which item 45201 applies (Anaes.)	127.9			95.95	108.75
31378	Skin	Type B Non-band specific	01.11.2022	3	T8	N	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	196			147	166.6
31379	Skin	Type B Non-band specific	01.11.2022	3	T8	N	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; not in association with a service to which item 45201 applies (Anaes.)	156.25			117.2	132.85
31380	Skin	Type B Non-band specific	01.11.2022	3	T8	N	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	196			147	166.6
31381	Skin	Type B Non-band specific	01.11.2022	3	T8	N	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; not in association with a service to which item 45201 applies (Anaes.)	111.4			83.55	94.7
31382	Skin	Type B Non-band specific	01.11.2022	3	T8	N	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and (c) the excised specimen is sent for histological examination; not in association with a service to which item 45201 applies (Anaes.)	146.5			109.9	124.55
31383	Skin	Type B Non-band specific	01.11.2022	3	T8	N	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination (Anaes.)	167.55			125.7	142.45
31386	Skin	Type B Non-band specific	01.07.2023	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:(a) the lesion is excised from the head or neck; and(b) the necessary excision diameter is more than 50 mm; and(c) the excision involves at least 2 critical areas (eyelid, nose, ear, mouth); and(d) the excised specimen is sent for histological examination; and(e) malignancy is confirmed from the excised specimen or previous biopsy; and(f) the service is not covered by item 31387 (H) (Anaes.) (Assist.)	833.55			625.2	
31387	Skin	Type B Non-band specific	01.07.2023	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:(a) the lesion is excised from the head or neck; and(b) the necessary excision diameter is more than 70 mm; and(c) the excised specimen is sent for histological examination; and(d) malignancy is confirmed from the excised specimen or previous biopsy; and(e) the service is not covered by item 31386 (H) (Anaes.) (Assist.)	750.05			562.55	
31388	Skin	Type B Non-band specific	01.07.2023	3	T8	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:(a) the lesion is excised from the trunk or limbs; and(b) the necessary excision diameter is more than 120 mm; and(c) the excised specimen is sent for histological examination; and(d) malignancy is confirmed from the excised specimen or previous biopsy (H) (Anaes.) (Assist.)	675			506.25	
31400	Ear, nose and throat	Type A Surgical	01.07.1998	3	T8	N	Malignant upper aerodigestive tract tumour (other than tumour of the lip), excision of, if: (a) the tumour is not more than 20 mm in diameter; and (b) histological confirmation of malignancy is obtained (H) (Anaes.) (Assist.)	304.6			228.45	

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% ($)
31403	Ear, nose and throat	Type A Surgical	01.07.1998	3	T8	N	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR more than 20mm and up to and including 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	351.5			263.65	
31406	Ear, nose and throat	Type A Surgical	01.07.1998	3	T8	N	Malignant upper aerodigestive tract tumour more than 40 mm in diameter (excluding tumour of the lip), excision of, if histological confirmation of malignancy has been obtained (H) (Anaes.) (Assist.)	585.8			439.35	
31409	Ear, nose and throat	Type A Advanced Surgical	01.07.1998	3	T8	N	PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.)	1820.05			1365.05	
31412	Ear, nose and throat	Type A Advanced Surgical	01.07.1998	3	T8	N	RECURRENT OR PERSISTENT PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.)	2241.9			1681.45	
31423	Ear, nose and throat	Type A Surgical	01.07.1998	3	T8	N	Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient 10 years of age or over, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.)	468.75			351.6	
31426	Ear, nose and throat	Type A Surgical	01.07.1998	3	T8	N	Lymph nodes of neck, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.)	937.3			703	
31429	Ear, nose and throat	Type A Advanced Surgical	01.07.1998	3	T8	N	Lymph nodes of neck, selective dissection of 4 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.)	1460.7			1095.55	
31432	Ear, nose and throat	Type A Advanced Surgical	01.07.1998	3	T8	N	Lymph nodes of neck, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections), other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.)	1562.25			1171.7	
31435	Ear, nose and throat	Type A Advanced Surgical	01.07.1998	3	T8	N	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.)	1148.25			861.2	
31438	Ear, nose and throat	Type A Advanced Surgical	01.07.1998	3	T8	N	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.)	1820.05			1365.05	
31454	Digestive system	Type A Surgical	01.11.2000	3	T8	N	Laparoscopy or laparotomy with drainage of bile, as an independent procedure (H) (Anaes.) (Assist.)	657.2			492.9	
31456	Digestive system	Type B Non-band specific	01.11.2000	3	T8	N	GASTROSCOPY and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition (Anaes.)	286.5			214.9	
31458	Digestive system	Type B Non-band specific	01.11.2000	3	T8	N	GASTROSCOPY and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition, and where the use of imaging intensification is clinically indicated (Anaes.)	343.7			257.8	
31460	Digestive system	Type A Surgical	01.11.2000	3	T8	N	PERCUTANEOUS GASTROSTOMY TUBE, jejunal extension to, including any associated imaging services (Anaes.) (Assist.)	416.45			312.35	
31462	Digestive system	Type A Surgical	01.11.2000	3	T8	N	OPERATIVE FEEDING JEJUNOSTOMY performed in conjunction with major upper gastro-intestinal resection (Anaes.) (Assist.)	608.15			456.15	
31466	Digestive system	Type A Advanced Surgical	01.11.2000	3	T8	N	ANTIREFLUX OPERATION BY FUNDOPLASTY, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (Anaes.) (Assist.)	1524.65			1143.5	
31468	Digestive system	Type A Advanced Surgical	01.11.2000	3	T8	N	Para-oesophageal hiatus hernia, repair of, with complete reduction of hernia, resection of sac and repair of hiatus, with or without fundoplication, other than a service associated with a service to which item 30756 or 31466 applies (Anaes.) (Assist.)	1675			1256.25	
31472	Digestive system	Type A Advanced Surgical	01.11.2000	3	T8	N	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y loop to provide biliary drainage or bypass, other than a service associated with a service to which item 30584 applies (Anaes.) (Assist.)	1569.4			1177.05	
31500	Breast surgery (medically necessary)	Type A Surgical	01.11.2002	3	T8	N	Breast, benign lesion up to and including 50 mm in diameter, including simple cyst, fibroadenoma or fibrocystic disease, open surgical biopsy or excision of, with or without frozen section histology (H) (Anaes.)	303.3			227.5	
31503	Breast surgery (medically necessary)	Type A Surgical	01.11.2002	3	T8	N	Breast, benign lesion more than 50 mm in diameter, excision of (H) (Anaes.) (Assist.)	404.5			303.4	
31506	Breast surgery (medically necessary)	Type A Surgical	01.11.2002	3	T8	N	BREAST, ABNORMALITY detected by mammography or ultrasound where guidewire or other localisation procedure is performed, excision biopsy of (Anaes.) (Assist.)	455.1			341.35	
31509	Breast surgery (medically necessary)	Type A Surgical	01.11.2002	3	T8	N	Breast, malignant tumour, open surgical biopsy of, with or without frozen section histology (H) (Anaes.)	404.5			303.4	
31512	Breast surgery (medically necessary)	Type A Surgical	01.11.2002	3	T8	N	Breast, malignant tumour, complete local excision of, with or without frozen section histology, other than a service associated with a service to which:(a) item 45523 or 45558 applies; and(b) item 31513, 31514, 45520, 45522 or 45556 applies on the same side (if performed by the same medical practitioner)(H) (Anaes.) (Assist.)	758.45			568.85	
31513	Breast surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Breast, malignant tumour, complete local excision of, with simultaneous reshaping of the breast parenchyma using techniques such as round block or rotation flaps, other than a service associated with a service to which:(a) item 45523 or 45558 applies; and(b) item 31512, 31514, 45520, 45522 or 45556 applies on the same side(H) (Anaes.) (Assist.)	991.6			743.7	

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31514	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Breast, malignant tumour, complete local excision of, with simultaneous ipsilateral pedicled breast reduction, including repositioning of the nipple, other than a service associated with a service to which:(a) item 45523 or 45558 applies; and(b) item 31512, 31513, 45520, 45522 or 45556 applies on the same side(H) (Anaes.) (Assist.)	1429.6			1072.2	
31515	Breast surgery (medically necessary)	Type A Surgical	01.11.2002	3	T8	N	BREAST, TUMOUR SITE, re-excision of following open biopsy or incomplete excision of malignant tumour (Anaes.) (Assist.)	508.85			381.65	
31516	Breast surgery (medically necessary)	Type A Advanced Surgical	01.09.2015	3	T8	N	BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology when targeted intraoperative radiation therapy (using an Intrabeam® or Xoft® Axxent® device) is performed concurrently, if the patient satisfies the requirements mentioned in paragraphs (a) to (g) of item 15900 Applicable only once per breast per lifetime (H) (Anaes.) (Assist.)	1011.4			758.55	
31519	Breast surgery (medically necessary)	Type A Surgical	01.07.2014	3	T8	N	Total mastectomy (unilateral) (H) (Anaes.) (Assist.)	858.7			644.05	
31520	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Total mastectomy (bilateral) (H) (Anaes.) (Assist.)	1502.6			1126.95	
31522	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Skin sparing mastectomy (unilateral) (H) (Anaes.) (Assist.)	1213.5			910.15	
31523	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Skin sparing mastectomy (bilateral) (H) (Anaes.) (Assist.)	2123.7			1592.8	
31525	Breast surgery (medically necessary)	Type A Surgical	01.07.2014	3	T8	N	Mastectomy for gynaecomastia (unilateral), with or without liposuction (suction assisted lipolysis), if:(a) breast enlargement is not due to obesity and is not proportionate to body habitus; and(b) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes;not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)	606.6			454.95	
31526	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mastectomy for gynaecomastia (bilateral), with or without liposuction (suction assisted lipolysis), if:(a) breast enlargement is not due to obesity and is not proportionate to body habitus; and(b) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes;not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)	1061.6			796.2	
31528	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Nipple sparing mastectomy (unilateral) (H) (Anaes.) (Assist.)	1213.5			910.15	
31529	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Nipple sparing mastectomy (bilateral) (H) (Anaes.) (Assist.)	2123.7			1592.8	
31530	Breast surgery (medically necessary)	Type B Non-band specific	01.11.2002	3	T8	N	Breast, biopsy of solid tumour or tissue of, using a vacuum-assisted breast biopsy device under imaging guidance, for histological examination, if imaging has demonstrated:(a) microcalcification of lesion; or(b) impalpable lesion less than one cm in diameter;including pre-operative localisation of lesion, if performed, other than a service associated with a service to which item 31548 applies	694.9			521.2	592.5
31533	Breast surgery (medically necessary)	Unlisted	01.11.2002	3	T8	N	FINE NEEDLE ASPIRATION of an impalpable breast lesion detected by mammography or ultrasound, imaging guided - but not including imaging (Anaes.)	160.85			120.65	136.75
31536	Breast surgery (medically necessary)	Unlisted	01.11.2002	3	T8	N	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques, but not including imaging (Anaes.)	221			165.75	187.85
31537	Breast surgery (medically necessary)	Type C	01.03.2024	3	T8	N	Insertion of a marker clip into a breast, including axilla, following a breast biopsy and using imaging (but not including the associated imaging), if additional surgery, neoadjuvant systemic therapy, follow up imaging or radiation may be required and the insertion is for any of the following reasons: (a) to mark the site of a lesion that has been totally or almost completely removed; (b) to confirm biopsy site if multiple lesions are present; (c) to confirm biopsy site of an ill-defined lesion; (d) future surgery or preoperative localisation is considered to be potentially difficult due to lesion conspicuity; (e) preoperative localisation is likely to be carried out using a modality different from the biopsy modality; (f) for correlation across modalities for diagnostic reasons (Anaes.)	221			165.75	187.85
31548	Breast surgery (medically necessary)	Unlisted	01.11.2002	3	T8	N	Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination, other than a service associated with a service to which item 31530 applies (Anaes.)	233.3			175	198.35
31551	Breast surgery (medically necessary)	Type B Non-band specific	01.11.2002	3	T8	N	BREAST, HAEMATOMA, SEROMA OR INFLAMMATORY CONDITION including abscess, granulomatous mastitis or similar, exploration and drainage of when undertaken in the operating theatre of a hospital, excluding aftercare (Anaes.)	252.85			189.65	
31554	Breast surgery (medically necessary)	Type A Surgical	01.11.2002	3	T8	N	BREAST, microdochotomy of, for benign or malignant condition (Anaes.) (Assist.)	505.65			379.25	
31557	Breast surgery (medically necessary)	Type B Non-band specific	01.11.2002	3	T8	N	Breast central ducts, excision of, for benign condition (H) (Anaes.) (Assist.)	404.5			303.4	
31560	Breast surgery (medically necessary)	Type B Non-band specific	01.11.2002	3	T8	N	ACCESSORY BREAST TISSUE, excision of (Anaes.) (Assist.)	404.5			303.4	343.85
31563	Breast surgery (medically necessary)	Type B Non-band specific	01.11.2002	3	T8	N	Inverted nipple, surgical eversion of, with or without flap repair, if the nipple cannot readily be everted manually (Anaes.)	302.95			227.25	257.55
31566	Breast surgery (medically necessary)	Type B Non-band specific	01.11.2002	3	T8	N	ACCESSORY NIPPLE, excision of (Anaes.)	151.6			113.7	128.9
31569	Weight loss surgery	Type A Surgical	01.07.2013	3	T8	N	Adjustable gastric band, placement of, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	991.15			743.4	

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31572	Weight loss surgery	Type A Advanced Surgical	01.07.2013	3	T8	N	Gastric bypass by Roux-en-Y including associated anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity not being associated with a service to which item 30515 applies (Anaes.) (Assist.)	1219.55			914.7	
31575	Weight loss surgery	Type A Surgical	01.07.2013	3	T8	N	Sleeve gastrectomy, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	991.15			743.4	
31578	Weight loss surgery	Type A Surgical	01.07.2013	3	T8	N	Gastroplasty (excluding by gastric plication), with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	991.15			743.4	
31581	Weight loss surgery	Type A Advanced Surgical	01.07.2013	3	T8	N	Gastric bypass by biliopancreatic diversion with or without duodenal switch including gastric resection and anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	1219.55			914.7	
31584	Weight loss surgery	Type A Advanced Surgical	01.07.2013	3	T8	N	Surgical reversal of previous bariatric procedure, including revision or conversion, if:a) the previous procedure involved any of the following:(i) placement of adjustable gastric banding;(ii) gastric bypass;(iii) sleeve gastrectomy;(iv) gastroplasty (excluding gastric plication);(v) biliopancreatic diversion; and(b) any of items 31569 to 31581 applied to the previous procedureother than a service associated with a service to which item 31585 applies (Anaes.) (Assist.)	1795.55			1346.7	
31585	Weight loss surgery	Type A Surgical	01.07.2021	3	T8	N	Removal of adjustable gastric band (Anaes.) (Assist.)	970.7			728.05	
31587	Weight loss surgery	Type C	01.07.2013	3	T8	N	Adjustment of gastric band as an independent procedure including any associated consultation	114.3			85.75	97.2
31590	Weight loss surgery	Type B Non-band specific	01.07.2013	3	T8	N	Adjustment of gastric band reservoir, repair, revision or replacement of (Anaes.) (Assist.)	293.75			220.35	249.7
32000	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	LARGE INTESTINE, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (Anaes.) (Assist.)	1203.1			902.35	
32003	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	LARGE INTESTINE, resection of, with anastomosis, including right hemicolectomy (Anaes.) (Assist.)	1258.45			943.85	
32004	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	LARGE INTESTINE, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005, 32006 or 32030 applies (H) (Anaes.) (Assist.)	1342			1006.5	
32005	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	LARGE INTESTINE, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004, 32006 or 32030 applies (H) (Anaes.) (Assist.)	1516			1137	
32006	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma), other than a service associated with a service to which item 32024, 32025, 32026 or 32028 applies (H) (Anaes.) (Assist.)	1342			1006.5	
32009	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	TOTAL COLECTOMY AND ILEOSTOMY (Anaes.) (Assist.)	1591.85			1193.9	
32012	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	TOTAL COLECTOMY AND ILEORECTAL ANASTOMOSIS (Anaes.) (Assist.)	1758.4			1318.8	
32015	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY 1 surgeon (Anaes.) (Assist.)	2161.1			1620.85	
32018	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including aftercare) (Anaes.) (Assist.)	1832.55			1374.45	
32021	Digestive system	Type A Surgical	01.12.1991	3	T8	N	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION (Assist.)	657.2			492.9	
32023	Gastrointestinal endoscopy	Type A Surgical	01.03.2013	3	T8	N	Endoscopic insertion of stent or stents for large bowel obstruction, stricture or stenosis, including colonoscopy and any image intensification, where the obstruction is due to: a) a pre-diagnosed colorectal cancer, or cancer of an organ adjacent to the bowel; or b) an unknown diagnosis (Anaes.)	647.9			485.95	
32024	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	RECTUM, HIGH RESTORATIVE ANTERIOR RESECTION WITH INTRAPERITONEAL ANASTOMOSIS (of the rectum) greater than 10 centimetres from the anal verge excluding resection of sigmoid colon alone not being a service associated with a service to which item 32000, 32030, 32106 or 32232 applies (H) (Anaes.) (Assist.)	1591.85			1193.9	
32025	Digestive system	Type A Advanced Surgical	01.05.1994	3	T8	N	RECTUM, LOW RESTORATIVE ANTERIOR RESECTION WITH EXTRAPERITONEAL ANASTOMOSIS (of the rectum) less than 10 centimetres from the anal verge, with or without covering stoma not being a service associated with a service to which item 32000, 32030, 32106 or 32232 applies (H) (Anaes.) (Assist.)	2129.3			1597	
32026	Digestive system	Type A Advanced Surgical	01.05.1994	3	T8	N	Rectum, ultra-low restorative resection, with or without covering stoma and with or without colonic reservoir, if the anastomosis is sited in the anorectal region and is 6 cm or less from the anal verge, not being a service associated with a service to which item 32000, 32030, 32106, 32117 or 32232 applies (H) (Anaes.) (Assist.)	2384.3			1788.25	
32028	Digestive system	Type A Advanced Surgical	01.05.1994	3	T8	N	Rectum, low or ultra-low restorative resection, with per anal sutured coloanal anastomosis, with or without covering stoma and with or without colonic reservoir, not being a service associated with a service to which item 32000, 32030, 32106, 32117 or 32232 applies (H) (Anaes.) (Assist.)	2532.7			1899.55	
32030	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	RECTOSIGMOIDECTOMY, including formation of stoma (H) (Anaes.) (Assist.)	1203.1			902.35	
32033	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	RESTORATION OF BOWEL continuity following rectosigmoidectomy or similar operation, including dismantling of the stoma (H) (Anaes.) (Assist.)	1758.4			1318.8	
32036	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	SACROCOCCYGEAL AND PRESACRAL TUMOUR excision of (Anaes.) (Assist.)	2230.25			1672.7	

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32039	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF 1 surgeon (Anaes.) (Assist.)	1790.7			1343.05	
32042	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION abdominal resection (Anaes.) (Assist.)	1508.55			1131.45	
32045	Digestive system	Type A Surgical	01.12.1991	3	T8	N	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION perineal resection (Assist.)	564.6			423.45	
32046	Digestive system	Type A Surgical	01.11.1992	3	T8	N	RECTUM and ANUS, abdomino-perineal resection of, combined synchronous operation - perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon (Assist.)	872.45			654.35	
32047	Digestive system	Type A Advanced Surgical	01.11.1992	3	T8	N	PERINEAL PROCTECTOMY (Anaes.) (Assist.)	1016.4			762.3	
32051	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy 1 surgeon (Anaes.) (Assist.)	2702.45			2026.85	
32054	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy conjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.)	2480.35			1860.3	
32057	Digestive system	Type A Surgical	01.12.1991	3	T8	N	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir conjoint surgery, perineal surgeon (Assist.)	657.2			492.9	
32060	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Restorative proctectomy, involving rectal resection with formation of ileal reservoir and ileoanal anastomosis, including ileostomy mobilisation, with or without mucosectomy or temporary loop ileostomy, 1 surgeon (H) (Anaes.) (Assist.)	2702.45			2026.85	
32063	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy conjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.)	2480.35			1860.3	
32066	Digestive system	Type A Surgical	01.12.1991	3	T8	N	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy conjoint surgery, perineal surgeon (Assist.)	657.2			492.9	
32069	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	ILEOSTOMY RESERVOIR, continent type, creation of, including conversion of existing ileostomy where appropriate (Anaes.)	1999.05			1499.3	
32072	Gastrointestinal endoscopy	Type C	01.12.1991	3	T8	N	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy	55.8			41.85	47.45
32075	Gastrointestinal endoscopy	Type B Non-band specific	01.12.1991	3	T8	N	Sigmoidoscopic examination (with rigid sigmoidoscope), under general anaesthesia, with or without biopsy, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	87.55			65.7	
32084	Gastrointestinal endoscopy	Type B Non-band specific	01.12.1991	3	T8	N	Sigmoidoscopy or colonoscopy up to the hepatic flexure, with or without biopsy, other than a service associated with a service to which any of items 32222 to 32228 applies (H) (Anaes.)	129.95			97.5	
32087	Gastrointestinal endoscopy	Type B Non-band specific	01.12.1991	3	T8	N	Endoscopic examination of the colon up to the hepatic flexure by sigmoidoscopy or colonoscopy for the removal of one or more polyps, other than a service associated with a service to which any of items 32222 to 32228 applies (H) (Anaes.)	238.8			179.1	
32094	Gastrointestinal endoscopy	Type A Surgical and Type B Non-band specific	01.11.1992	3	T8	N	ENDOSCOPIC DILATATION OF COLORECTAL STRICTURES including colonoscopy (Anaes.)	643.75			482.85	
32095	Gastrointestinal endoscopy	Type B Non-band specific	01.11.1992	3	T8	N	Endoscopic examination of small bowel with flexible endoscope passed by stoma, with or without biopsies (H) (Anaes.)	149.1			111.85	
32096	Digestive system	Type A Surgical	01.12.1991	3	T8	N	RECTAL BIOPSY, full thickness, to diagnose or exclude Hirschsprung's Disease, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital (Anaes.) (Assist.)	299.8			224.85	
32105	Digestive system	Type A Surgical	01.12.1991	3	T8	N	Anorectal carcinoma—per anal full thickness excision of (H) (Anaes.) (Assist.)	564.6			423.45	
32106	Digestive system	Type A Advanced Surgical	01.05.2004	3	T8	N	Anterolateral intraperitoneal rectal tumour, per anal excision of, using rectoscopy digital viewing system and pneumorectum, if:(a) clinically appropriate; and(b) removal requires dissection within the peritoneal cavity;excluding use of a colonoscope as the operating platform and not being a service associated with a service to which item 32024, 32025 or 32232 applies (H) (Anaes.) (Assist.)	1591.85			1193.9	
32108	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	RECTAL TUMOUR, transsphincteric excision of (Kraske or similar operation) (Anaes.) (Assist.)	1166.2			874.65	
32117	Digestive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Rectal prolapse, abdominal rectopexy of, excluding ventral mesh rectopexy, not being a service associated with a service to which item 32025 or 32026 applies (H) (Anaes.) (Assist.)	1465.45			1099.1	
32118	Digestive system	Type A Advanced Surgical	06.07.2022	3	T8	N	Treatment of external rectal prolapse, or of symptomatic high grade rectal intussusception (the rectum descends to the level of or into the anal canal, confirmed by diagnostic imaging): (a) by minimally invasive surgery involving: (i) ventral dissection of the extra-peritoneal rectum; and (ii) suspension of the rectum from the sacral promontory by means of a prosthesis; and (b) including suspension of the vagina if performed, and any associated repair; other than a service associated with a service to which item 30390, 35595 or 35597 applies (H) (Anaes.) (Assist.)	1718.55			1288.95	
32123	Digestive system	Type A Surgical	01.12.1991	3	T8	N	Anal stricture, anoplasty for (H) (Anaes.) (Assist.)	388.75			291.6	
32129	Digestive system	Type A Surgical	01.12.1991	3	T8	N	ANAL SPHINCTER, repair (H) (Anaes.) (Assist.)	740.4			555.3	
32131	Digestive system	Type A Surgical	01.05.1994	3	T8	N	RECTOCELE, transanal repair of rectocele (Anaes.) (Assist.)	622.5			466.9	
32135	Digestive system	Type C	01.12.1991	3	T8	N	Treatment of haemorrhoids or rectal prolapse, including rubber band ligation or sclerotherapy or topical energy therapies for, not being a service to which item 32139 applies (Anaes.)	78.75			59.1	66.95

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% ($)
32139	Digestive system	Type A Surgical	01.05.1997	3	T8	N	Operative treatment of symptomatic haemorrhoids, including excision of anal skin tags when performed, not being a service associated with a service to which item 32135 or 32233 applies (H) (Anaes.) (Assist.)	428.95			321.75	
32147	Digestive system	Type B Non-band specific	01.12.1991	3	T8	N	PERIANAL THROMBOSIS, incision of (Anaes.)	52.6			39.45	44.75
32150	Digestive system	Type B Non-band specific	01.12.1991	3	T8	N	Operation for anal fissure, including excision, injection of Botulinum toxin or sphincterotomy, excluding dilatation (H) (Anaes.) (Assist.)	299.8			224.85	
32156	Digestive system	Type B Non-band specific	01.12.1991	3	T8	N	Anal fistula, subcutaneous, excision of (H) (Anaes.)	153.6			115.2	
32159	Digestive system	Type A Surgical	01.12.1991	3	T8	N	ANAL FISTULA, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the lower half of the anal sphincter mechanism (Anaes.) (Assist.)	388.75			291.6	
32162	Digestive system	Type A Surgical	01.12.1991	3	T8	N	ANAL FISTULA, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the upper half of the anal sphincter mechanism (Anaes.) (Assist.)	564.6			423.45	
32165	Digestive system	Type A Surgical	01.12.1991	3	T8	N	Operative treatment of anal fistula, repair by mucosal advancement flap, including ligation of inter-sphincteric fistula tract (LIFT) or other complex sphincter sparing surgery (H) (Anaes.) (Assist.)	740.4			555.3	
32166	Digestive system	Unlisted	01.11.1992	3	T8	N	ANAL FISTULA - readjustment of Seton (Anaes.)	240.6			180.45	204.55
32171	Digestive system	Type B Non-band specific	01.12.1991	3	T8	N	Anorectal examination, with or without biopsy, under general anaesthetic, with or without faecal disimpaction, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	103.6			77.7	
32174	Digestive system	Unlisted	01.12.1991	3	T8	N	INTR-AANAL, perianal or ischiorectal abscess, drainage of (excluding aftercare) (Anaes.)	103.6			77.7	88.1
32175	Digestive system	Unlisted	01.11.1992	3	T8	N	INTRA-ANAL, PERIANAL or ISCHIO-RECTAL ABSCESS, draining of, undertaken in the operating theatre of a hospital (excluding aftercare) (Anaes.)	189.75			142.35	
32183	Digestive system	Type A Surgical	01.12.1991	3	T8	N	INTESTINAL SLING PROCEDURE prior to radiotherapy (Anaes.) (Assist.)	655.2			491.4	
32186	Digestive system	Type A Surgical	01.12.1991	3	T8	N	COLONIC LAVAGE, total, intra operative (Anaes.) (Assist.)	655.2			491.4	
32212	Digestive system	Unlisted	01.05.1997	3	T8	N	ANO-RECTAL APPLICATION OF FORMALIN in the treatment of radiation proctitis, where performed in the operating theatre of a hospital, excluding aftercare (Anaes.)	159			119.25	
32213	Digestive system	Type A Surgical	01.11.2005	3	T8	N	Sacral nerve lead or leads, placement of, percutaneous or open, including intraoperative test stimulation and programming, for the management of faecal incontinence (H) (Anaes.)	771			578.25	
32215	Digestive system	Type B Band 1	01.11.2005	3	T8	N	Sacral nerve electrode or electrodes, management, adjustment and electronic programming of the neurostimulator by a medical practitioner, to manage faecal incontinence, not being a service associated with a service to which item 32213, 32216, 32218 or 32237 applies. Applicable once per day for the same patient by the same practitioner	146.3			109.75	124.4
32216	Digestive system	Type A Surgical	01.11.2005	3	T8	N	Sacral nerve lead or leads, inserted for the management of faecal incontinence in a patient with faecal incontinence refractory to conservative non-surgical treatment, either:(a) percutaneous surgical repositioning of the lead or leads, using fluoroscopic guidance; or(b) open surgical repositioning of the lead or leads; to correct displacement or unsatisfactory positioning (including intraoperative test stimulation), not being a service associated with a service to which item 32213 applies (H) (Anaes.)	692.45			519.35	
32218	Digestive system	Type B Non-band specific	01.11.2005	3	T8	N	Sacral nerve lead or leads, removal (H) (Anaes.)	182.3			136.75	
32221	Digestive system	Type A Advanced Surgical	01.03.2009	3	T8	N	Removal or revision of an artificial bowel sphincter (with or without replacement) for severe faecal incontinence in the treatment of a patient for whom conservative and other less invasive forms of treatment are contraindicated or have failed (H) (Anaes.) (Assist.)	1054.45			790.85	
32222	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2019	3	T8	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient: (a) following a positive faecal occult blood test; or (b) who has symptoms consistent with pathology of the colonic mucosa; or (c) who has anaemia or iron deficiency; or (d) for whom diagnostic imaging has shown an abnormality of the colon; or (e) who is undergoing the first examination following surgery for colorectal cancer; or (f) who is undergoing pre-operative evaluation; or (g) for whom a repeat colonoscopy is required due to inadequate bowel preparation for the patient's previous colonoscopy; or (h) for the management of inflammatory bowel disease; other than a service associated with a service to which item 32230 applies Applicable once on a day under a single episode of anaesthesia or other sedation (H) (Anaes.)	390.05			292.55	
32223	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2019	3	T8	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient: (a) who has had a colonoscopy that revealed: (i) one to 4 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or (ii) one or 2 sessile serrated lesions, each of which was less than 10 mm in diameter, and without dysplasia; or (b) who has a moderate risk of colorectal cancer due to family history; or (c) who has a history of colorectal cancer and has had an initial post-operative colonoscopy that did not reveal any adenomas or colorectal cancer; other than a service associated with a service to which item 32230 applies Applicable once in any 5 year period (H) (Anaes.)	390.05			292.55	

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32224	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2019	3	T8	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a moderate risk of colorectal cancer due to: (a) a history of adenomas, including an adenoma that: (i) was 10 mm or greater in diameter; or (ii) had villous features; or (iii) had high grade dysplasia; or (b) having had a previous colonoscopy that revealed: (i) 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or (ii) one or 2 sessile serrated lesions, each of which was 10 mm or greater in diameter or had dysplasia; or (iii) a hyperplastic polyp that was 10 mm or greater in diameter; or (iv) 3 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or (v) one or 2 traditional serrated adenomas, of any size; other than a service associated with a service to which item 32230 applies Applicable once in any 3 year period (H) (Anaes.)	390.05			292.55	
32225	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2019	3	T8	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to having had a previous colonoscopy that: (a) revealed 10 or more adenomas; or (b) included a piecemeal, or possibly incomplete, excision of a large, sessile polyp; other than a service associated with a service to which item 32230 applies Applicable 4 times in any 12 month period (H) (Anaes.)	390.05			292.55	
32226	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2019	3	T8	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to: (a) having either: (i) a known or suspected familial condition, such as familial adenomatous polyposis, Lynch syndrome or serrated polyposis syndrome; or (ii) a genetic mutation associated with hereditary colorectal cancer; or (b) having had a previous colonoscopy that revealed: (i) 5 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or (ii) 3 or more sessile serrated lesions, one or more of which was 10 mm or greater in diameter or had dysplasia; or (iii) 3 or more traditional serrated adenomas, of any size; other than a service associated with a service to which item 32230 applies Applicable once in any 12 month period (H) (Anaes.)	390.05			292.55	
32227	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2019	3	T8	N	Endoscopic examination of the colon to the caecum by colonoscopy: (a) for the treatment of bleeding, including one or more of the following: (i) radiation proctitis; (ii) angioectasia; (iii) post-polypectomy bleeding; or (b) for the treatment of colonic strictures with balloon dilatation Applicable only once on a day under a single episode of anaesthesia or other sedation (H) (Anaes.)	547.3			410.5	
32228	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2019	3	T8	N	Endoscopic examination of the colon to the caecum by colonoscopy, other than: (a) a service to which item 32222, 32223, 32224, 32225 or 32226 applies; or (b) a service associated with a service to which item 32230 applies Applicable once (H) (Anaes.)	390.05			292.55	
32229	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2019	3	T8	N	Removal of one or more polyps during colonoscopy, in association with a service to which item 32222, 32223, 32224, 32225, 32226 or 32228 applies (H) (Anaes.)	314.6			235.95	
32230	Gastrointestinal endoscopy	Type B Non-band specific	01.11.2021	3	T8	N	Endoscopic mucosal resection using electrocautery of a non-invasive sessile or flat superficial colorectal neoplasm which is at least 25mm in diameter, if the service is supported by photographic evidence to confirm the size of the polyp in situ Applicable once per polyp (H) (Anaes.)	779.45			584.6	
32231	Digestive system	Type A Surgical	01.07.2022	3	T8	N	Rectal tumour, per anal excision of (H) (Anaes.) (Assist.)	388.75			291.6	
32232	Digestive system	Type A Advanced Surgical	01.07.2022	3	T8	N	Rectal tumour, per anal excision of, using a rectoscopy digital viewing system and pneumorectum if clinically appropriate and excluding use of a colonoscope as the operating platform, not being a service associated with a service to which item 32024, 32025 or 32106 applies (H) (Anaes.) (Assist.)	1054			790.5	
32233	Digestive system	Type A Surgical	01.07.2022	3	T8	N	Perineal repair of rectal prolapse, not being a service associated with a service to which item 32139 applies (H) (Anaes.) (Assist.)	748.55			561.45	
32234	Digestive system	Unlisted	01.07.2022	3	T8	N	Rectal stricture, treatment of (H) (Anaes.)	148.05			111.05	
32235	Digestive system	Type B Non-band specific	01.07.2022	3	T8	N	Anal skin tags or anal polyps, excision of one or more of (Anaes.)	142.85			107.15	121.45
32236	Digestive system	Type B Non-band specific	01.07.2022	3	T8	N	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block), not being a service associated with a service to which item 35507 or 35508 applies (H) (Anaes.)	203.25			152.45	
32237	Digestive system	Type A Surgical and Type B Non-band specific	01.07.2022	3	T8	N	Neurostimulator or receiver, subcutaneous placement of, replacement of, or removal of, including programming and placement and connection of an extension wire or wires to sacral nerve electrode(s), for the management of faecal incontinence (H) (Anaes.) (Assist.)	329.7			247.3	
32500	Heart and vascular system	Type C	01.12.1991	3	T8	N	Varicose veins, multiple injections of sclerosant using continuous compression techniques, including associated consultation, one or both legs, if: (a) proximal reflux of 0.5 seconds or longer has been demonstrated; and (b) the service is not for cosmetic purposes; and (c) the service is not associated with: (i) any other varicose vein operation on the same leg (excluding aftercare); or (ii) a service on the same leg (excluding aftercare) to which any of the following items apply: (A) 35200; (B) 59970 to 60078; (C) 60500 to 60509; (D) 61109 Applicable to a maximum of 6 treatments in a 12 month period (Anaes.)	128.1			96.1	108.9
32504	Heart and vascular system	Type A Surgical and Type B Non-band specific	01.11.1994	3	T8	N	VARICOSE VEINS, multiple excision of tributaries, with or without division of 1 or more perforating veins - 1 leg - not being a service associated with a service to which item 32507, 32508, 32511, 32514 or 32517 applies on the same leg (Anaes.)	312.25			234.2	265.45

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32507	Heart and vascular system	Type A Surgical	01.07.1998	3	T8	N	Varicose veins, sub-fascial ligation of one or more incompetent perforating veins in one leg of a patient, if the service: (a) is performed by open surgical technique (not including endoscopic ligation) and the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; and (b) is not associated with: (i) any other varicose vein operation on the same leg; or (ii) a service (on the same leg) to which item 35200, 60072, 60075 or 60078 applies (H) (Anaes.) (Assist.)	622.5			466.9	
32508	Heart and vascular system	Type A Surgical	01.11.1994	3	T8	N	Varicose veins, complete dissection at the sapheno-femoral or sapheno-popliteal junction, with or without either ligation or stripping, or both, of the great or small saphenous veins in one leg of a patient, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (a) ache; (b) pain; (c) tightness; (d) skin irritation; (e) heaviness; (f) muscle cramps; (g) limb swelling; (h) discolouration; (i) discomfort; (j) any other signs or symptoms attributable to venous dysfunction (H) (Anaes.) (Assist.)	622.5			466.9	
32511	Heart and vascular system	Type A Surgical	01.11.1994	3	T8	N	Varicose veins, complete dissection at the sapheno-femoral and sapheno-popliteal junction, with or without either ligation or stripping, or both, of the great or small saphenous veins in one leg of a patient, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (a) ache; (b) pain; (c) tightness; (d) skin irritation; (e) heaviness; (f) muscle cramps; (g) limb swelling; (h) discolouration; (i) discomfort; (j) any other signs or symptoms attributable to venous dysfunction (H) (Anaes.) (Assist.)	925.45			694.1	
32514	Heart and vascular system	Type A Advanced Surgical	01.11.1994	3	T8	N	Varicose veins, ligation of the great or small saphenous vein in the same leg of a patient, with or without stripping, by re-operation for recurrent veins in the same territory—one leg—including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (a) ache; (b) pain; (c) tightness; (d) skin irritation; (e) heaviness; (f) muscle cramps; (g) limb swelling; (h) discolouration; (i) discomfort; (j) any other signs or symptoms attributable to venous dysfunction (H) (Anaes.) (Assist.)	1081.2			810.9	
32517	Heart and vascular system	Type A Advanced Surgical	01.11.1994	3	T8	N	Varicose veins, ligation of the great and small saphenous vein in the same leg of a patient, with or without stripping, by re-operation for recurrent veins in either territory—one leg—including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (a) ache; (b) pain; (c) tightness; (d) skin irritation; (e) heaviness; (f) muscle cramps; (g) limb swelling; (h) discolouration; (i) discomfort; (j) any other signs or symptoms attributable to venous dysfunction (H) (Anaes.) (Assist.)	1392.25			1044.2	
32520	Heart and vascular system	Type C	01.11.2011	3	T8	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a laser probe introduced by an endovenous catheter, if all of the following apply: (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) of the patient demonstrates reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include radiofrequency diathermy, radiofrequency ablation or cyanoacrylate adhesive; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60021; (iv) 60036 to 60045; (v) 60060 to 60078; (vi) 60500 to 60509; (vii) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	622.5			466.9	529.15
32522	Heart and vascular system	Type C	01.11.2011	3	T8	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a laser probe introduced by an endovenous catheter, if all of the following apply: (a) it is documented by duplex ultrasound that the great and small saphenous veins of the patient demonstrate reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include radiofrequency diathermy, radiofrequency ablation or cyanoacrylate adhesive; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60021; (iv) 60036 to 60045; (v) 60060 to 60078; (vi) 60500 to 60509; (vii) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	925.45			694.1	823.05

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% ($)
32523	Heart and vascular system	Type C	01.05.2013	3	T8	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a radiofrequency catheter introduced by an endovenous catheter, if all of the following apply: (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include endovenous laser therapy or cyanoacrylate adhesive; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60021; (iv) 60036 to 60045; (v) 60060 to 60078; (vi) 60500 to 60509; (vii) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	622.5			466.9	529.15
32526	Heart and vascular system	Type C	01.05.2013	3	T8	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a radiofrequency catheter introduced by an endovenous catheter, if all of the following apply: (a) it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include endovenous laser therapy or cyanoacrylate adhesive; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60021; (iv) 60036 to 60045; (v) 60060 to 60078; (vi) 60500 to 60509; (vii) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	925.45			694.1	823.05
32528	Heart and vascular system	Type C	01.05.2018	3	T8	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using cyanoacrylate adhesive, if all of the following apply: (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60021; (iv) 60036 to 60045; (v) 60060 to 60078; (vi) 60500 to 60509; (vii) 61109 The service include all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	622.5			466.9	529.15
32529	Heart and vascular system	Type C	01.05.2018	3	T8	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using cyanoacrylate adhesive, if all of the following apply: (a) it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60021; (iv) 60036 to 60045; (v) 60060 to 60078; (vi) 60500 to 60509; (vii) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	925.45			694.1	823.05
32700	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERY OF NECK, bypass using vein or synthetic material (Anaes.) (Assist.)	1675.55			1256.7	
32703	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INTERNAL CAROTID ARTERY, transection and reanastomosis of, or resection of small length and reanastomosis of - with or without endarterectomy (Anaes.) (Assist.)	1386.1			1039.6	
32708	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	AORTIC BYPASS for occlusive disease using a straight non-bifurcated graft (Anaes.) (Assist.)	1658.1			1243.6	
32710	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (Anaes.) (Assist.)	1842.35			1381.8	
32711	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries (Anaes.) (Assist.)	2026.6			1519.95	
32712	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ILIO-FEMORAL BYPASS GRAFTING (Anaes.) (Assist.)	1465.05			1098.8	
32715	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	AXILLARY or SUBCLAVIAN TO FEMORAL BYPASS GRAFTING to 1 or both FEMORAL ARTERIES (Anaes.) (Assist.)	1465.05			1098.8	

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% ($)
32718	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMORO-FEMORAL OR ILIO-FEMORAL CROSS-OVER BYPASS GRAFTING (Anaes.) (Assist.)	1386.1			1039.6	
32721	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RENAL ARTERY, bypass grafting to (Anaes.) (Assist.)	2201.7			1651.3	
32724	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RENAL ARTERIES (both), bypass grafting to (Anaes.) (Assist.)	2500.1			1875.1	
32730	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MESENTERIC VESSEL (single), bypass grafting to (Anaes.) (Assist.)	1894.9			1421.2	
32733	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MESENTERIC VESSELS (multiple), bypass grafting to (Anaes.) (Assist.)	2201.7			1651.3	
32736	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	INFERIOR MESENTERIC ARTERY, operation on, when performed in conjunction with another intra-abdominal vascular operation (Anaes.) (Assist.)	482.45			361.85	
32739	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (Anaes.) (Assist.)	1508.85			1131.65	
32742	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to below knee popliteal artery (Anaes.) (Assist.)	1728.25			1296.2	
32745	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to tibio peroneal trunk or tibial or peroneal artery (Anaes.) (Assist.)	1973.75			1480.35	
32748	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis within 5cms of the ankle joint (Anaes.) (Assist.)	2140.45			1605.35	
32751	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMORAL ARTERY BYPASS GRAFTING using synthetic graft, with lower anastomosis above or below the knee (Anaes.) (Assist.)	1386.1			1039.6	
32754	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMORAL ARTERY BYPASS GRAFTING, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at 1 or both anastomoses (Anaes.) (Assist.)	1728.25			1296.2	
32757	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	FEMORAL ARTERY SEQUENTIAL BYPASS GRAFTING, (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than 1 artery - each additional artery revascularised beyond a femoral bypass (Anaes.) (Assist.)	482.45			361.85	
32760	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	VEIN, HARVESTING OF, FROM LEG OR ARM for bypass or replacement graft when not performed on the limb which is the subject of the bypass or graft - each vein (Anaes.) (Assist.)	473.65			355.25	
32763	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERIAL BYPASS GRAFTING, using vein or synthetic material, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	1386.1			1039.6	
32766	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	ARTERIAL OR VENOUS ANASTOMOSIS, not being a service to which another item in this Sub-group applies, as an independent procedure (Anaes.) (Assist.)	921.2			690.9	
32769	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	ARTERIAL OR VENOUS ANASTOMOSIS not being a service to which another item in this Sub-group applies, when performed in combination with another vascular operation (including graft to graft anastomosis) (Anaes.) (Assist.)	319.25			239.45	
33050	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	BYPASS GRAFTING to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (Anaes.) (Assist.)	1697.75			1273.35	
33055	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	BYPASS GRAFTING to replace a popliteal aneurysm using a synthetic graft (Anaes.) (Assist.)	1361.45			1021.1	
33070	Heart and vascular system	Type A Surgical	01.07.1996	3	T8	N	ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	982.2			736.65	879.8
33075	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1249.45			937.1	
33080	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1525.2			1143.9	
33100	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Aneurysm of common or internal carotid artery, or both, replacement by graft of vein or synthetic material (H) (Anaes.) (Assist.)	1675.55			1256.7	
33103	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	THORACIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	2351			1763.25	
33109	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Thoraco-abdominal aneurysm, replacement by graft including re-implantation of arteries (H) (Anaes.) (Assist.)	2842.35			2131.8	
33112	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)	2465			1848.75	
33115	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft, not being a service associated with a service to which item 33116 applies (Anaes.) (Assist.)	1658.1			1243.6	
33116	Heart and vascular system	Type A Advanced Surgical	01.11.1999	3	T8	N	Infrarenal abdominal aortic aneurysm (repair), replacement by tube graft using endovascular repair procedure, excluding associated radiological services (H) (Anaes.) (Assist.)	1632.05			1224.05	
33118	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) not being a service associated with a service to which item 33119 applies (Anaes.) (Assist.)	1842.35			1381.8	
33119	Heart and vascular system	Type A Advanced Surgical	01.11.1999	3	T8	N	Infrarenal abdominal aortic aneurysm (repair), replacement by bifurcation graft to one or both iliac arteries using endovascular repair procedure, excluding associated radiological services (H) (Anaes.) (Assist.)	1813.5			1360.15	

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33121	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)	2026.6			1519.95	
33124	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ANEURYSM OF ILIAC ARTERY (common, external or internal), replacement by graft - unilateral (Anaes.) (Assist.)	1412.5			1059.4	
33127	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Aneurysms of iliac arteries (common, external or internal), replacement by graft—bilateral (H) (Anaes.) (Assist.)	1851.15			1388.4	
33130	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ANEURYSM OF VISCERAL ARTERY, excision and repair by direct anastomosis or replacement by graft (Anaes.) (Assist.)	1614.2			1210.65	
33133	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ANEURYSM OF VISCERAL ARTERY, dissection and ligation of arteries without restoration of continuity (Anaes.) (Assist.)	1210.55			907.95	
33136	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FALSE ANEURYSM, repair of, at aortic anastomosis following previous aortic surgery (Anaes.) (Assist.)	3052.65			2289.5	
33139	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	FALSE ANEURYSM, repair of, in iliac artery and restoration of arterial continuity (Anaes.) (Assist.)	1851.15			1388.4	
33142	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	False aneurysm, repair of, in femoral artery and restoration of arterial continuity (H) (Anaes.) (Assist.)	1728.25			1296.2	
33145	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RUPTURED THORACIC AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	2973.8			2230.35	
33148	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RUPTURED THORACO-ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	3693.15			2769.9	
33151	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RUPTURED SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	3509			2631.75	
33154	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft (Anaes.) (Assist.)	2596.6			1947.45	
33157	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)	2894.85			2171.15	
33160	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (Anaes.) (Assist.)	2894.85			2171.15	
33163	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RUPTURED ILIAC ARTERY ANEURYSM, replacement by graft (Anaes.) (Assist.)	2456.45			1842.35	
33166	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Ruptured aneurysm of visceral artery, replacement by anastomosis or graft (H) (Anaes.) (Assist.)	2456.45			1842.35	
33169	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RUPTURED ANEURYSM OF VISCERAL ARTERY, simple ligation of (Anaes.) (Assist.)	1912.45			1434.35	
33172	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ANEURYSM OF MAJOR ARTERY, replacement by graft, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	1491.3			1118.5	
33175	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	RUPTURED ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1374.35			1030.8	
33178	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	RUPTURED ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1747.7			1310.8	
33181	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	RUPTURED INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	2136.8			1602.6	
33500	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERY OR ARTERIES OF NECK, endarterectomy of, including closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) (Anaes.) (Assist.)	1324.5			993.4	
33506	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INNOMINATE OR SUBCLAVIAN ARTERY, endarterectomy of, including closure by suture (Anaes.) (Assist.)	1482.55			1111.95	
33509	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	AORTIC ENDARTERECTOMY, including closure by suture, not being a service associated with another procedure on the aorta (Anaes.) (Assist.)	1658.1			1243.6	
33512	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	AORTO-ILIAC ENDARTERECTOMY (1 or both iliac arteries), including closure by suture not being a service associated with a service to which item 33515 applies (Anaes.) (Assist.)	1842.35			1381.8	
33515	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	AORTO-FEMORAL ENDARTERECTOMY (1 or both femoral arteries) or BILATERAL ILIO-FEMORAL ENDARTERECTOMY, including closure by suture, not being a service associated with a service to which item 33512 applies (Anaes.) (Assist.)	2026.6			1519.95	
33518	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Iliac endarterectomy, including closure by suture, other than a service associated with another procedure on the iliac artery (H) (Anaes.) (Assist.)	1482.55			1111.95	
33521	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ILIO-FEMORAL ENDARTERECTOMY (1 side), including closure by suture (Anaes.) (Assist.)	1605.2			1203.9	
33524	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RENAL ARTERY, endarterectomy of (Anaes.) (Assist.)	1894.9			1421.2	
33527	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	RENAL ARTERIES (both), endarterectomy of (Anaes.) (Assist.)	2201.7			1651.3	
33530	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	COELIAC OR SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.)	1894.9			1421.2	
33533	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	COELIAC AND SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.)	2201.7			1651.3	
33536	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INFERIOR MESENTERIC ARTERY, endarterectomy of, not being a service associated with a service to which another item in this Sub-group applies (Anaes.) (Assist.)	1570.3			1177.75	

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% ($)
33539	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERY OF EXTREMITIES, endarterectomy of, including closure by suture (Anaes.) (Assist.)	1131.55			848.7	
33542	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	EXTENDED DEEP FEMORAL ENDARTERECTOMY where the endarterectomy is at least 7cms long (Anaes.) (Assist.)	1614.2			1210.65	
33545	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	ARTERY, VEIN OR BYPASS GRAFT, patch grafting to by vein or synthetic material where patch is less than 3cm long (Anaes.) (Assist.)	319.25			239.45	
33548	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	ARTERY, VEIN OR BYPASS GRAFT, patch grafting to by vein or synthetic material where patch is 3cm long or greater (Anaes.) (Assist.)	649.3			487	
33551	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	VEIN, harvesting of from leg or arm for patch when not performed through same incision as operation (Anaes.) (Assist.)	319.25			239.45	
33554	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	ENDARTERECTOMY, in conjunction with an arterial bypass operation to prepare the site for anastomosis - each site (Anaes.) (Assist.)	317.8			238.35	
33800	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Embolus, removal of, from artery of neck (H) (Anaes.) (Assist.)	1377.3			1033	
33803	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	EMBOLECTOMY or THROMBECTOMY, by abdominal approach, of an artery or bypass graft of trunk (Anaes.) (Assist.)	1316			987	
33806	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Embolectomy or thrombectomy (including the infusion of thrombolytic or other agents) from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery, item to be claimed once per extremity, regardless of the number of incisions required to access the artery or bypass graft (H) (Anaes.) (Assist.)	947.45			710.6	
33810	Heart and vascular system	Type A Surgical	01.07.1996	3	T8	N	Inferior vena cava or iliac vein, closed thrombectomy by catheter via the femoral vein (H) (Anaes.) (Assist.)	691.2			518.4	
33811	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	INFERIOR VENA CAVA OR ILIAC VEIN, open removal of thrombus or tumour (Anaes.) (Assist.)	2057.55			1543.2	
33812	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Thrombus, removal of, from femoral or other similar large vein (H) (Anaes.) (Assist.)	1087.7			815.8	
33815	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)	1000			750	
33818	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)	1166.8			875.1	
33821	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)	1333.4			1000.05	
33824	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)	1271.9			953.95	
33827	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)	1491.3			1118.5	
33830	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)	1710.55			1282.95	
33833	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by lateral suture (Anaes.) (Assist.)	1552.9			1164.7	
33836	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by direct anastomosis (Anaes.) (Assist.)	1851.15			1388.4	
33839	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by means of interposition graft (Anaes.) (Assist.)	2166.75			1625.1	
33842	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERY OF NECK, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (Anaes.) (Assist.)	1070.2			802.65	
33845	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	LAPAROTOMY for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed (Anaes.) (Assist.)	745.8			559.35	
33848	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	EXTREMITY, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed (Anaes.) (Assist.)	745.8			559.35	
34100	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	MAJOR ARTERY OF NECK, elective ligation or exploration of, not being a service associated with any other vascular procedure (Anaes.) (Assist.)	824.7			618.55	
34103	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Great artery (aorta or pulmonary artery) or great vein (superior or inferior vena cava), ligation or exploration of immediate branches or tributaries, or ligation or exploration of the subclavian, axillary, iliac, femoral or popliteal arteries or veins, if the service is not associated with item 32508, 32511, 32520, 32522, 32523, 32526, 32528 or 32529 - for a maximum of 2 services provided to the same patient on the same occasion (H) (Anaes.) (Assist.)	482.45			361.85	
34106	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Artery or vein (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, other than a service associated with another vascular procedure except those services to which item 32508, 32511, 32514 or 32517 applies (H) (Anaes.) (Assist.)	340.3			255.25	
34109	Heart and vascular system	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	TEMPORAL ARTERY, biopsy of (Anaes.) (Assist.)	394.75			296.1	335.55
34112	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERIO-VENOUS FISTULA OF AN EXTREMITY, dissection and ligation (Anaes.) (Assist.)	1000			750	
34115	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERIO-VENOUS FISTULA OF THE NECK, dissection and ligation (Anaes.) (Assist.)	1131.55			848.7	
34118	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Arterio-venous fistula of the abdomen, dissection and ligation (H) (Anaes.) (Assist.)	1614.2			1210.65	

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% ($)
34121	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERIO-VENOUS FISTULA OF AN EXTREMITY, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	1289.45			967.1	
34124	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERIO-VENOUS FISTULA OF THE NECK, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	1412.5			1059.4	
34127	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERIO-VENOUS FISTULA OF THE ABDOMEN, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	1851.15			1388.4	
34130	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Surgically created arterio-venous fistula of an extremity, closure of (H) (Anaes.) (Assist.)	578.9			434.2	
34133	Lung and chest	Type A Surgical	01.12.1991	3	T8	N	SCALENOTOMY (Anaes.) (Assist.)	649.3			487	
34136	Lung and chest	Type A Advanced Surgical	01.12.1991	3	T8	N	FIRST RIB, resection of portion of (Anaes.) (Assist.)	1043.75			782.85	
34139	Lung and chest	Type A Advanced Surgical	01.12.1991	3	T8	N	CERVICAL RIB, removal of, or other operation for removal of thoracic outlet compression, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	1043.75			782.85	
34142	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	COELIAC ARTERY, decompression of, for coeliac artery compression syndrome, as an independent procedure (Anaes.) (Assist.)	1289.45			967.1	
34145	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	POPLITEAL ARTERY, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (Anaes.) (Assist.)	938.6			703.95	
34148	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is 4cm or less in maximum diameter (Anaes.) (Assist.)	1675.55			1256.7	
34151	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4cm in maximum diameter (Anaes.) (Assist.)	2289.5			1717.15	
34154	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Recurrent carotid associated tumour, resection of, with or without repair or replacement of portion of internal or common carotid arteries (H) (Anaes.) (Assist.)	2728.3			2046.25	
34157	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	NECK, excision of infected bypass graft, including closure of vessel or vessels (Anaes.) (Assist.)	1386.1			1039.6	
34160	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	AORTO-DUODENAL FISTULA, repair of, by suture of aorta and repair of duodenum (Anaes.) (Assist.)	2596.6			1947.45	
34163	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	AORTO-DUODENAL FISTULA, repair of, by insertion of aortic graft and repair of duodenum (Anaes.) (Assist.)	3333.5			2500.15	
34166	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	AORTO-DUODENAL FISTULA, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo-bifemoral grafting (Anaes.) (Assist.)	3333.5			2500.15	
34169	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INFECTED BYPASS GRAFT FROM TRUNK, excision of, including closure of arteries (Anaes.) (Assist.)	1851.15			1388.4	
34172	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INFECTED AXILLO-FEMORAL OR FEMORO-FEMORAL GRAFT, excision of, including closure of arteries (Anaes.) (Assist.)	1508.85			1131.65	
34175	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INFECTED BYPASS GRAFT FROM EXTREMITIES, excision of including closure of arteries (Anaes.) (Assist.)	1386.1			1039.6	
34500	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Arteriovenous shunt, external, insertion of (H) (Anaes.) (Assist.)	359.85			269.9	
34503	Heart and vascular system	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, in conjunction with another venous or arterial operation (Anaes.) (Assist.)	482.45			361.85	
34506	Heart and vascular system	Type B Non-band specific	01.12.1991	3	T8	N	ARTERIOVENOUS SHUNT, EXTERNAL, removal of (Anaes.) (Assist.)	245.45			184.1	
34509	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, not in conjunction with another venous or arterial operation (Anaes.) (Assist.)	1140.35			855.3	
34512	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTERIOVENOUS ACCESS DEVICE, insertion of (Anaes.) (Assist.)	1254.6			940.95	
34515	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	ARTERIOVENOUS ACCESS DEVICE, thrombectomy of (Anaes.) (Assist.)	894.7			671.05	
34518	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	STENOSIS OF ARTERIOVENOUS FISTULA OR PROSTHETIC ARTERIOVENOUS ACCESS DEVICE, correction of (Anaes.) (Assist.)	1499.95			1125	
34521	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.12.1991	3	T8	N	INTRA-ABDOMINAL ARTERY OR VEIN, cannulation of, for infusion chemotherapy, by open operation (excluding aftercare) (Anaes.) (Assist.)	921.6			691.2	
34524	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	ARTERIAL CANNULATION for infusion chemotherapy by open operation, not being a service to which item 34521 applies (excluding after-care) (Anaes.) (Assist.)	482.45			361.85	
34527	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.12.1991	3	T8	N	Central vein catheterisation by open technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation, on a patient 10 years of age or over (H) (Anaes.)	643.5			482.65	
34528	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.07.1996	3	T8	N	Central vein catheterisation by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, on a patient 10 years of age or over (H) (Anaes.)	317.8			238.35	

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34529	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.09.2015	3	T8	N	Central vein catheterisation by open technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation, on a patient under 10 years of age (H) (Anaes.)	836.6			627.45	
34530	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	01.12.1991	3	T8	N	Central venous line, or other chemotherapy device, removal of, by open surgical procedure in the operating theatre of a hospital, on a patient 10 years of age or over (H) (Anaes.)	238.2			178.65	
34533	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Advanced Surgical	01.12.1991	3	T8	N	Isolated limb perfusion, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and venotomy at conclusion of procedure (excluding after-care) (H) (Anaes.) (Assist.)	1447.25			1085.45	
34534	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.09.2015	3	T8	N	Central vein catheterisation by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, on a patient under 10 years of age (H) (Anaes.)	413.15			309.9	
34538	Common list	Type A Surgical	01.05.2004	3	T8	N	Central vein catheterisation by percutaneous technique, using subcutaneous tunnelled cuffed catheter or similar device, for the administration of haemodialysis or parenteral nutrition (H) (Anaes.)	317.8			238.35	
34539	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	01.05.2004	3	T8	N	TUNNELLED CUFFED CATHETER, OR SIMILAR DEVICE, removal of, by open surgical procedure (Anaes.)	238.2			178.65	202.5
34540	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	01.09.2015	3	T8	N	Central venous line, or other chemotherapy device, removal of, by open surgical procedure in the operating theatre of a hospital, on a patient under 10 years of age (H) (Anaes.)	309.7			232.3	
34800	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Inferior vena cava, plication, ligation, or application of caval clip (H) (Anaes.) (Assist.)	947.45			710.6	
34803	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	INFERIOR VENA CAVA, reconstruction of or bypass by vein or synthetic material (Anaes.) (Assist.)	2088			1566	
34806	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	CROSS LEG BYPASS GRAFTING, saphenous to iliac or femoral vein (Anaes.) (Assist.)	1131.55			848.7	
34809	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	SAPHENOUS VEIN ANASTOMOSIS to femoral or popliteal vein for femoral vein bypass (Anaes.) (Assist.)	1131.55			848.7	
34812	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	VENOUS STENOSIS OR OCCLUSION, vein bypass for, using vein or synthetic material, not being a service associated with a service to which item 34806 or 34809 applies (Anaes.) (Assist.)	1368.45			1026.35	
34815	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	VEIN STENOSIS, patch angioplasty for, (excluding vein graft stenosis)-using vein or synthetic material (Anaes.) (Assist.)	1131.55			848.7	
34818	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	VENOUS VALVE, plication or repair to restore valve competency (Anaes.) (Assist.)	1245.7			934.3	
34821	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Vein transplant to restore valvular function (H) (Anaes.) (Assist.)	1693.15			1269.9	
34824	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	EXTERNAL STENT, application of, to restore venous valve competency to superficial vein - 1 stent (Anaes.) (Assist.)	578.9			434.2	
34827	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	EXTERNAL STENTS, application of, to restore venous valve competency to superficial vein or veins - more than 1 stent (Anaes.) (Assist.)	701.9			526.45	
34830	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	External stent, application of, to restore venous valve competency to deep vein—one stent (H) (Anaes.) (Assist.)	824.7			618.55	
34833	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	EXTERNAL STENTS, application of, to restore venous valve competency to deep vein or veins (more than 1 stent) (Anaes.) (Assist.)	1070.2			802.65	
35000	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Lumbar sympathectomy (H) (Anaes.) (Assist.)	824.7			618.55	
35003	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	CERVICAL OR UPPER THORACIC SYMPATHECTOMY by any surgical approach (Anaes.) (Assist.)	1070.2			802.65	
35006	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	CERVICAL OR UPPER THORACIC SYMPATHECTOMY, where operation is a reoperation for previous incomplete sympathectomy by any surgical approach (Anaes.) (Assist.)	1342.25			1006.7	
35009	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	LUMBAR SYMPATHECTOMY, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (Anaes.) (Assist.)	1043.75			782.85	
35012	Brain and nervous system	Type A Surgical	01.05.1994	3	T8	N	SACRAL or PRE-SACRAL SYMPATHECTOMY (Anaes.) (Assist.)	824.7			618.55	
35100	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (Anaes.) (Assist.)	429.95			322.5	
35103	Heart and vascular system	Unlisted	01.12.1991	3	T8	N	ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (Anaes.)	273.65			205.25	
35200	Heart and vascular system	Unlisted	01.12.1991	3	T8	N	OPERATIVE ARTERIOGRAPHY OR VENOGRAPHY, 1 or more of, performed during the course of an operative procedure on an artery or vein, 1 site (Anaes.)	200.1			150.1	

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35202	Heart and vascular system	Type A Surgical	01.07.1996	3	T8	N	MAJOR ARTERIES OR VEINS IN THE NECK, ABDOMEN OR EXTREMITIES, access to, as part of RE-OPERATION after prior surgery on these vessels (Anaes.) (Assist.)	953.2			714.9	
35300	Heart and vascular system	Type A Surgical	01.04.1992	3	T8	N	Transluminal balloon angioplasty of one peripheral artery or vein of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	601.2			450.9	
35303	Heart and vascular system	Type A Surgical	01.04.1992	3	T8	N	Transluminal balloon angioplasty of aortic arch branches, aortic visceral branches, or more than one peripheral artery or vein of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	770.8			578.1	
35306	Heart and vascular system	Type A Surgical	01.04.1992	3	T8	N	Transluminal stent insertion, one or more stents, including associated balloon dilatation for one peripheral artery or vein of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	711.5			533.65	
35307	Heart and vascular system	Type A Advanced Surgical	01.11.2005	3	T8	N	TRANSLUMINAL STENT INSERTION, 1 or more stents (not drug-eluting), with or without associated balloon dilatation, for 1 carotid artery, percutaneous (not direct), with or without the use of an embolic protection device, in patients who: - meet the indications for carotid endarterectomy; and - have medical or surgical comorbidities that would make them at high risk of perioperative complications from carotid endarterectomy, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	1307.9			980.95	
35309	Heart and vascular system	Type A Surgical	01.04.1992	3	T8	N	Transluminal stent insertion, one or more stents, including associated balloon dilatation for visceral arteries or veins, or more than one peripheral artery or vein of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	889.3			667	
35312	Heart and vascular system	Type A Advanced Surgical	01.04.1992	3	T8	N	PERIPHERAL ARTERIAL ATHERECTOMY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	1007.95			756	
35315	Heart and vascular system	Type A Advanced Surgical	01.04.1992	3	T8	N	PERIPHERAL LASER ANGIOPLASTY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	1007.95			756	
35317	Heart and vascular system	Type A Surgical	01.07.1996	3	T8	N	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY CONTINUOUS INFUSION, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35319 or 35320 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	415.05			311.3	352.8
35319	Heart and vascular system	Type A Surgical	01.07.1996	3	T8	N	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by pulse spray technique, using percutaneous approach, excluding associated radiological services or preparation, and excluding after-care (other than a service associated with a service to which an item in Subgroup 11 of Group T1 or item 35317 or 35320 applies, or associated with photodynamic therapy with verteporfin) (H) (Anaes.) (Assist.)	743.95			558	
35320	Heart and vascular system	Type A Advanced Surgical	01.07.1996	3	T8	N	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by open exposure, excluding associated radiological services or preparation, and excluding after-care (other than a service associated with a service to which an item in Subgroup 11 of Group T1 or item 35317 or 35319 applies, or associated with photodynamic therapy with verteporfin) (H) (Anaes.) (Assist.)	999.35			749.55	
35321	Heart and vascular system	Type A Surgical	01.04.1992	3	T8	N	Peripheral arterial or venous catheterisation to administer agents to occlude arteries, veins or arterio-venous fistulae or to arrest haemorrhage (but not for the treatment of uterine fibroids or varicose veins), percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (other than a service associated with photodynamic therapy with verteporfin) (H) (Anaes.) (Assist.)	948.8			711.6	
35324	Heart and vascular system	Type A Surgical and Type B Non-band specific	01.04.1992	3	T8	N	ANGIOSCOPY not combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	355.8			266.85	
35327	Heart and vascular system	Type A Surgical	01.04.1992	3	T8	N	ANGIOSCOPY combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	476.85			357.65	
35330	Heart and vascular system	Type A Surgical	01.04.1992	3	T8	N	Insertion of inferior vena caval filter, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	601.2			450.9	
35331	Heart and vascular system	Type A Surgical	01.05.2005	3	T8	N	RETRIEVAL OF INFERIOR VENA CAVAL FILTER, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (Anaes.)	691.2			518.4	
35360	Heart and vascular system	Type A Surgical	01.05.2005	3	T8	N	Retrieval of foreign body in PULMONARY ARTERY, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)	966.15			724.65	
35361	Heart and vascular system	Type A Surgical	01.05.2005	3	T8	N	Retrieval of foreign body in RIGHT ATRIUM, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)	828.55			621.45	
35362	Heart and vascular system	Type A Surgical	01.05.2005	3	T8	N	Retrieval of foreign body in INFERIOR VENA CAVA or AORTA, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)	691.2			518.4	

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% ($)
35363	Heart and vascular system	Type A Surgical	01.05.2005	3	T8	N	Retrieval of foreign body in PERIPHERAL VEIN or PERIPHERAL ARTERY, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)	553.75			415.35	
35401	Back, neck and spine	Type A Surgical	01.11.2021	3	T8	N	Vertebroplasty, for one or more fractures in one or more vertebrae, for the treatment of a painful osteoporotic thoracolumbar vertebral compression fracture of the thoracolumbar spinal segment (T11, T12, L1 or L2), if: (a) the service is performed by a specialist or consultant physician practicing in the specialist's or consultant physician's speciality of diagnostic radiology, neurosurgery, neurology or orthopaedic surgery; and (b) the specialist or consultant physician has undertaken appropriate training in the vertebroplasty procedure; and (c) pain is severe (numeric rated pain score greater than or equal to 7 out of 10); and (d) the symptoms are poorly controlled by opiate therapy; and (e) the severe pain duration is 3 weeks or less; and (f) there is MRI (or SPECT-CT if MRI unavailable) evidence of acute vertebral fracture Applicable only once for the same fracture, but is applicable for a new fracture of the same vertebra or vertebrae (H) (Anaes.)	796.55			597.45	
35404	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.05.2006	3	T8	N	DOSIMETRY, HANDLING AND INJECTION OF SIR-SPHERES for selective internal radiation therapy of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies The procedure must be performed by a specialist or consultant physician recognised in the specialties of nuclear medicine or radiation oncology on an admitted patient in a hospital. To be claimed once in the patient's lifetime only.	404.35			303.3	
35406	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.05.2006	3	T8	N	Trans-femoral catheterisation of the hepatic artery to administer SIR-Spheres to embolise the microvasculature of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, for selective internal radiation therapy used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	948.8			711.6	
35408	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.05.2006	3	T8	N	Catheterisation of the hepatic artery via a permanently implanted hepatic artery port to administer SIR-Spheres to embolise the microvasculature of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, for selective internal radiation therapy used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	711.7			533.8	
35410	Gynaecology	Type A Surgical	01.11.2006	3	T8	N	Uterine artery catheterisation with percutaneous administration of occlusive agents, for the treatment of symptomatic uterine fibroids in a patient who has been referred for uterine artery embolisation by a specialist gynaecologist, excluding associated radiological services or preparation, and excluding aftercare (H) (Anaes.) (Assist.)	948.8			711.6	
35412	Brain and nervous system	Type A Advanced Surgical	01.11.2006	3	T8	N	Intracranial aneurysm, ruptured or unruptured, endovascular occlusion with detachable coils, and assisted coiling (if performed), with parent artery preservation, not for use with liquid embolics only, including intra-operative imaging, but in association with pre-operative diagnostic imaging under item 60009 and one of items 60072, 60075 and 60078, including aftercare (H) (Anaes.) (Assist.)	3333.5			2500.15	
35414	Brain and nervous system	Type A Advanced Surgical	01.11.2017	3	T8	N	Mechanical thrombectomy, in a patient with a diagnosis of acute ischaemic stroke caused by occlusion of a large vessel of the anterior cerebral circulation, including intra-operative imaging and aftercare, if: (a) the diagnosis is confirmed by an appropriate imaging modality such as computed tomography, magnetic resonance imaging or angiography; and (b) the service is performed by a specialist or consultant physician with appropriate training that is recognised by the Conjoint Committee for Recognition of Training in Interventional Neuroradiology; and (c) the service is provided in an eligible stroke centre. For any particular patient - applicable once per presentation by the patient at an eligible stroke centre, regardless of the number of times mechanical thrombectomy is attempted during that presentation (Anaes.) (Assist.)	4083			3062.25	
35500	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Gynaecological examination under anaesthesia, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	94.85			71.15	
35503	Gynaecology	Type C	01.12.1991	3	T8	N	Introduction of an intra-uterine device for abnormal uterine bleeding or contraception or for endometrial protection during oestrogen replacement therapy, if the service is not associated with a service to which another item in this Group applies (other than a service described in item 30062, 35506 or 35620) (Anaes.)	93.55			70.2	79.55
35506	Gynaecology	Unlisted	01.12.1991	3	T8	N	Intra-uterine device, removal of under general anaesthesia, for a retained or embedded device, not being a service associated with a service to which another item in this Group applies (other than a service described in item 35503) (H) (Anaes.)	62.6			46.95	
35507	Gynaecology	Type B Non-band specific	01.04.1992	3	T8	N	Vulval or vaginal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block), if the time taken is less than or equal to 45 minutes—other than a service associated with a service to which item 32236 applies (H) (Anaes.)	203.45			152.6	
35508	Gynaecology	Type A Surgical and Type B Non-band specific	01.04.1992	3	T8	N	Vulval or vaginal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block), if the time taken is greater than 45 minutes—other than a service associated with a service to which item 32236 applies (H) (Anaes.) (Assist.)	299.8			224.85	
35509	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	HYMENECTOMY (Anaes.)	104.4			78.3	88.75

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% ($)
35513	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Bartholin's abscess, cyst or gland, excision of (Anaes.)	258.65			194	219.9
35517	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Bartholin's abscess, cyst or gland, marsupialisation of (Anaes.)	170.4			127.8	144.85
35518	Gynaecology	Unlisted	01.07.1995	3	T8	N	Ovarian cyst aspiration, for cysts of at least 4 cm in diameter in a premenopausal patient and at least 2 cm in diameter in a postmenopausal patient, by abdominal or vaginal route, using interventional imaging techniques and not associated with services provided for assisted reproductive techniques, and not in cases of suspected or possible malignancy (Anaes.)	242.5			181.9	206.15
35527	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Urethral caruncle, symptomatic excision of, if:(a) conservative management has failed; or(b) there is a suspicion of malignancy (Anaes.)	170.4			127.8	144.85
35533	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Vulvoplasty or labioplasty, for repair of: (a) female genital mutilation; or (b) an anomaly associated with a major congenital anomaly of the uro-gynaecological tract other than a service associated with a service to which item 35536, 37836, 37050, 37842, 37851 or 43882 applies (Anaes.)	408.1			306.1	
35534	Gynaecology	Type A Surgical	01.11.2014	3	T8	N	Vulvoplasty or labioplasty, in a patient aged 18 years or more, performed by a specialist in the practice of the specialist's specialty, for a structural abnormality that is causing significant functional impairment, if the patient's labium extends more than 8 cm below the vaginal introitus while the patient is in a standing resting position (Anaes.)	408.1			306.1	
35536	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Vulva, wide local excision or hemivulvectomy, one or both procedures, for suspected malignancy or vulval lesions with a high risk of malignancy (H) (Anaes.) (Assist.)	406.5			304.9	
35539	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Colposcopically directed laser therapy for histologically-confirmed high grade intraepithelial neoplastic changes of the vagina, vulva, urethra or anal canal, including any associated biopsies—one anatomical site (Anaes.)	318.4			238.8	270.65
35545	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Colposcopically directed laser therapy for condylomata, unsuccessfully treated by other methods (Anaes.)	214.15			160.65	182.05
35548	Gynaecology	Type A Advanced Surgical and Type B Non-band specific	01.12.1991	3	T8	N	VULVECTOMY, radical, for malignancy (H) (Anaes.) (Assist.)	1459.45			1094.6	
35551	Common list	Type A Advanced Surgical	01.12.1991	3	T8	N	Pelvic lymph nodes, radical excision of, unilateral, or sentinel node dissection (including any pre-operative injection) (Anaes.) (Assist.)	1078.75			809.1	
35552	Common list	Type A Advanced Surgical	01.11.2020	3	T8	N	Pelvic lymph nodes, radical excision of, unilateral or sentinel node dissection, following similar previous dissection, radiation or chemotherapy (H) (Anaes.) (Assist.)	1622.85			1217.15	
35554	Gynaecology	Type C	01.12.1991	3	T8	N	VAGINA, DILATATION OF, as an independent procedure including any associated consultation (Anaes.)	50.7			38.05	43.1
35557	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Vagina, complete excision of benign tumour (including Gartner duct cyst), with histological documentation (Anaes.)	250.15			187.65	212.65
35560	Gynaecology	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Partial or complete vaginectomy, for either or both of the following:(a) deeply infiltrating vaginal endometriosis, if accompanied by histological confirmation from excised tissue;(b) pre-invasive or invasive lesions Not being a service associated with hysterectomy for non invasive indications (H) (Anaes.) (Assist.)	797.85			598.4	
35561	Gynaecology	Type A Advanced Surgical	01.11.1992	3	T8	N	VAGINECTOMY, radical, for proven invasive malignancy - 1 surgeon (H) (Anaes.) (Assist.)	1790.7			1343.05	
35562	Gynaecology	Type A Advanced Surgical	01.11.1992	3	T8	N	VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - abdominal surgeon (including aftercare) (H) (Anaes.) (Assist.)	1508.55			1131.45	
35564	Gynaecology	Type A Surgical	01.11.1992	3	T8	N	VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - perineal surgeon (H) (Assist.)	754.3			565.75	
35565	Gynaecology	Type A Surgical	01.11.1992	3	T8	N	VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus (Anaes.) (Assist.)	797.85			598.4	
35566	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	VAGINAL SEPTUM, excision of, for correction of double vagina (Anaes.) (Assist.)	463.4			347.55	
35568	Gynaecology	Type A Surgical	01.05.2005	3	T8	N	Procedures for the management of symptomatic upper vaginal (vault or cervical) prolapse by sacrospinous or ilococcygeus fixation (H) (Anaes.) (Assist.)	728.6			546.45	
35569	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE (Anaes.)	187.65			140.75	
35570	Gynaecology	Type A Surgical	01.05.2005	3	T8	N	Anterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving repair of urethrocele and cystocele; and (b) using native tissue without graft; other than a service associated with a service to which item 35573, 35577 or 35578 applies (Anaes.) (Assist.)	646.15			484.65	
35571	Gynaecology	Type A Surgical	01.05.2005	3	T8	N	Posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving repair of one or more of the following: (i) perineum; (ii) rectocoele; (iii) enterocoele; and (b) using native tissue without graft; other than a service associated with a service to which item 35573, 35577 or 35578 applies (Anaes.) (Assist.)	646.15			484.65	
35573	Gynaecology	Type A Surgical	01.05.2005	3	T8	N	Anterior and posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving anterior and posterior compartment defects; and (b) using native tissue without graft; other than a service associated with a service to which item 35577 or 35578 applies (Anaes.) (Assist.)	969.25			726.95	
35577	Gynaecology	Type A Surgical	01.05.2005	3	T8	N	Manchester (Donald Fothergill) operation for pelvic organ prolapse, involving either or both of the following: (a) cervical amputation; (b) anterior and posterior native tissue vaginal wall repairs without graft (Anaes.) (Assist.)	786.9			590.2	
35578	Gynaecology	Type A Surgical	01.05.2005	3	T8	N	Colpocleisis for pelvic organ prolapse, not being a service associated with a service to which another item (other than item 35599) in this Subgroup applies (H) (Anaes.) (Assist.)	786.9			590.2	

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% ($)
35581	Gynaecology	Type A Surgical	01.07.2018	3	T8	N	Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), less than 2cm2 in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35582 or 35585 applies (Anaes.) (Assist.)	646.15			484.65	
35582	Gynaecology	Type A Surgical	01.07.2018	3	T8	N	Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), 2cm2 or more in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35581 or 35585 applies (Anaes.) (Assist.)	969.25			726.95	
35585	Gynaecology	Type A Advanced Surgical	01.07.2018	3	T8	N	Abdominal procedure, by open, laparoscopic or robot-assisted approach, if the service: (a) is for the removal of graft material: (i) in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure); or (ii) where the graft has penetrated adjacent organs such as the bladder (including urethra) or bowel; and (b) if required—includes retroperitoneal dissection, and mobilisation, of either or both of the bladder and bowel; other than a service associated with a service to which item 35581 or 35582 applies (Anaes.) (Assist.)	1718.55			1288.95	
35591	Gynaecology	Type A Advanced Surgical	01.03.2022	3	T8	N	Rectovaginal fistula repair of, by vaginal route approach, not being a service associated with a service to which item 35592, 35596, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.)	1078.75			809.1	
35592	Gynaecology	Type A Advanced Surgical	01.03.2022	3	T8	N	Vesicovaginal fistula closure of, by vaginal approach, not being a service associated with a service to which item 35591, 35596, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.)	1078.75			809.1	
35595	Gynaecology	Type A Surgical	01.05.2005	3	T8	N	Procedure for the management of symptomatic vaginal vault or cervical prolapse, by uterosacral ligament suspension, by any approach, without graft, if the uterosacral ligaments are separately identified, transfixed and then incorporated into rectovaginal and pubocervical fascia of the vaginal vault, including cystoscopy to check ureteric integrity (H) (Anaes.) (Assist.)	728.6			546.45	
35596	Gynaecology	Type A Advanced Surgical	01.12.1991	3	T8	N	Fistula between genital and urinary or alimentary tracts, repair of, other than a service to which item 35591, 35592, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.)	1078.75			809.1	
35597	Gynaecology	Type A Advanced Surgical	01.05.2005	3	T8	N	Sacral colpopexy, by any approach where graft or mesh is secured to vault, anterior and posterior compartments and to sacrum for correction of symptomatic upper vaginal vault prolapse (H) (Anaes.) (Assist.)	1718.55			1288.95	
35599	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Stress incontinence, procedure using a female synthetic mid-urethral sling, with diagnostic cystoscopy to assess the integrity of the lower urinary tract, other than a service associated with a service to which item 36812 applies (H) (Anaes.) (Assist.)	884.1			663.1	
35608	Gynaecology	Type C	01.12.1991	3	T8	N	Cervix, one or more biopsies, cauterisation (other than by chemical means), ionisation, diathermy or endocervical curettage of, with or without dilatation of cervix (Anaes.)	74.6			55.95	63.45
35609	Gynaecology	Type B Non-band specific	01.03.2022	3	T8	N	Cervix, cone biopsy or amputation (Anaes.)	254.3			190.75	216.2
35610	Gynaecology	Type A Surgical	01.03.2022	3	T8	N	Cervix, cone biopsy for histologically proven malignancy (Anaes.)	445.05			333.8	378.3
35611	Gynaecology	Unlisted	01.12.1991	3	T8	N	Removal of cervical or vaginal polyp or polypi, with or without dilatation of cervix, not being a service associated with a service to which item 35608 applies (Anaes.)	74.6			55.95	63.45
35612	Gynaecology	Type A Surgical	01.05.1997	3	T8	N	Cervix, residual stump, removal of, by abdominal approach for non-malignant lesions (H) (Anaes.) (Assist.)	590.25			442.7	
35614	Gynaecology	Type C	01.12.1991	3	T8	N	Examination of the lower genital tract using a colposcope in a patient who:(a) has a human papilloma virus related gynaecology indication; or(b) has symptoms or signs suspicious of lower genital tract malignancy; or(c) is undergoing follow-up treatment of lower genital tract malignancy; or(d) is undergoing assessment or surveillance of a vulvovaginal pre-malignant or malignant disease; or(e) is undergoing assessment or surveillance as part of an identified at risk population	74.5			55.9	63.35
35615	Gynaecology	Unlisted	01.04.1992	3	T8	N	Vulva or vagina, biopsy of, when performed in conjunction with a service to which item 35614 applies	82.1			61.6	69.8
35616	Gynaecology	Type A Surgical and Type B Non-band specific	01.05.2001	3	T8	N	Endometrial ablation by thermal balloon or radiofrequency electrosurgery, for abnormal uterine bleeding, with or without endometrial sampling, including any hysteroscopy performed on the same day (H) (Anaes.)	524.45			393.35	
35620	Gynaecology	Type C	01.05.1994	3	T8	N	Endometrial biopsy for pathological assessment in women with abnormal uterine bleeding or post-menopausal bleeding (Anaes.)	62.25			46.7	52.95
35622	Gynaecology	Type A Surgical and Type B Non-band specific	01.05.1994	3	T8	N	Endometrial ablation, using hysteroscopically guided electrosurgery or laser energy for abnormal uterine bleeding, with or without endometrial sampling, not being a service associated with a service to which item 30390 applies (H) (Anaes.)	702.85			527.15	
35623	Gynaecology	Type A Surgical and Type B Non-band specific	01.05.1994	3	T8	N	Endometrial ablation and resection of myoma or uterine septum (or both), using hysteroscopic guided electrosurgery or laser energy, for abnormal uterine bleeding, with or without endometrial sampling (H) (Anaes.)	955.75			716.85	
35626	Gynaecology	Type C	01.04.1992	3	T8	N	Hysteroscopy for investigation of suspected intrauterine pathology, with or without local anaesthesia, including any associated endometrial biopsy, not being a service associated with a service to which item 35630 applies	261.45			196.1	222.25
35630	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Hysteroscopy for investigation of suspected intrauterine pathology if performed under general anaesthesia, including any associated endometrial biopsy, not being a service associated with a service to which item 35626 applies (H) (Anaes.)	213.5			160.15	
35631	Gynaecology	Type A Surgical	01.03.2022	3	T8	N	Operative laparoscopy, including any of the following:(a) unilateral or bilateral ovarian cystectomy;(b) salpingo-oophorectomy;(c) salpingectomy for tubal pathology (including ectopic pregnancy by tubal removal or salpingostomy, but excluding sterilisation);(d) excision of mild endometriosis;not being a service associated with a service to which any other intraperitoneal or retroperitoneal procedure item (other than item 30724 or 30725) applies (H) (Anaes.) (Assist.)	830.05			622.55	

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% ($)
35632	Gynaecology	Type A Advanced Surgical	01.03.2022	3	T8	N	Complicated operative laparoscopy, including either or both of the following:(a) excision of moderate endometriosis;(b) laparoscopic myomectomy for a myoma of at least 4cm, including incision and repair of the uterus;not being a service associated with a service to which any other intraperitoneal or retroperitoneal procedure item (other than item 30724 or 30725 or 35658) applies (H) (Anaes.) (Assist.)	1037.45			778.1	
35633	Gynaecology	Type B Non-band specific	01.12.1991	3	T8	N	Hysteroscopy, under visual guidance, including any of the following:(a) removal of an intra-uterine device;(b) removal of polyps by any method;(c) division of minor intrauterine adhesions (Anaes.)	254.3			190.75	216.2
35635	Gynaecology	Type A Surgical and Type B Non-band specific	01.11.2000	3	T8	N	Hysteroscopy involving division of:(a) a uterine septum; or(b) moderate to severe intrauterine adhesions (H) (Anaes.)	349.4			262.05	
35636	Gynaecology	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Hysteroscopy, resection of myoma or myoma and uterine septum (if both are performed) (H) (Anaes.)	505.15			378.9	
35637	Gynaecology	Type A Surgical and Type B Non-band specific	01.04.1992	3	T8	N	Operative laparoscopy, including any of the following: (a) excision or ablation of minimal endometriosis; (b) division of pathological adhesions; (c) sterilisation by application of clips, division, destruction or removal of tubes; not being a service associated with another laparoscopic procedure (H) NOTE: Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explanatory note before submitting a claim. (Anaes.) (Assist.)	474.3			355.75	
35640	Miscarriage and termination of pregnancy	Type B Non-band specific	01.12.1991	3	T8	N	Uterus, curettage of, with or without dilation (including curettage for incomplete miscarriage), if performed under:(a) general anaesthesia; or(b) epidural or spinal (intrathecal) nerve block; or(c) sedation;including procedures (if performed) to which item 35626 or 35630 applies (Anaes.)	213.5			160.15	181.5
35641	Gynaecology	Type A Advanced Surgical and Type B Non-band specific	01.11.2000	3	T8	N	Severe endometriosis, laparoscopic resection of, involving 2 of the following procedures:(a) resection of the pelvic side wall including dissection of endometriosis or scar tissue from the ureter;(b) resection of the Pouch of Douglas; (c) resection of an ovarian endometrioma greater than 2 cm in diameter;(d) dissection of bowel from uterus from the level of the endocervical junction or above (H) (Anaes.) (Assist.)	1449.7			1087.3	
35643	Miscarriage and termination of pregnancy	Type B Non-band specific	01.12.1991	3	T8	N	Evacuation of the contents of the gravid uterus by curettage or suction curettage, if performed under:(a) local anaesthesia; or(b) general anaesthesia; or(c) epidural or spinal (intrathecal) nerve block; or(d) sedation;including procedures (if performed) to which item 35626 or 35630 applies (Anaes.)	254.3			190.75	216.2
35644	Gynaecology	Type B Non-band specific	01.04.1992	3	T8	N	Cervix, ablation by electrocoagulation diathermy, laser or cryotherapy, with colposcopy, including any local anaesthesia and biopsies, for previously biopsy confirmed HSIL (CIN 2/3) in a patient with a Type 1 or 2 (completely visible) transformation zone, if there is:(a) no evidence of invasive or glandular disease; and(b) no discordance between cytology and previous histology;not being a service associated with a service to which item 35647 or 35648 applies (Anaes.)	237.55			178.2	201.95
35645	Gynaecology	Type A Surgical and Type B Non-band specific	01.04.1992	3	T8	N	Cervix, ablation by electrocoagulation diathermy, laser or cryotherapy, with colposcopy, including any local anaesthesia or biopsies, in conjunction with ablative therapy of additional areas of biopsy proven high grade intraepithelial lesions of one or more sites of the vagina, vulva, urethra or anus, for previously biopsy confirmed HSIL (CIN2/3) in a patient with a Type 1 of 2 (completely visible) transformation zone, if there is:(a) no evidence of invasive or glandular disease; and(b) no discordance between cytology and previous histology;not being a service associated with a service to which item 35647 or 35648 applies (Anaes.)	371.8			278.85	316.05
35647	Gynaecology	Type B Non-band specific	01.04.1992	3	T8	N	Cervix, complete excision of the endocervical transformation zone, using large loop or laser therapy, including any local anaesthesia and biopsies (Anaes.)	237.55			178.2	201.95
35648	Gynaecology	Type B Non-band specific	01.04.1992	3	T8	N	Cervix, complete excision of the endocervical transformation zone, using large loop or laser therapy, including any local anaesthesia and biopsies, in conjunction with ablative treatment of additional areas of biopsy-proven high grade intraepithelial lesions of one or more sites of the vagina, vulva, urethra or anus (Anaes.)	371.8			278.85	316.05
35649	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Myomectomy, one or more myomas, when undertaken by an open abdominal approach (H) (Anaes.) (Assist.)	625.25			468.95	
35653	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Hysterectomy, abdominal, with or without removal of fallopian tubes and ovaries (H) (Anaes.) (Assist.)	787.15			590.4	
35657	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Hysterectomy, vaginal, with or without uterine curettage, inclusive of posterior culdoplasty, not being a service associated with a service to which item 35673 applies (H) (Anaes.) (Assist.)	787.15			590.4	
35658	Gynaecology	Type A Surgical	01.11.1995	3	T8	N	Uterus (at least equivalent in size to a 10 week gravid uterus), debulking of, prior to vaginal or laparoscopic removal at hysterectomy or myoma of at least 4 cm removed by laparoscopy when retrieved from the abdomen (H) (Anaes.) (Assist.)	485.45			364.1	
35661	Gynaecology	Type A Advanced Surgical	01.12.1991	3	T8	N	Hysterectomy, abdominal, that concurrently requires extensive retroperitoneal dissection with exposure of one or both ureters and complex side wall dissection, including when performed with one or more of the following procedures:(a) salpingectomy;(b) oophorectomy;(c) excision of ovarian cyst(H) (Anaes.) (Assist.)	1968.05			1476.05	
35667	Gynaecology	Type A Advanced Surgical	01.12.1991	3	T8	N	Radical hysterectomy or radical trachelectomy (with or without excision of uterine adnexae) for proven malignancy, including excision of any one or more of the following:(a) parametrium;(b) paracolpos;(c) upper vagina;(d) contiguous pelvic peritoneum;utilising nerve sparing techniques and involving ureterolysis, if performed (H) (Anaes.) (Assist.)	1858.9			1394.2	

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35668	Gynaecology	Type A Advanced Surgical	01.03.2022	3	T8	N	Hysterectomy, radical (with or without excision of uterine adnexae) including excision of any one or more of the following:(a) parametrium;(b) paracolpos;(c) upper vagina;(d) contiguous pelvic peritoneum;utilising nerve sparing techniques and involving ureterolysis, if performed in a patient with malignancy and previous pelvic radiation or chemotherapy treatment (H) (Anaes.) (Assist.)	2159.65			1619.75	
35669	Gynaecology	Type A Advanced Surgical	01.03.2022	3	T8	N	Hysterectomy, peripartum, performed for histologically proven placenta increta or percreta, or placenta accreta, if the patient has been referred to another practitioner for the management of severe intractable peripartum haemorrhage (H) (Anaes.) (Assist.)	2159.65			1619.75	
35671	Gynaecology	Type A Advanced Surgical	01.03.2022	3	T8	N	Hysterectomy, peripartum, for ongoing intractable haemorrhage where other haemorrhage control techniques have failed, for the purpose of providing lifesaving emergency treatment, not being a service associated with a service to which item 35667, 35668 or 35669 applies (H) (Anaes.) (Assist.)	1694.15			1270.65	
35673	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Hysterectomy, vaginal, with or without uterine curettage, with salpingectomy, oophorectomy or excision of ovarian cyst, one or more, one or both sides, inclusive of a posterior culdoplasty, not being a service associated with a service to which item 35657 applies (H) (Anaes.) (Assist.)	884			663	
35674	Miscarriage and termination of pregnancy	Unlisted	01.07.1995	3	T8	N	ULTRASOUND GUIDED NEEDLING and injection of ectopic pregnancy	242.5			181.9	206.15
35680	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Bicornuate uterus, plastic reconstruction for (H) (Anaes.) (Assist.)	678.95			509.25	
35691	Gynaecology	Unlisted	01.12.1991	3	T8	N	STERILISATION BY INTERRUPTION OF FALLOPIAN TUBES, when performed in conjunction with Caesarean section NOTE: Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explantory note before submitting a claim. (Anaes.) (Assist.)	185.1			138.85	
35694	Gynaecology	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Tuboplasty (salpingostomy or salpingolysis), unilateral or bilateral, one or more procedures (H) (Anaes.) (Assist.)	743.85			557.9	
35697	Gynaecology	Type A Advanced Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Microsurgical or laparoscopic tuboplasty (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, 1 or more procedures (Anaes.) (Assist.)	1103.8			827.85	
35700	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	FALLOPIAN TUBES, unilateral microsurgical or laparoscopic anastomosis of (H) (Anaes.) (Assist.)	851.75			638.85	
35703	Gynaecology	Type C	01.12.1991	3	T8	N	HYDROTUBATION OF FALLOPIAN TUBES as a nonrepetitive procedure (Anaes.)	78.75			59.1	66.95
35717	Gynaecology	Type A Advanced Surgical	01.12.1991	3	T8	N	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst—one or more such procedures, unilateral or bilateral, including adhesiolysis, for benign disease (including ectopic pregnancy by tubal removal or salpingostomy), not being a service associated with hysterectomy (H) (Anaes.) (Assist.)	995.25			746.45	
35720	Gynaecology	Type A Advanced Surgical	01.12.1991	3	T8	N	Radical debulking, involving the radical excision of a macroscopically disseminated gynaecological malignancy from the pelvic cavity, including resection of peritoneum from the following:(a) the pelvic side wall;(b) the pouch of Douglas;(c) the bladder;for macroscopic disease confined to the pelvis, not being a service associated with a service to which item 35721 applies (H) (Anaes.) (Assist.)	1860.6			1395.45	
35721	Gynaecology	Type A Advanced Surgical	01.03.2022	3	T8	N	Radical debulking, involving the radical excision of a macroscopically disseminated gynaecological malignancy from the abdominal and pelvic cavity, where cancer has extended beyond the pelvis, including any of the following:(a) resection of peritoneum over any of the following: (i) the diaphragm; (ii) the paracolic gutters; (iii) the greater or lesser omentum; (iv) the porta hepatis;(b) cytoreduction of recurrent gynaecological malignancy from the abdominal cavity following previous abdominal surgery, radiation or chemotherapy;(c) cytoreduction of recurrent gynaecological malignancy from the pelvic cavity following previous pelvic surgery, radiation or chemotherapy;not being a service to which a service associated with a service to which item 35720 or 35726 applies (H) (Anaes.) (Assist.)	3721.2			2790.9	
35723	Gynaecology	Type A Advanced Surgical	01.12.1991	3	T8	N	Para-aortic lymph node dissection from above the level of the aortic bifurcation (unilateral), for staging or restaging of gynaecological malignancy (H) (Anaes.) (Assist.)	1618.1			1213.6	
35724	Gynaecology	Type A Advanced Surgical	01.03.2022	3	T8	N	Para-aortic lymph node dissection (pelvic or above the aortic bifurcation) after prior similar dissection, radiotherapy or chemotherapy for malignancy (H) (Anaes.) (Assist.)	2434.35			1825.8	
35726	Gynaecology	Type A Surgical	01.12.1991	3	T8	N	Infra-colic omentectomy, with or without multiple peritoneal biopsies, for staging or restaging of gynaecological malignancy, not being a service associated with a service to which item 35721 applies (H) (Anaes.) (Assist.)	563.6			422.7	
35729	Gynaecology	Unlisted	01.11.1992	3	T8	N	OVARIAN TRANSPOSITION out of the pelvis, in conjunction with radical hysterectomy for invasive malignancy (Anaes.)	254.1			190.6	
35730	Gynaecology	Type B Non-band specific	01.05.2017	3	T8	N	Ovarian repositioning for one or both ovaries to preserve ovarian function, prior to gonadotoxic radiotherapy when the treatment volume and dose of radiation have a high probability of causing infertility (Anaes.)	254.1			190.6	
35750	Gynaecology	Type A Surgical	01.05.1997	3	T8	N	Hysterectomy, laparoscopic assisted vaginal, by any approach, including any endometrial sampling, with or without removal of the tubes or ovarian cystectomy or removal of the ovaries and tubes due to other pathology, not being a service associated with a service to which item 35595 or 35673 applies. (H) (Anaes.) (Assist.)	915.3			686.5	
35751	Gynaecology	Type A Surgical	01.03.2022	3	T8	N	Hysterectomy, laparoscopic, by any approach, including any endometrial sampling, with or without removal of the tubes, not being a service associated with a service to which item 35595 applies (H) (Anaes.) (Assist.)	915.3			686.5	

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35753	Gynaecology	Type A Advanced Surgical	01.05.1997	3	T8	N	Hysterectomy, complex laparoscopic, by any approach, including endometrial sampling, with either or both of the following procedures:(a) unilateral or bilateral salpingo-oophorectomy (excluding salpingectomy);(b) excision of moderate endometriosis or ovarian cyst;including any associated laparoscopy, not being a service associated with a service to which item 35595 applies (H) (Anaes.) (Assist.)	1012.05			759.05	
35754	Gynaecology	Type A Advanced Surgical	01.05.2001	3	T8	N	Hysterectomy, complex laparoscopic, by any approach, that concurrently requires either extensive retroperitoneal dissection or complex side wall dissection, or both, with any of the following procedures (if performed):(a) endometrial sampling; (b) unilateral or bilateral salpingectomy, oophorectomy or salpingo-oophorectomy;(c) excision of ovarian cyst; (d) any other associated laparoscopy; not being a service associated with a service to which item 35595 or 35641 applies (H) (Anaes.) (Assist.)	1955.7			1466.8	
35756	Gynaecology	Type A Advanced Surgical	01.05.1997	3	T8	N	Hysterectomy, laparoscopic, by any approach, if the procedure is completed by open hysterectomy for control of bleeding or extensive pathology, including any associated laparoscopy, not being a service associated with a service to which item 35595 or 35641 applies (H) (Anaes.) (Assist.)	1669.2			1251.9	
35759	Gynaecology	Type A Surgical	01.11.2000	3	T8	N	Procedure for the control of post operative haemorrhage following gynaecological surgery, under general anaesthesia, utilising a vaginal, abdominal or laparoscopic approach if no other procedure is performed (H) (Anaes.) (Assist.)	657.2			492.9	
36502	Common list	Type A Surgical	01.11.1997	3	T8	N	PELVIC LYMPHADENECTOMY, open or laparoscopic, or both, unilateral or bilateral (Anaes.) (Assist.)	797.85			598.4	
36503	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	RENAL TRANSPLANT (not being a service to which item 36506 or 36509 applies) (Anaes.) (Assist.)	1622.85			1217.15	
36504	Kidney and bladder	Type B Non-band specific	01.05.2019	3	T8	N	Rigid cystoscopy using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with biopsy of bladder, not being a service associated with a service to which item 36505, 36507, 36508, 36812, 36830, 36836, 36840, 36845, 36848, 36854, 37203 or 37215 applies (H) (Anaes.)	343.9			257.95	
36505	Kidney and bladder	Type B Non-band specific	01.05.2019	3	T8	N	RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with urethroscopy with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies. (Anaes.)	270.25			202.7	229.75
36506	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together vascular anastomosis including aftercare (Anaes.) (Assist.)	1078.75			809.1	
36507	Kidney and bladder	Type B Non-band specific	01.05.2019	3	T8	N	Rigid cystoscopy using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with diathermy, resection or visual laser destruction of bladder tumour or other lesion of the bladder, not being a service to which item 36840 or 36845 applies (H) (Anaes.)	452.8			339.6	
36508	Kidney and bladder	Type A Surgical	01.05.2019	3	T8	N	Rigid cystoscopy using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with diathermy, resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2 cm in diameter, not being a service to which item 36845 applies (H) (Anaes.)	882.45			661.85	
36509	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together ureterovesical anastomosis including aftercare (Assist.)	913.4			685.05	
36516	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1078.75			809.1	
36519	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, complicated by previous surgery on the same kidney, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1506.2			1129.65	
36522	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Nephrectomy, partial, by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1292.55			969.45	
36525	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Nephrectomy, partial, by open, laparoscopic or robot-assisted approach: (a) if complicated by previous surgery or ablative procedure on the same kidney; or (b) for a patient with a solitary functioning kidney; or (c) for a patient with an estimated glomerular filtration rate (eGFR) of less than 60ml/min/1.73m2; other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1836.65			1377.5	
36528	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Nephrectomy, radical, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour less than 10 cm in diameter, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1506.2			1129.65	
36529	Kidney and bladder	Type A Advanced Surgical	01.05.2001	3	T8	N	Nephrectomy, radical, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy: (a) for a tumour 10 cm or more in diameter; or (b) if complicated by previous open or laparoscopic surgery on the same kidney; other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1858.9			1394.2	
36530	Kidney and bladder	Type A Surgical	01.11.2022	3	T8	N	Renal cell carcinoma, not more than 4 cm in diameter, destruction of, by percutaneous, laparoscopic or open cryoablation (including any associated imaging services), if: (a) malignancy has previously been confirmed by histopathological examination; and (b) a multi-disciplinary team has reviewed treatment options for the patient and assessed that partial nephrectomy is not suitable; and (c) the service is not a service associated with a service to which item 36522 or 36525 applies (H) (Anaes.)	944.7			708.55	

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36531	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Nephroureterectomy, complete, by open, laparoscopic or robot-assisted approach, including associated bladder repair and any associated endoscopic procedure, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1350.75			1013.1	
36532	Kidney and bladder	Type A Advanced Surgical	01.05.2001	3	T8	N	Nephroureterectomy, for tumour, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, other than a service to which item 36533 applies or a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1938.65			1454	
36533	Kidney and bladder	Type A Advanced Surgical	01.05.2001	3	T8	N	Nephroureterectomy, for tumour, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, if complicated by previous open or laparoscopic surgery on the same kidney or ureter, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	2291.35			1718.55	
36537	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	KIDNEY OR PERINEPHRIC AREA, EXPLORATION OF, with or without drainage of, by open exposure, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	806.55			604.95	
36543	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Nephrolithotomy or pyelolithotomy, or both, extended, for one or more renal stones, including one or more of nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (H) (Anaes.) (Assist.)	1506.2			1129.65	
36546	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Extracorporeal shock wave lithotripsy (ESWL) to urinary tract and post-treatment care for 3 days, including pre-treatment consultations, unilateral (H) (Anaes.)	806.55			604.95	
36549	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Ureterolithotomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)	971.9			728.95	
36552	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	NEPHROSTOMY or pyelostomy, open, as an independent procedure (Anaes.) (Assist.)	864.95			648.75	
36558	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Renal cyst or cysts, excision or unroofing of (H) (Anaes.) (Assist.)	758.05			568.55	
36561	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Renal biopsy, performed under image guidance (closed) (Anaes.)	201.2			150.9	171.05
36564	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Pyeloplasty, (plastic reconstruction of the pelvi-ureteric junction) by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)	1078.75			809.1	
36567	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Pyeloplasty in a kidney that is congenitally abnormal (in addition to the presence of pelvi-ureteric junction obstruction), or in a solitary kidney, by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)	1185.6			889.2	
36570	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Pyeloplasty, complicated by previous surgery on the same kidney, by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)	1506.2			1129.65	
36573	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	DIVIDED URETER, repair of (Anaes.) (Assist.)	1078.75			809.1	
36576	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, by open, laparoscopic or robot-assisted approach, other than a service associated with: (a) any other procedure performed on the kidney, renal pelvis or renal pedicle; or (b) a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1350.75			1013.1	
36579	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Ureterectomy, complete or partial: (a) for a tumour within the ureter, proven by histopathology at the time of surgery; or (b) for congenital anomaly; with or without associated bladder repair (Anaes.) (Assist.)	864.95			648.75	
36585	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETER, transplantation of, into skin (Anaes.) (Assist.)	864.95			648.75	
36588	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	URETER, reimplantation into bladder (Anaes.) (Assist.)	1078.75			809.1	
36591	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	URETER, reimplantation into bladder with psoas hitch or Boari flap or both (Anaes.) (Assist.)	1292.55			969.45	
36594	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	URETER, transplantation of, into intestine (Anaes.) (Assist.)	1078.75			809.1	
36597	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	URETER, transplantation of, into another ureter (Anaes.) (Assist.)	1078.75			809.1	
36600	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Ureter, transplantation of, into isolated intestinal segment, unilateral (H) (Anaes.) (Assist.)	1292.55			969.45	
36603	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	URETERS, transplantation of, into isolated intestinal segment, bilateral (Anaes.) (Assist.)	1506.2			1129.65	
36604	Kidney and bladder	Type A Surgical	01.05.1997	3	T8	N	Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional radiology techniques, but not including imaging (H) (Anaes.)	312.25			234.2	
36606	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	INTESTINAL URINARY RESERVOIR, continent, formation of, including formation of nonreturn valves and implantation of ureters (1 or both) into reservoir (Anaes.) (Assist.)	2701.55			2026.2	
36607	Kidney and bladder	Type A Surgical	01.05.2005	3	T8	N	Ureteric stent insertion of, with balloon dilatation of: (a) the pelvicalyceal system; or (b) ureter; or (c) the pelvicalyceal system and ureter; through a nephrostomy tube using interventional radiology techniques, but not including imaging (Anaes.)	805.8			604.35	
36608	Kidney and bladder	Type A Surgical	01.05.2005	3	T8	N	Ureteric stent, exchange of, percutaneously through either the ileal conduit or bladder, using interventional radiology techniques, but not including imaging, not being a service associated with a service to which items 36811 to 36854 apply (Anaes.)	312.25			234.2	
36609	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Intestinal urinary conduit, reservoir or ureterostomy, revision of (Anaes.) (Assist.)	864.95			648.75	
36610	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Intestinal urinary conduit, incontinent, formation of (including associated small bowel resection and anastomosis), including implantation of one or both ureters into reservoir (Anaes.) (Assist.)	2070.7			1553.05	

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36611	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Intestinal urinary reservoir, continent, formation of (including associated small bowel resection and anastomosis), including formation of non-return valves and implantation of one or both ureters into reservoir, performed by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)	3266.1			2449.6	
36612	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETER, exploration of, with or without drainage of, as an independent procedure (Anaes.) (Assist.)	758.05			568.55	
36615	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Ureterolysis, unilateral, with or without repositioning of the ureter, for obstruction of the ureter, if: (a) the obstruction: (i) is evident either radiologically or by proximal ureteric dilatation at operation; and (ii) is secondary to retroperitoneal fibrosis; and (b) there is biopsy proven fibrosis, endometriosis or cancer at the site of the obstruction at time of surgery (Anaes.) (Assist.)	864.95			648.75	
36618	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	REDUCTION URETEROPLASTY (Anaes.) (Assist.)	758.05			568.55	
36621	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	CLOSURE OF CUTANEOUS URETEROSTOMY (Anaes.) (Assist.)	541.95			406.5	
36624	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Nephrostomy, percutaneous, using interventional radiology techniques, but not including imaging (H) (Anaes.) (Assist.)	651.1			488.35	
36627	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Nephroscopy, percutaneous, with or without any one or more of; stone extraction, biopsy or diathermy, not being a service to which item 36639 or 36645 applies (Anaes.)	806.55			604.95	
36633	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Nephroscopy, percutaneous, with incision of any one or more of renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, other than a service associated with a service to which item 36627, 36639 or 36645 applies (H) (Anaes.) (Assist.)	864.95			648.75	
36636	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Nephroscopy, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639 or 36645 applies (Anaes.) (Assist.)	466.5			349.9	
36639	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Nephroscopy, percutaneous, with destruction and extraction of one or two stones using ultrasound or electrohydraulic shock waves or lasers, other than a service to which item 36645 applies (Anaes.)	971.9			728.95	
36645	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	NEPHROSCOPY, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones (Anaes.) (Assist.)	1243.95			933	
36649	Kidney and bladder	Type A Surgical	01.04.1992	3	T8	N	Nephrostomy drainage tube, exchange of, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.)	312.25			234.2	265.45
36650	Kidney and bladder	Type B Non-band specific	01.05.2005	3	T8	N	Nephrostomy tube, removal of, using interventional radiology techniques, but not including imaging, if the ureter has been stented with a double J ureteric stent and that stent is left in place (Anaes.)	174.65			131	
36652	Kidney and bladder	Type A Surgical	01.05.2001	3	T8	N	PYELOSCOPY, retrograde, of one collecting system, with or without any one or more of, cystoscopy, ureteric meatotomy, ureteric dilatation, not being a service associated with a service to which item 36803, 36812 or 36824 applies (Anaes.) (Assist.)	758.05			568.55	
36654	Kidney and bladder	Type A Surgical	01.05.2001	3	T8	N	PYELOSCOPY, retrograde, of one collecting system, being a service to which item 36652 applies, plus 1 or more of extraction of stone from the renal pelvis or calyces, or biopsy or diathermy of the renal pelvis or calyces, not being a service associated with a service to which item 36656 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)	971.9			728.95	
36656	Kidney and bladder	Type A Advanced Surgical	01.05.2001	3	T8	N	PYELOSCOPY, retrograde, of one collecting system, being a service to which item 36652 applies, plus extraction of 2 or more stones in the renal pelvis or calyces or destruction of stone with ultrasound, electrohydraulic or kinetic lithotripsy, or laser in the renal pelvis or calyces, with or without extraction of fragments, not being a service associated with a service to which item 36654 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)	1243.95			933	
36663	Kidney and bladder	Type A Surgical	01.05.2010	3	T8	N	Both: (a) percutaneous placement of sacral nerve lead or leads using fluoroscopic guidance, or open placement of sacral nerve lead or leads; and (b) intra-operative test stimulation, to manage: (i) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (ii) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (H) (Anaes.)	771			578.25	
36664	Kidney and bladder	Type A Surgical	01.05.2010	3	T8	N	Both: (a) percutaneous repositioning of sacral nerve lead or leads using fluoroscopic guidance, or open repositioning of sacral nerve lead or leads; and (b) intra-operative test stimulation, to correct displacement or unsatisfactory positioning, if inserted for the management of: (i) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (ii) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment; other than a service to which item 36663 applies (H) (Anaes.)	692.45			519.35	
36665	Kidney and bladder	Type B Band 1	01.05.2010	3	T8	N	Sacral nerve electrode or electrodes, management and adjustment of the pulse generator by a medical practitioner, to manage detrusor overactivity or non obstructive urinary retention - each day	146.3			109.75	124.4
36666	Kidney and bladder	Type A Surgical	01.05.2010	3	T8	N	Pulse generator, subcutaneous placement of, and placement and connection of extension wire or wires to sacral nerve electrode or electrodes, for the management of: (a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (H) (Anaes.)	389.65			292.25	
36667	Kidney and bladder	Type B Non-band specific	01.05.2010	3	T8	N	Sacral nerve lead or leads, removal of, if the lead was inserted to manage:(a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (Anaes.)	182.3			136.75	155

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36668	Kidney and bladder	Type B Non-band specific	01.05.2010	3	T8	N	Pulse generator, removal of, if the pulse generator was inserted to manage:(a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (Anaes.)	182.3			136.75	155
36671	Kidney and bladder	Type C	01.11.2018	3	T8	N	Percutaneous tibial nerve stimulation, initial treatment protocol, for the treatment of overactive bladder, by a specialist urologist, gynaecologist or urogynaecologist, if: (a) the patient has been diagnosed with idiopathic overactive bladder; and (b) the patient has been refractory to, is contraindicated or otherwise not suitable for conservative treatments (including anti-cholinergic agents); and (c) the patient is contraindicated or otherwise not a suitable candidate for botulinum toxin type A therapy; and (d) the patient is contraindicated or otherwise not a suitable candidate for sacral nerve stimulation; and (e) the patient is willing and able to comply with the treatment protocol; and (f) the initial treatment protocol comprises 12 sessions, delivered over a 3 month period; and (g) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. For each patient—applicable only once, unless the patient achieves at least a 50% reduction in overactive bladder symptoms from baseline at any time during the 3 month treatment period. Not applicable for a service associated with a service to which item 36672 or 36673 applies	233.3			175	198.35
36672	Kidney and bladder	Type C	01.11.2018	3	T8	N	Percutaneous tibial nerve stimulation, tapering treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if: (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and (b) the tapering treatment protocol comprises no more than 5 sessions, delivered over a 3 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. Not applicable for a service associated with a service to which item 36671 or 36673 applies	233.3			175	198.35
36673	Kidney and bladder	Type C	01.11.2018	3	T8	N	Percutaneous tibial nerve stimulation, maintenance treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if: (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and to the tapering treatment protocol, and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and (b) the maintenance treatment protocol comprises no more than 12 sessions, delivered over a 12 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. Not applicable for service associated with a service to which item 36671 or 36672 applies	233.3			175	198.35
36800	Kidney and bladder	Type C	01.12.1991	3	T8	N	BLADDER, catheterisation of, where no other procedure is performed (Anaes.)	32.15			24.15	27.35
36803	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Ureteroscopy, of one ureter, with or without any one or more of cystoscopy, ureteric meatotomy, or ureteric dilatation, other than a service associated with a service to which item 36652, 36654, 36656, 36806, 36809, 36812, 36824 or 36848 applies (H) (Anaes.) (Assist.)	544			408	
36806	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Ureteroscopy, of one ureter: (a) with or without one or more of the following: (i) cystoscopy; (ii) endoscopic incision of pelviureteric junction or ureteric stricture; (iii) ureteric meatotomy; (iv) ureteric dilatation; and (b) with either or both of the following: (i) extraction of stone from the ureter; (ii) biopsy or diathermy of the ureter; other than: (c) a service associated with a service to which item 36803 or 36812 applies; or (d) a service associated with a service, performed on the same ureter, to which item 36809, 36824 or 36848 applies (Anaes.) (Assist.)	758.05			568.55	
36809	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, ureteric meatotomy or ureteric dilatation, plus destruction of stone in the ureter with ultrasound, electrohydraulic or kinetic lithotripsy, or laser, with or without extraction of fragments, not being a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36806, 36824 or 36848 applies to a procedure performed on the same ureter (Anaes.) (Assist.)	971.9			728.95	
36811	Kidney and bladder	Type A Surgical	01.05.1997	3	T8	N	Cystoscopy, with insertion of one or more urethral or prostatic prostheses, other than a service associated with a service to which item 37203, 37207 or 37230 applies (H) (Anaes.)	377.25			282.95	
36812	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Either or both of cystoscopy and urethroscopy, with or without urethral dilatation, other than a service associated with any other urological endoscopic procedure on the lower urinary tract (Anaes.)	194.45			145.85	165.3
36815	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	CYSTOSCOPY, with or without urethroscopy, for the treatment of penile warts or uretheral warts, not being a service associated with a service to which item 30189 applies (Anaes.)	277.5			208.15	235.9
36818	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Cystoscopy, with ureteric catheterisation, unilateral or bilateral, guided by fluoroscopic imaging of the upper urinary tract, other than a service associated with a service to which item 36824 or 36830 applies (H) (Anaes.)	322.65			242	
36821	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Cystoscopy with one or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis, unilateral (H) (Anaes.) (Assist.)	377.05			282.8	

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36822	Kidney and bladder	Type A Surgical	01.11.2020	3	T8	N	Cystoscopy, with ureteric catheterisation, unilateral: (a) guided by fluoroscopic imaging of the upper urinary tract; and (b) including one or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis; other than a service associated with a service to which item 36818, 36821 or 36830 applies (H) (Anaes.) (Assist.)	538.45			403.85	
36823	Kidney and bladder	Type A Surgical	01.11.2020	3	T8	N	Cystoscopy, with removal of ureteric stent and ureteric catheterisation, unilateral: (a) guided by fluoroscopic imaging of the upper urinary tract; and (b) including either or both of the following: (i) ureteric dilatation; (ii) insertion of ureteric stent of ureter or of renal pelvis; other than a service associated with a service to which item 36818, 36821, 36830 or 36833 applies (H) (Anaes.) (Assist.)	619.1			464.35	
36824	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Cystoscopy with ureteric catheterisation, unilateral or bilateral, other than a service associated with a service to which item 36818 applies (H) (Anaes.)	248.65			186.5	
36827	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Cystoscopy, with controlled hydro-dilatation of the bladder, other than a service associated with a service to which item 37011 or 37245 applies (H) (Anaes.)	268.2			201.15	
36830	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	CYSTOSCOPY, with ureteric meatotomy (Anaes.)	237.15			177.9	
36833	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Cystoscopy with removal of ureteric stent or other foreign body in the lower urinary tract, unilateral (H) (Anaes.)	322.65			242	
36836	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Cystoscopy with biopsy of bladder, other than a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203 or 37215 applies (H) (Anaes.)	268.2			201.15	
36840	Kidney and bladder	Type B Non-band specific	01.05.2003	3	T8	N	Cystoscopy, with diathermy, resection or visual laser destruction of bladder tumour or other lesion of the bladder, for: (a) a tumour or lesion in only one quadrant of the bladder; or (b) a solitary tumour of not more than 2 cm in diameter; other than a service associated with a service to which item 36845 applies (H) (Anaes.)	377.05			282.8	
36842	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Cystoscopy, with lavage of blood clots from bladder, including any associated cautery of prostate or bladder, other than a service associated with a service to which any of items 36812, 36827 to 36863 and 37203 apply (H) (Anaes.)	379.35			284.55	
36845	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Cystoscopy, with diathermy, resection or visual laser destruction of: (a) multiple tumours in 2 or more quadrants of the bladder; or (b) a solitary bladder tumour of more than 2 cm in diameter (H) (Anaes.)	806.55			604.95	
36848	Kidney and bladder	Unlisted	01.12.1991	3	T8	N	CYSTOSCOPY, with resection of ureterocele (Anaes.)	268.2			201.15	
36851	Kidney and bladder	Unlisted	01.12.1991	3	T8	N	Cystoscopy, with injection into bladder wall, other than a service associated with a service to which item 18375 or 18379 applies (H) (Anaes.)	268.2			201.15	
36854	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	CYSTOSCOPY, with endoscopic incision or resection of external sphincter, bladder neck or both (Anaes.)	544			408	
36860	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Endoscopic examination of intestinal conduit or reservoir (H) (Anaes.)	194.45			145.85	
36863	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Litholapaxy, with or without cystoscopy (Anaes.)	544			408	
37000	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	BLADDER, partial excision of (Anaes.) (Assist.)	864.95			648.75	
37004	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	BLADDER, repair of rupture (Anaes.) (Assist.)	758.05			568.55	
37008	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Open cystostomy or cystotomy, suprapubic, other than: (a) a service to which item 37011 applies; or (b) a service associated with a service to which item 37245 applies; or (c) another open bladder procedure (H) (Anaes.) (Assist.)	485.85			364.4	
37011	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Suprapubic stab cystotomy, other than a service associated with a service to which item 36827 applies (Anaes.)	108.85			81.65	92.55
37014	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	BLADDER, total excision of (Anaes.) (Assist.)	1243.95			933	
37015	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Bladder, total excision of, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis (Anaes.) (Assist.)	1492.7			1119.55	
37016	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Cystectomy, including prostatectomy and pelvic lymph node dissection, other than a service associated with a service to which items 37000, 37014, 37015, 37209, 35551 or 36502 applies (Anaes.) (Assist.)	2327.55			1745.7	
37018	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Cystectomy, including prostatectomy and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis, other than a service associated with a service to which items 37000, 37014, 37015, 37016, 37209, 35551 or 36502 applies (Anaes.) (Assist.)	3491.45			2618.6	
37019	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Cystectomy, including anterior exenteration and pelvic lymph node dissection, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502, and 35653 to 35756 apply (Anaes.) (Assist.)	2324.95			1743.75	
37020	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	BLADDER DIVERTICULUM, excision or obliteration of (Anaes.) (Assist.)	864.95			648.75	
37021	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Cystectomy, including anterior exenteration and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, radiation therapy or chemotherapy to the pelvis, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502 and 35653 to 35756 apply (Anaes.) (Assist.)	3487.3			2615.5	
37023	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	VESICAL FISTULA, cutaneous, operation for (Anaes.)	485.85			364.4	
37026	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	CUTANEOUS VESICOSTOMY, establishment of (Anaes.) (Assist.)	485.85			364.4	
37029	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	VESICOVAGINAL FISTULA, closure of, by abdominal approach (Anaes.) (Assist.)	1078.75			809.1	
37038	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	VESICOINTESTINAL FISTULA, closure of, excluding bowel resection (Anaes.) (Assist.)	806.9			605.2	

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37039	Kidney and bladder	Type A Surgical	01.11.2020	3	T8	N	Bladder stress incontinence, sling procedure for, using a non-autologous biological sling (Anaes.) (Assist.)	786.9			590.2	
37040	Kidney and bladder	Type A Advanced Surgical	01.05.2016	3	T8	N	Bladder stress incontinence, sling procedure for, using a non-adjustable synthetic male sling system, other than a service associated with a service to which item 37042 applies (H) (Anaes.) (Assist.)	1063.1			797.35	
37041	Kidney and bladder	Type C	01.12.1991	3	T8	N	BLADDER ASPIRATION by needle	54.35			40.8	46.2
37042	Kidney and bladder	Type A Advanced Surgical	01.05.2001	3	T8	N	Bladder stress incontinence—sling procedure for, using autologous fascial sling, including harvesting of sling, other than a service associated with a service to which item 35599 applies (H) (Anaes.) (Assist.)	1063.1			797.35	
37044	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	Bladder stress incontinence, suprapubic operation for (such as Burch colposuspension), open or laparoscopic route, using native tissue without graft, with diagnostic cystoscopy to assess the integrity of the lower urinary tract, not being a service associated with a service to which item 35599 or 36812 applies (H) (Anaes.) (Assist.)	904.2			678.15	
37045	Kidney and bladder	Type A Advanced Surgical	01.05.1997	3	T8	N	CONTINENT CATHETERISATION BLADDER STOMAS (eg. Mitrofanoff), formation of (Anaes.) (Assist.)	1666.65			1250	
37046	Kidney and bladder	Type A Surgical	01.11.2020	3	T8	N	Suprapubic or perineal procedure for excision of graft material, either singly or in multiple pieces, for a symptomatic patient with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), if not more than one service to which this item applies has been provided to the patient by the same practitioner in the preceding 12 months (Anaes.) (Assist.)	807.85			605.9	
37047	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	BLADDER ENLARGEMENT using intestine (Anaes.) (Assist.)	1943.55			1457.7	
37048	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Bladder neck closure for the management of urinary incontinence (Anaes.) (Assist.)	1078.75			809.1	
37050	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	BLADDER EXSTROPHY CLOSURE, not involving sphincter reconstruction (Anaes.) (Assist.)	864.95			648.75	
37053	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	BLADDER TRANSECTION AND RE-ANASTOMOSIS TO TRIGONE (Anaes.) (Assist.)	999.35			749.55	
37200	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Prostatectomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)	1185.6			889.2	
37201	Male reproductive system	Type A Surgical	01.11.2002	3	T8	N	Prostate, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including services to which item 36854, 37203, 37207, 37208, 37245, 37303, 37321 or 37324 applies (H) (Anaes.)	966.95			725.25	
37203	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Prostatectomy, transurethral resection using cautery, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37201, 37207, 37208, 37245, 37303, 37321 or 37324 applies (H) (Anaes.)	1215.7			911.8	
37204	Male reproductive system	Type B Non-band specific	01.03.2024	3	T8	N	Cystoscopy with insertion of prostatic implants for the treatment of benign prostatic hyperplasia (Anaes.)	929.25			696.95	826.85
37205	Male reproductive system	Type B Non-band specific	01.03.2024	3	T8	N	Prostate, ablation by water vapour with or without cystoscopy and with or without urethroscopy (Anaes.)	377.25			282.95	320.7
37207	Male reproductive system	Type A Advanced Surgical	01.07.1995	3	T8	N	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37201, 37203, 37245, 37303, 37321 or 37324 applies (H) (Anaes.)	1215.7			911.8	
37208	Male reproductive system	Type A Surgical	01.07.1995	3	T8	N	PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37201, 37203, 37207 or 37245 which had to be discontinued for medical reasons (Anaes.)	651.1			488.35	
37209	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	PROSTATE, and/or SEMINAL VESICLE/AMPULLA OF VAS, unilateral or bilateral, total excision of, not being a service associated with a service to which item number 37210 or 37211 applies (Anaes.) (Assist.)	1506.2			1129.65	
37210	Male reproductive system	Type A Advanced Surgical	01.11.1997	3	T8	N	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated) with or without bladder neck reconstruction, other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)	1858.9			1394.2	
37211	Male reproductive system	Type A Advanced Surgical	01.11.1997	3	T8	N	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated): (a) with or without bladder neck reconstruction; and (b) with pelvic lymphadenectomy; other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)	2257.5			1693.15	
37213	Male reproductive system	Type A Advanced Surgical	01.11.2020	3	T8	N	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated): (a) complicated by: (i) previous radiation therapy (including brachytherapy) on the prostate; or (ii) previous ablative procedures on the prostate; and (b) with bladder neck reconstruction; other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)	2788.1			2091.1	
37214	Male reproductive system	Type A Advanced Surgical	01.11.2020	3	T8	N	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated): (a) complicated by: (i) previous radiation therapy (including brachytherapy) on the prostate; or (ii) previous ablative procedures on the prostate; and (b) with bladder neck reconstruction and pelvic lymphadenectomy; other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)	3386.6			2539.95	

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37215	Male reproductive system	Type B Non-band specific	01.12.1991	3	T8	N	Prostate, biopsy of, endoscopic, with or without cystoscopy (H) (Anaes.)	485.85			364.4	
37216	Male reproductive system	Type B Non-band specific	01.11.2020	3	T8	N	Prostate or prostatic bed, needle biopsy of, by the transrectal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55603 applies (Anaes.)	163.85			122.9	139.3
37217	Male reproductive system	Type B Non-band specific	01.07.2011	3	T8	N	Prostate, implantation of radio-opaque fiducial markers into the prostate gland or prostate surgical bed, under ultrasound guidance, being an item associated with a service to which item 55603 applies (Anaes.)	161.35			121.05	137.15
37218	Male reproductive system	Type B Non-band specific	01.12.1991	3	T8	N	Prostate, injection into, one or more, excluding insertion of fiduciary markers (Anaes.)	161.35			121.05	137.15
37219	Male reproductive system	Type B Non-band specific	01.05.1994	3	T8	N	Prostate or prostatic bed, needle biopsy of, by the transperineal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55600 or 55603 applies (Anaes.)	393.25			294.95	334.3
37220	Male reproductive system	Type A Advanced Surgical	01.11.2001	3	T8	N	Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance: (a) for a patient with: (i) localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate); and (ii) a Gleason score of less than or equal to 7 (Grade Group 1 to Grade Group 3); and (iii) a prostate specific antigen (PSA) of not more than 10ng/ml at the time of diagnosis; and (b) performed by a urologist at an approved site in association with a radiation oncologist; and (c) being a service associated with: (i) services to which items 15966 and 55603 apply; and (ii) a service to which item 60506 or 60509 applies (H) (Anaes.)	1218.15			913.65	
37221	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	Prostatic abscess, endoscopic drainage of (Anaes.)	544			408	
37223	Male reproductive system	Unlisted	01.05.1997	3	T8	N	PROSTATIC COIL, insertion of, under ultrasound control (Anaes.)	240.65			180.5	
37224	Male reproductive system	Type A Surgical	01.05.2003	3	T8	N	Prostate, diathermy or cauterisation, other than a service associated with a service to which item 37201, 37203, 37207, 37208 or 37215 applies (H) (Anaes.)	377.05			282.8	
37226	Male reproductive system	Type B Non-band specific	01.05.2020	3	T8	N	Prostate or prostatic bed, needle biopsy of, using prostatic magnetic resonance imaging techniques and obtaining 1 or more prostatic specimens. (Anaes.)	327.7			245.8	278.55
37227	Male reproductive system	Type A Surgical	01.11.2006	3	T8	N	Prostate, transperineal insertion of catheters for high dose rate brachytherapy using ultrasound guidance including any associated cystoscopy, if performed at an approved site, and being a service associated with a service to which item 15966 applies (H)	660.05			495.05	
37245	Male reproductive system	Type A Advanced Surgical	01.03.2013	3	T8	N	Prostate, endoscopic enucleation of, for the treatment of benign prostatic hyperplasia: (a) with morcellation, including mechanical morcellation or by an endoscopic technique; and (b) with or without cystoscopy; and (c) with or without urethroscopy; and other than a service associated with a service to which item 36827, 36854, 37008, 37201, 37203, 37207, 37208, 37303, 37321 or 37324 applies (H) (Anaes.)	1472.35			1104.3	
37300	Kidney and bladder	Type C	01.12.1991	3	T8	N	URETHRAL SOUNDS, passage of, as an independent procedure (Anaes.)	54.35			40.8	46.2
37303	Kidney and bladder	Type C	01.12.1991	3	T8	N	URETHRAL STRICTURE, dilatation of (Anaes.)	86.45			64.85	73.5
37306	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHRA, repair of rupture of distal section (Anaes.) (Assist.)	758.05			568.55	
37309	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	URETHRA, repair of rupture of prostatic or membranous segment (Anaes.) (Assist.)	1078.75			809.1	
37318	Kidney and bladder	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Urethroscopy, with or without cystoscopy, with one or more of biopsy, diathermy, visual laser destruction of urethral calculi or removal of foreign body or calculi (Anaes.)	322.65			242	274.3
37321	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	URETHRAL MEATOTOMY, EXTERNAL (Anaes.)	108.85			81.65	92.55
37324	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Urethrotomy or urethrostomy, internal or external (Anaes.) (Assist.)	268.2			201.15	
37327	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHROTOMY, optical, for urethral stricture (Anaes.) (Assist.)	377.05			282.8	
37330	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHRECTOMY, partial or complete, for removal of tumour (Anaes.) (Assist.)	758.05			568.55	
37333	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHROVAGINAL FISTULA, closure of (Anaes.) (Assist.)	651.1			488.35	
37336	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHRORECTAL FISTULA, closure of (Anaes.) (Assist.)	864.95			648.75	
37338	Kidney and bladder	Type A Advanced Surgical	01.05.2016	3	T8	N	Urethral synthetic male sling system, division or removal of, for urethral obstruction, sling erosion, pain or infection, following previous surgery for urinary incontinence, other than a service associated with a service to which item 37340 or 37341 applies (Anaes.) (Assist.)	1063.1			797.35	
37339	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	Periurethral or transurethral injection of urethral bulking agents for the treatment of urinary incontinence, including cystoscopy and urethroscopy, other than a service associated with a service to which item 18375 or 18379 applies (Anaes.)	279.85			209.9	237.9
37340	Kidney and bladder	Type A Advanced Surgical	01.05.2001	3	T8	N	Urethral synthetic sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service associated with a service to which item 37341 or 37344 applies (Anaes.) (Assist.)	1063.1			797.35	
37341	Kidney and bladder	Type A Advanced Surgical	01.05.2001	3	T8	N	Urethral sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, suprapubic, combined suprapubic and vaginal or combined suprapubic and perineal approach, other than a service associated with a service to which item 37340 or 37344 applies (Anaes.) (Assist.)	1063.1			797.35	
37342	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHROPLASTY single stage operation (Anaes.) (Assist.)	971.9			728.95	

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% ($)
37343	Kidney and bladder	Type A Advanced Surgical	01.05.2001	3	T8	N	URETHROPLASTY, single stage operation, transpubic approach via separate incisions above and below the symphysis pubis, excluding laparotomy, symphysectomy and suprapubic cystotomy, with or without re-routing of the urethra around the crura (Anaes.) (Assist.)	1622.85			1217.15	
37344	Kidney and bladder	Type A Advanced Surgical	01.11.2020	3	T8	N	Urethral autologous fascial sling (or other biological sling), division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service to which 37340 or 37341 applies (Anaes.) (Assist.)	1063.1			797.35	
37345	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHROPLASTY 2 stage operation first stage (Anaes.) (Assist.)	806.55			604.95	
37348	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHROPLASTY 2 stage operation second stage (Anaes.) (Assist.)	806.55			604.95	
37351	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	URETHROPLASTY, not being a service to which another item in this Group applies (Anaes.) (Assist.)	322.65			242	
37354	Kidney and bladder	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	HYPOSPADIAS, meatotomy and hemicircumcision (Anaes.) (Assist.)	377.05			282.8	
37369	Kidney and bladder	Type B Non-band specific	01.12.1991	3	T8	N	URETHRA, excision of prolapse of (Anaes.)	217.7			163.3	
37372	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	Urethral diverticulum, excision of (Anaes.) (Assist.)	1078.75			809.1	
37375	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	URETHRAL SPHINCTER, reconstruction by bladder tubularisation technique or similar procedure (Anaes.) (Assist.)	1350.75			1013.1	
37381	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, perineal approach (Anaes.) (Assist.)	864.95			648.75	
37384	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, abdominal approach (Anaes.) (Assist.)	1350.75			1013.1	
37387	Kidney and bladder	Type A Surgical	01.12.1991	3	T8	N	ARTIFICIAL URINARY SPHINCTER, insertion of pressure regulating balloon and pump (Anaes.) (Assist.)	377.05			282.8	
37388	Kidney and bladder	Type C	01.11.2020	3	T8	N	Artificial urinary sphincter, sterile, percutaneous adjustment of filling volume	114.3			85.75	97.2
37390	Kidney and bladder	Type A Advanced Surgical	01.12.1991	3	T8	N	ARTIFICIAL URINARY SPHINCTER, revision or removal of, with or without replacement (Anaes.) (Assist.)	1078.75			809.1	
37393	Male reproductive system	Unlisted	01.12.1991	3	T8	N	PRIAPISM, decompression by glanular stab cavernosospongiosum shunt or penile aspiration with or without lavage (Anaes.)	268.2			201.15	228
37396	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	PRIAPISM, shunt operation for, not being a service to which item 37393 applies (Anaes.) (Assist.)	864.95			648.75	
37402	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	PENIS, partial amputation of (Anaes.) (Assist.)	544			408	
37405	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	PENIS, complete or radical amputation of (Anaes.) (Assist.)	1078.75			809.1	
37408	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	PENIS, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (Anaes.) (Assist.)	544			408	
37411	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Penis, repair of avulsion (H) (Anaes.) (Assist.)	1078.75			809.1	
37415	Male reproductive system	Type C	01.07.1996	3	T8	N	Penis, injection of, for the investigation and treatment of erectile dysfunction. Applicable not more than twice in a 36-month period	54.35			40.8	46.2
37417	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	Penis, correction of chordee by plication techniques including Nesbit's corporoplasty (Anaes.) (Assist.)	651.1			488.35	
37418	Male reproductive system	Type A Surgical	01.05.2001	3	T8	N	Penis, correction of chordee with incision or excision of fibrous plaque or plaques, with or without mobilisation of one or both of the neuro-vascular bundle and urethra (H) (Anaes.) (Assist.)	864.95			648.75	
37423	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Penis, lengthening by translocation of corpora, in conjunction with partial penectomy or penile epispadias secondary repair, either as primary or secondary procedures (Anaes.) (Assist.)	1078.75			809.1	
37426	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	PENIS, artificial erection device, insertion of, into 1 or both corpora (Anaes.) (Assist.)	1136.9			852.7	
37429	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	PENIS, artificial erection device, insertion of pump and pressure regulating reservoir (Anaes.) (Assist.)	377.05			282.8	
37432	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	PENIS, artificial erection device, complete or partial revision or removal of components, with or without replacement (Anaes.) (Assist.)	1078.75			809.1	
37435	Male reproductive system	Type B Non-band specific	01.12.1991	3	T8	N	PENIS, frenuloplasty as an independent procedure (Anaes.)	108.85			81.65	92.55
37438	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	Scrotum, partial excision of, for histologically proven malignancy or infection (Anaes.) (Assist.)	322.65			242	274.3
37601	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	SPERMATOCELE OR EPIDIDYMAL CYST, excision of, 1 or more of, on 1 side (Anaes.)	322.65			242	274.3
37604	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral or bilateral, other than a service associated with sperm harvesting for IVF (H) (Anaes.)	322.65			242	
37605	Assisted reproductive services	Type A Surgical	01.05.2007	3	T8	N	Transcutaneous sperm retrieval, unilateral, from either the testis or the epididymis, for the purposes of intracytoplasmic sperm injection, for male factor infertility, excluding a service to which item 13218 applies. (Anaes.)	435.65			326.75	370.35
37606	Assisted reproductive services	Type A Surgical	01.05.2007	3	T8	N	Open surgical sperm retrieval, unilateral, including the exploration of scrotal contents, with or without biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, performed in a hospital, other than a service to which item 13218 or 37604 applies (H) (Anaes.)	646.9			485.2	
37607	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Bilateral retroperitoneal lymph node dissection, for testicular tumour, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1618.1			1213.6	

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% ($)
37610	Male reproductive system	Type A Advanced Surgical	01.12.1991	3	T8	N	Bilateral retroperitoneal lymph node dissection, for testicular tumour, following previous similar retroperitoneal dissection, retroperitoneal radiation therapy or chemotherapy, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	2434.35			1825.8	
37613	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	EPIDIDYMECTOMY (Anaes.)	322.65			242	274.3
37616	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	VASOVASOSTOMY or VASOEPIDIDYMOSTOMY, unilateral, using operating microscope, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	806.55			604.95	
37619	Male reproductive system	Type A Surgical	01.12.1991	3	T8	N	Vasovasostomy or vasoepididymostomy, unilateral, other than a service associated with sperm harvesting for IVF (H) (Anaes.) (Assist.)	322.65			242	
37623	Male reproductive system	Type B Non-band specific	01.12.1991	3	T8	N	VASOTOMY OR VASECTOMY, unilateral or bilateral NOTE: Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explanatory note before submitting a claim. (Anaes.)	268.2			201.15	228
37800	Kidney and bladder	Type A Surgical	01.11.1994	3	T8	N	PATENT URACHUS, excision of, on a patient 10 years of age or over. (Anaes.) (Assist.)	608.15			456.15	
37801	Kidney and bladder	Type A Surgical	01.09.2015	3	T8	N	PATENT URACHUS, excision of, when performed on a patient under 10 years of age (Anaes.) (Assist.)	790.6			592.95	
37803	Male reproductive system	Type A Surgical and Type B Non-band specific	01.11.1994	3	T8	N	UNDESCENDED TESTIS, orchidopexy for, not being a service to which item 37806 applies, on a patient 10 years of age or over. (Anaes.) (Assist.)	608.15			456.15	
37804	Male reproductive system	Type A Surgical	01.09.2015	3	T8	N	UNDESCENDED TESTIS, orchidopexy for, not being a service to which item 37807 applies, on a patient under 10 years of age (Anaes.) (Assist.)	790.6			592.95	
37806	Male reproductive system	Type B Non-band specific	01.11.1994	3	T8	N	Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a patient 10 years of age or over (H) (Anaes.) (Assist.)	702.6			526.95	
37807	Male reproductive system	Type A Surgical	01.09.2015	3	T8	N	Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a patient under 10 years of age (H) (Anaes.) (Assist.)	913.4			685.05	
37809	Male reproductive system	Type A Surgical and Type B Non-band specific	01.11.1994	3	T8	N	UNDESCENDED TESTIS, revision orchidopexy for, on a patient 10 years of age or over. (Anaes.) (Assist.)	702.6			526.95	
37810	Male reproductive system	Type A Surgical	01.09.2015	3	T8	N	UNDESCENDED TESTIS, revision orchidopexy for, on a patient under 10 years of age (Anaes.) (Assist.)	913.4			685.05	
37812	Male reproductive system	Type A Surgical and Type B Non-band specific	01.11.1994	3	T8	N	IMPALPABLE TESTIS, exploration of groin for, not being a service associated with a service to which items 37803, 37806 and 37809 applies, on a patient 10 years of age or over. (Anaes.) (Assist.)	648.55			486.45	
37813	Male reproductive system	Type A Surgical	01.09.2015	3	T8	N	IMPALPABLE TESTIS, exploration of groin for, not being a service associated with a service to which items 37804, 37807 and 37810 applies, on a patient under 10 years of age (Anaes.) (Assist.)	843.15			632.4	
37815	Male reproductive system	Type B Non-band specific	01.11.1994	3	T8	N	HYPOSPADIAS, examination under anaesthesia with erection test on a patient 10 years of age or over. (Anaes.)	108.2			81.15	
37816	Male reproductive system	Type B Non-band specific	01.09.2015	3	T8	N	HYPOSPADIAS, examination under anaesthesia with erection test, on a patient under 10 years of age (Anaes.)	140.7			105.55	
37818	Male reproductive system	Type A Surgical	01.11.1994	3	T8	N	Hypospadias, glanuloplasty incorporating meatal advancement, on a patient 10 years of age or over (H) (Anaes.) (Assist.)	573.35			430.05	
37819	Male reproductive system	Type A Surgical	01.09.2015	3	T8	N	Hypospadias, glanuloplasty incorporating meatal advancement, on a patient under 10 years of age (H) (Anaes.) (Assist.)	745.3			559	
37821	Male reproductive system	Type A Surgical	01.11.1994	3	T8	N	HYPOSPADIAS, distal, 1 stage repair, on a patient 10 years of age or over. (Anaes.) (Assist.)	971.9			728.95	
37822	Male reproductive system	Type A Advanced Surgical	01.09.2015	3	T8	N	HYPOSPADIAS, distal, 1 stage repair, on a patient under 10 years of age (Anaes.) (Assist.)	1263.5			947.65	
37824	Male reproductive system	Type A Advanced Surgical	01.11.1994	3	T8	N	HYPOSPADIAS, proximal, 1 stage repair, on a patient 10 years of age or over (Anaes.) (Assist.)	1351.25			1013.45	
37825	Male reproductive system	Type A Advanced Surgical	01.09.2015	3	T8	N	HYPOSPADIAS, proximal, 1 stage repair, on a patient under 10 years of age (Anaes.) (Assist.)	1756.6			1317.45	
37827	Male reproductive system	Type A Surgical	01.11.1994	3	T8	N	HYPOSPADIAS, staged repair, first stage, on a patient 10 years of age or over (Anaes.) (Assist.)	622.5			466.9	
37828	Male reproductive system	Type A Surgical	01.09.2015	3	T8	N	HYPOSPADIAS, staged repair, first stage, on a patient under 10 years of age (Anaes.) (Assist.)	809.2			606.9	
37830	Male reproductive system	Type A Surgical	01.11.1994	3	T8	N	Hypospadias, staged repair, second stage, on a patient 10 years of age or over (H) (Anaes.) (Assist.)	806.55			604.95	
37831	Male reproductive system	Type A Advanced Surgical	01.11.2015	3	T8	N	Hypospadias, staged repair, second stage, on a patient under 10 years of age (H) (Anaes.) (Assist.)	1048.65			786.5	
37833	Male reproductive system	Type A Surgical	01.11.1994	3	T8	N	Hypospadias, repair of urethral fistula, on a patient 10 years of age or over (Anaes.) (Assist.)	384.9			288.7	
37834	Male reproductive system	Type A Surgical	01.09.2015	3	T8	N	Hypospadias, repair of urethral fistula, on a patient under 10 years of age (Anaes.) (Assist.)	500.5			375.4	
37836	Male reproductive system	Type A Surgical	01.11.1994	3	T8	N	EPISPADIAS, staged repair, first stage (Anaes.) (Assist.)	810.7			608.05	
37839	Male reproductive system	Type A Surgical	01.11.1994	3	T8	N	EPISPADIAS, staged repair, second stage (Anaes.) (Assist.)	918.75			689.1	
37842	Kidney and bladder	Type A Advanced Surgical	01.11.1994	3	T8	N	Exstrophy of bladder or epispadias, primary or secondary repair with or without bladder neck tightening, with or without ureteric reimplantation (Anaes.) (Assist.)	1783.75			1337.85	

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% ($)
37845	Kidney and bladder	Type A Surgical	01.11.1994	3	T8	N	Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with or without endoscopy (Anaes.) (Assist.)	810.7			608.05	
37848	Kidney and bladder	Type A Advanced Surgical	01.11.1994	3	T8	N	Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty with endoscopy and vaginoplasty (Anaes.) (Assist.)	1459.4			1094.55	
37851	Kidney and bladder	Type A Advanced Surgical	01.11.1994	3	T8	N	Congenital disorder of sexual differentiation, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.)	1081.2			810.9	
37854	Kidney and bladder	Type A Surgical and Type B Non-band specific	01.11.1994	3	T8	N	Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.)	427.45			320.6	
38200	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Right heart catheterisation with any one or more of the following: (a) fluoroscopy; (b) oximetry; (c) dye dilution curves; (d) cardiac output measurement by any method; (e) shunt detection; (f) exercise stress test; other than a service associated with a service to which item 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38254 or 38368 applies (H) (Anaes.)	519.65			389.75	
38203	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Left heart catheterisation by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture, with any one or more of the following: (a) fluoroscopy; (b) oximetry; (c) dye dilution curves; (d) cardiac output measurements by any method; (e) shunt detection; (f) exercise stress test; other than a service associated with a service to which item 38200, 38206, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (H) (Anaes.)	620.15			465.15	
38206	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Right heart catheterisation with left heart catheterisation via the right heart or by another procedure, with any one or more of the following: (a) fluoroscopy; (b) oximetry; (c) dye dilution curves; (d) cardiac output measurements by any method; (e) shunt detection; (f) exercise stress test; other than a service associated with a service to which item 38200, 38203, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (H) (Anaes.)	749.65			562.25	
38209	Heart and vascular system	Type A Surgical	01.12.1991	3	T8	N	Cardiac electrophysiological study—up to and including 3 catheter investigation of any one or more of—syncope, atrio-ventricular conduction, sinus node function or simple ventricular tachycardia studies, other than a service associated with a service to which item 38212 or 38213 applies (H) (Anaes.)	962.6			721.95	
38212	Heart and vascular system	Type A Advanced Surgical	01.12.1991	3	T8	N	Cardiac electrophysiological study for: (a) the investigation of supraventricular tachycardia involving 4 or more catheters; or (b) complex tachycardia inductions; or (c) multiple catheter mapping; or (d) acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or (e) catheter ablation to intentionally induce complete atrioventricular block; or (f) intraoperative mapping; other than a service associated with a service to which item 38209 or 38213 applies (H) (Anaes.)	1601			1200.75	
38213	Heart and vascular system	Type A Surgical	01.11.1996	3	T8	N	Cardiac electrophysiological study, performed either: (a) during insertion of implantable defibrillator; or (b) for defibrillation threshold testing at a different time to implantation; other than a service associated with a service to which item 38209 or 38212 applies (H) (Anaes.)	476.85			357.65	
38241	Heart and vascular system	Unlisted	01.11.2006	3	T8	N	Use of a coronary pressure wire, if the service is: (a) performed during selective coronary angiography, percutaneous angioplasty or transluminal insertion of one or more stents; and (b) to measure fractional flow reserve, non-hyperaemic pressure ratios or coronary flow reserve in intermediate coronary artery or graft lesions (stenosis of 50 to 70%); and (c) to determine whether revascularisation is appropriate, if previous functional imaging: (i) has not been performed; or (ii) has been performed but the results are inconclusive or do not apply to the vessel being interrogated; and (d) performed on one or more coronary vascular territories (H) (Anaes.)	547.85			410.9	
38244	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (acute coronary syndrome) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Selective coronary angiography: (a) for a patient who is eligible for the service under clause 5.10.17A; and (b) with placement of one or more catheters and injection of opaque material into native coronary arteries; and (c) with or without left heart catheterisation, left ventriculography or aortography; and (d) including all associated imaging; other than a service associated with a service to which 38200, 38203, 38206, 38247, 38248, 38249, 38251 or 38252 applies (H) (Anaes.)	1031.4			773.55	
38247	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (acute coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Selective coronary and graft angiography: (a) for a patient who is eligible for the service under clause 5.10.17A; and (b) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and (c) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and (d) with or without left heart catheterisation, left ventriculography or aortography; and (e) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38248, 38249, 38251 or 38252 applies (H) (Anaes.)	1652.5			1239.4	
38248	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (stable coronary syndrome) the service only applies if the patient meets the requirements of the descriptor and the of Note: TR.8.3 and TR.8.5 Selective coronary angiography: (a) for a patient who is eligible for the service under clause 5.10.17B; and (b) as part of the management of the patient; and (c) with placement of catheters and injection of opaque material into native coronary arteries; and (d) with or without left heart catheterisation, left ventriculography or aortography; and (e) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38249, 38251 or 38252 applies—applicable each 3 months (H) (Anaes.)	1031.4			773.55	

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% ($)
38249	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (stable coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5 Selective coronary and graft angiography: (a) for a patient who is eligible for the service under clause 5.10.17B; and (b) as part of the management of the patient; and (c) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and (d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and (e) with or without left heart catheterisation, left ventriculography or aortography; and (f) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38251 or 38252 applies—applicable once each 3 months (H) (Anaes.)	1652.5			1239.4	
38251	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (pre-operative assessment) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5 Selective coronary angiography: (a) for a symptomatic patient with valvular or other non-coronary structural heart disease; and (b) as part of the management of the patient for: (i) pre-operative assessment for planning non-coronary cardiac surgery, including by transcatheter approaches; or (ii) evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment; and (c) with placement of catheters and injection of opaque material into native coronary arteries; and (d) with or without left heart catheterisation, left ventriculography or aortography; and (e) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38252 applies—applicable once each 12 months (H) (Anaes.)	1031.4			773.55	
38252	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (pre-operative assessment - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5 Selective coronary and graft angiography: (a) for a symptomatic patient with valvular or other non-coronary structural heart disease; and (b) as part of the management of the patient for: (i) pre-operative assessment for planning non-coronary cardiac surgery, including by transcatheter approaches; or (ii) evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment; and (c) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and (d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and (e) with or without left heart catheterisation, left ventriculography or aortography; and (f) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251 or 38252 applies—applicable once each 12 months (H) (Anaes.)	1652.5			1239.4	
38254	Heart and Vascular system	Unlisted	01.07.2021	3	T8	N	Right heart catheterisation: (a) performed at the same time as a service to which item 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313 or 38314 applies; and (b) including any of the following (if performed): (i) fluoroscopy; (ii) oximetry; (iii) dye dilution curves; (iv) cardiac output measurement; (v) shunt detection; (vi) exercise stress test (H) (Anaes.)	519.65			389.75	
38256	Heart and vascular system	Type A Surgical	01.07.1993	3	T8	N	Temporary transvenous pacemaking electrode, insertion of (H) (Anaes.)	311.75			233.85	
38270	Heart and vascular system	Type A Advanced Surgical	01.05.1997	3	T8	N	Balloon valvuloplasty or isolated atrial septostomy, including cardiac catheterisations before and after balloon dilatation (H) (Anaes.) (Assist.)	1064.25			798.2	
38272	Heart and vascular system	Type A Advanced Surgical	01.11.2005	3	T8	N	Atrial septal defect or patent foramen closure: (a) for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism; and (b) using a septal occluder or similar device, by transcatheter approach; and (c) including right or left heart catheterisation (or both); other than a service associated with a service to which item 38200, 38203, 38206 or 38254 applies (H) (Anaes.) (Assist.)	1064.25			798.2	
38273	Heart and vascular system	Type A Advanced Surgical	01.07.2014	3	T8	N	Patent ductus arteriosus, transcatheter closure of, including cardiac catheterisation and any imaging associated with the service (Anaes.) (Assist.)	1064.25			798.2	
38274	Heart and vascular system	Type A Surgical	01.07.2014	3	T8	N	Ventricular septal defect, transcatheter closure of, with cardiac catheterisation, excluding imaging (H) (Anaes.) (Assist.)	871.85			653.9	
38275	Heart and vascular system	Type A Surgical	01.05.1997	3	T8	N	Myocardial biopsy, by cardiac catheterisation (H) (Anaes.)	347.85			260.9	
38276	Heart and vascular system	Type A Advanced Surgical	01.11.2017	3	T8	N	Transcatheter occlusion of left atrial appendage, and cardiac catheterisation performed by the same practitioner, for stroke prevention in a patient who has non-valvular atrial fibrillation, if: (a) the patient is at increased risk of thromboembolism demonstrated by: (i) a prior stroke (whether of an ischaemic or unknown type), transient ischaemic attack or non-central nervous system systemic embolism; or (ii) at least 2 of the following risk factors: (A) an age of 65 years or more; (B) hypertension; (C) diabetes mellitus; (D) heart failure or left ventricular ejection fraction of 35% or less (or both); (E) vascular disease (prior myocardial infarction, peripheral artery disease or aortic plaque); and (b) the patient has an absolute and permanent contraindication to oral anticoagulation (confirmed by written documentation that is provided by a medical practitioner, independent of the practitioner rendering the service); and (c) the service is not associated with a service to which item 38200, 38203, 38206 or 38254 applies (H) (Anaes.) (Assist.)	1064.25			798.2	

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% ($)
38285	Heart and vascular system	Type B Non-band specific	01.11.2004	3	T8	N	Insertion of implantable ECG loop recorder, by a specialist or consultant physician, for the diagnosis of a primary disorder, including initial programming and testing, if: (a) the patient has recurrent unexplained syncope and does not have a structural heart defect associated with a high risk of sudden cardiac death; and (b) a diagnosis has not been achieved through all other available cardiac investigations; and (c) a neurogenic cause is not suspected (Anaes.)	179.95			135	153
38286	Heart and vascular system	Type B Non-band specific	01.11.2004	3	T8	N	Removal of implantable ECG loop recorder (Anaes.)	162.1			121.6	137.8
38287	Heart and vascular system	Type A Advanced Surgical	01.07.1998	3	T8	N	Ablation of arrhythmia circuit or focus or isolation procedure involving one atrial chamber (H) (Anaes.) (Assist.)	2448.1			1836.1	
38288	Heart and vascular system	Type B Non-band specific	01.05.2018	3	T8	N	Implantable loop recorder, insertion of, for diagnosis of atrial fibrillation, if: (a) the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source; and (b) the bases of the diagnosis included the following: (i) the medical history of the patient; (ii) physical examination; (iii) brain and carotid imaging; (iv) cardiac imaging; (v) surface ECG testing including 24-hour Holter monitoring; and (c) atrial fibrillation is suspected; and (d) the patient: (i) does not have a permanent indication for oral anticoagulants; or (ii) does not have a permanent oral anticoagulants contraindication; including initial programming and testing (Anaes.)	225.1			168.85	191.35
38290	Heart and vascular system	Type A Advanced Surgical	01.07.1998	3	T8	N	ABLATION OF ARRHYTHMIA CIRCUITS OR FOCI, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (Anaes.) (Assist.)	3117.05			2337.8	
38293	Heart and vascular system	Type A Advanced Surgical	01.07.1998	3	T8	N	Ventricular arrhythmia with mapping and ablation, including all associated electrophysiological studies performed on the same day (H) (Anaes.) (Assist.)	3345.75			2509.35	
38307	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (acute coronary syndrome - 1 coronary territory with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; (ii) transluminal insertion of one or more stents; and (d) performed on one coronary vascular territory; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	2068			1551	
38308	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (acute coronary syndrome - 2 coronary territories with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 2 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	2379.25			1784.45	
38309	Heart and vascular system	Type A Advanced Surgical	01.11.2005	3	T8	N	Percutaneous transluminal rotational atherectomy of one or more coronary arteries, including all associated imaging, if: (a) the target stenosis within at least one coronary artery is heavily calcified and balloon angioplasty with or without stenting is not feasible without rotational artherectomy; and (b) the service is performed in conjunction with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies Applicable only once on each occasion the service is performed (H) (Anaes.) (Assist.)	1402.2			1051.65	
38310	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (acute coronary syndrome - 3 coronary territories with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 3 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	2690.65			2018	
38311	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (stable multi-vessel disease - 1 coronary territory with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible under clause 5.10.17C for the service and a service to which item 38314 applies; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on one coronary vascular territory; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	2068			1551	

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38313	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (stable multi-vessel disease - 2 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible under clause 5.10.17C for the service and a service to which item 38314 applies; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 2 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	2379.25			1784.45	
38314	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (stable multi-vessel disease - 3 coronary territory with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17C; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 3 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38316, 38317, 38319, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	2690.65			2018	
38316	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (acute coronary syndrome - 1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on one coronary vascular territory; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38317, 38319, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	1848.75			1386.6	
38317	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (acute coronary syndrome - 2 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 2 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38319, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	2341.85			1756.4	
38319	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (acute coronary syndrome - 3 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 3 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38320, 38322 or 38323 applies (H) (Anaes.) (Assist.)	2653.1			1989.85	
38320	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (stable multi-vessel disease - 1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible under clause 5.10.17C for the service and a service to which item 38323 applies; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on one coronary vascular territory; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38322 or 38323 applies (H) (Anaes.) (Assist.)	1848.75			1386.6	

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% ($)
38322	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (stable multi-vessel disease - 2 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible under clause 5.10.17C for the service and a service to which item 38323 applies; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 2 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38323 applies (H) (Anaes.) (Assist.)	2341.85			1756.4	
38323	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Note: (stable multi-vessel disease - 3 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17C; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 3 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38322 applies (H) (Anaes.) (Assist.)	2653.1			1989.85	
38325	Heart and Vascular system	Type A Surgical	01.03.2024	3	T8	N	Use of intravascular ultrasound (IVUS) during transluminal insertion of stents, to optimise procedural strategy, appropriate stent size and assessment of stent apposition, for a patient documented with: (a) one or more left main coronary artery lesions; or (b) one or more lesions at least 28mm in length in other locations; if performed in association with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies Applicable once per episode of care (for one or more lesions) (H) (Anaes.)	539.15			404.4	
38326	Heart and vascular system	Type A Surgical	01.07.2025	3	T8	Y	Use of optical coherence tomography (OCT) during transluminal insertion of stents, to optimise procedural strategy, appropriate stent size and assessment of stent apposition, if: (a) the patient is documented with: (i) one or more lesions located at a bifurcation; and (ii) a planned side branch at least 2.5 mm in diameter by angiographic visual estimation; or (b) the patient is documented with stent thrombosis; or (c) both: (i) the patient is documented with one or more lesions at least 28mm in length; and (ii) either of the following apply: (A) a service to which this item applies is not performed in association with a service to which item 38325 applies because of paragraph (b) of that item; (B) a service to which this item applies is not performed, in relation to a lesion, in association with a service to which item 38325 applies because of paragraph (a) of that item, performed in relation to the same lesion; if performed in association with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies Applicable once per episode of care (for one or more lesions) (H)	539.15			404.4	
38350	Heart and vascular system	Type A Surgical	01.11.2005	3	T8	N	SINGLE CHAMBER PERMANENT TRANSVENOUS ELECTRODE, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)	745.05			558.8	
38353	Heart and vascular system	Type A Surgical	01.11.2005	3	T8	N	PERMANENT CARDIAC PACEMAKER, insertion, removal or replacement of, not for cardiac resynchronisation therapy, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)	298			223.5	
38356	Heart and vascular system	Type A Surgical	01.11.2005	3	T8	N	DUAL CHAMBER PERMANENT TRANSVENOUS ELECTRODES, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)	976.8			732.6	
38358	Heart and vascular system	Type A Advanced Surgical	01.11.2005	3	T8	N	Extraction of one or more chronically implanted transvenous pacing or defibrillator leads, by percutaneous method, with locking stylets and snares, with extraction sheaths (if any), if: (a) the leads have been in place for more than 6 months and require removal; and (b) the service is performed: (i) in association with a service to which item 61109 or 60509 applies; and (ii) by a specialist or consultant physician who has undertaken the training to perform the service; and (iii) in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and (c) if the service is performed by an interventional cardiologist—a cardiothoracic surgeon is in attendance during the service (H) (Anaes.) (Assist.)	3345.75			2509.35	
38359	Heart and vascular system	Unlisted	01.11.2005	3	T8	N	PERICARDIUM, paracentesis of (excluding aftercare) (Anaes.)	155.85			116.9	132.5
38362	Heart and vascular system	Type A Surgical	01.11.2005	3	T8	N	Intra-aortic balloon pump, percutaneous insertion of (H) (Anaes.)	449			336.75	
38365	Heart and vascular system	Type A Surgical	01.05.2006	3	T8	N	Insertion, removal or replacement of permanent cardiac synchronisation device, if the patient: (a) has all of the following: (i) chronic heart failure, classified as New York Heart Association class III or IV (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 130 ms; or (b) has all of the following: (i) chronic heart failure, classified as New York Heart Association class II (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 150 ms; other than a service associated with a service to which item 38212 applies (H) (Anaes.) (Assist.)	298			223.5	

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% ($)
38368	Heart and vascular system	Type A Advanced Surgical	01.05.2006	3	T8	N	Insertion, removal or replacement of permanent transvenous left ventricular electrode, through the coronary sinus, for the purpose of cardiac resynchronisation therapy, including right heart catheterisation and any associated venograms, if the patient: (a) has all of the following: (i) chronic heart failure, classified as New York Heart Association class III or IV (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 130 ms; or (b) has all of the following: (i) chronic heart failure, classified as New York Heart Association class II (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 150 ms; other than a service associated with a service to which item 35200, 38200 or 38212 applies (H) (Anaes.) (Assist.)	1428.6			1071.45	
38372	Heart and vascular system	Type A Surgical	01.11.2023	3	T8	N	Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous insertion of, for the treatment of bradycardia, including cardiac electrophysiological services (other than a service associated with a service to which item 38350 applies) (H) (Anaes.)	879.95			660	
38373	Heart and vascular system	Type A Surgical	01.11.2023	3	T8	N	Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous retrieval and replacement of, including cardiac electrophysiological services, during the same percutaneous procedure, if: (a) the service is performed by a specialist or consultant physician who has undertaken training to perform the service; and (b) if the service is performed at least 4 weeks after the pacemaker was inserted—the service is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and (c) if the service is performed by an interventional cardiologist at least 4 weeks after the pacemaker was inserted—a cardiothoracic surgeon is in attendance during the service; other than a service associated with a service to which item 38350 applies (H) (Anaes.)	879.95			660	
38374	Heart and vascular system	Type A Surgical	01.11.2023	3	T8	N	Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous retrieval of, if: (a) the service is performed by a specialist or consultant physician who has undertaken training to perform the service; and (b) if the service is performed at least 4 weeks after the pacemaker was inserted—the service is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and (c) if the service is performed by an interventional cardiologist at least 4 weeks after the pacemaker was inserted—a cardiothoracic surgeon is in attendance during the service (H) (Anaes.)	879.95			660	
38375	Heart and vascular system	Type A Advanced Surgical	01.11.2023	3	T8	N	Leadless permanent cardiac pacemaker, single-chamber ventricular, explantation of, by open surgical approach (H) (Anaes.) (Assist.)	3293.1			2469.85	
38376	Heart and vascular system	Type A Surgical	01.03.2025	3	T8	N	Percutaneous insertion of an intravascular microaxial ventricular assist device, into the left ventricle only, by arteriotomy, including all associated intraoperative imaging, if: (a) the patient has deteriorating symptoms of cardiogenic shock (with no evidence of significant anoxic neurological injury) that are not controlled by optimal medical therapy; or (b) the patient: (i) is on veno-arterial extra-corporeal membrane oxygenation, for deteriorating symptoms of cardiogenic shock (with no evidence of significant anoxic neurological injury) that are not controlled by optimal medical therapy; and (ii) due to the effects of established veno-arterial extra-corporeal membrane oxygenation, requires unloading of the left ventricle (H) (Anaes.)	735.25			551.45	
38416	Lung and chest	Type A Surgical	01.03.2021	3	T8	N	Endoscopic ultrasound guided fine needle aspiration biopsy or biopsies (endoscopy with ultrasound imaging) to obtain one or more specimens from either or both of the following: (a) mediastinal masses; (b) locoregional nodes to stage non-small cell lung carcinoma; other than a service associated with a service to which an item in Subgroup 1 of this Group, or item 38417 or 55054, applies (H) (Anaes.)	657.2			492.9	
38417	Lung and chest	Type A Surgical	01.03.2021	3	T8	N	Endobronchial ultrasound guided biopsy or biopsies (bronchoscopy with ultrasound imaging, with or without associated fluoroscopic imaging) to obtain one or more specimens by: (a) transbronchial biopsy or biopsies of peripheral lung lesions; or (b) fine needle aspirations of one or more mediastinal masses; or (c) fine needle aspirations of locoregional nodes to stage non-small cell lung carcinoma; other than a service associated with a service to which an item in Subgroup 1 of this Group, item 38416, 38420 or 38423, or an item in Subgroup 15 of Group I3, applies (H) (Anaes.)	657.2			492.9	
38419	Ear, nose and throat	Type B Non-band specific	01.03.2021	3	T8	N	Bronchoscopy, as an independent procedure (H) (Anaes.)	207.65			155.75	
38420	Ear, nose and throat	Type B Non-band specific	01.03.2021	3	T8	N	Bronchoscopy with one or more endobronchial biopsies or other diagnostic or therapeutic procedures (H) (Anaes.)	274.25			205.7	
38422	Ear, nose and throat	Type A Surgical	01.03.2021	3	T8	N	Bronchus, removal of foreign body in (Anaes.) (Assist.)	428.95			321.75	
38423	Ear, nose and throat	Unlisted	01.03.2021	3	T8	N	Fibreoptic bronchoscopy with one or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (H) (Anaes.) (Assist.)	299.8			224.85	
38425	Ear, nose and throat	Type A Surgical	01.03.2021	3	T8	N	Endoscopic resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures, other than a service associated with a service to which another item in Group T8 applies (H) (Anaes.) (Assist.)	704.9			528.7	
38426	Ear, nose and throat	Type A Surgical	01.03.2021	3	T8	N	Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (Anaes.) (Assist.)	528.85			396.65	
38428	Ear, Nose and Throat	Type B Non-band specific	01.11.2021	3	T8	N	Bronchoscopy with treatment of tracheal stricture (H) (Anaes.)	287.6			215.7	
38429	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Tracheal excision and repair of, without cardiopulmonary bypass (H) (Anaes.) (Assist.)	2007.55			1505.7	
38431	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Tracheal excision and repair of, with cardiopulmonary bypass (H) (Anaes.) (Assist.)	2715.4			2036.55	

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% ($)
38461	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more tissue approximation implants, including intra-operative diagnostic imaging, if: (a) the patient has each of the following risk factors: (i) moderate to severe, or severe, symptomatic degenerative (primary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% or more; (iii) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV); and (b) as a result of a TMVr suitability case conference, the patient has been: (i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and (ii) recommended as being suitable for the service; and (c) the service is performed: (i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and (ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and (iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and (d) a service to which this item, or item 38463, applies has not been provided to the patient in the previous 5 years (H) (Anaes.) (Assist.)	1670.8			1253.1	
38463	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if: (a) the patient has each of the following risk factors: (i) moderate to severe, or severe, symptomatic functional (secondary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% to 50%; (iii) left ventricular end systolic diameter of not more than 70mm; (iv) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV) that persist despite maximally tolerated guideline directed medical therapy; and (b) as a result of a TMVr suitability case conference, the patient has been: (i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and (ii) recommended as being suitable for the service; and (c) the service is performed: (i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and (ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and (iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and (d) a service to which this item, or item 38461, applies has not been provided to the patient in the previous 5 years (H) (Anaes.) (Assist.)	1670.8			1253.1	
38467	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Insertion, removal or replacement of permanent myocardial electrode, by open surgical approach, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1118.05			838.55	
38471	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Insertion of implantable defibrillator, including insertion of patches for the insertion of one or more transvenous endocardial leads, if the patient has one of the following: (a) a history of haemodynamically significant ventricular arrhythmias in the presence of structural heart disease; (b) documented high-risk genetic cardiac disease; (c) ischaemic heart disease, with a left ventricular ejection fraction of less than 30% at least one month after experiencing a myocardial infarction and while on optimised medical therapy; (d) chronic heart failure, classified as New York Heart Association class II or III, with a left ventricular ejection fraction of less than 35% (despite optimised medical therapy); other than a service to which item 38212 applies (H) (Anaes.) (Assist.)	1227.95			921	
38472	Heart and Vascular system	Type A Surgical	01.07.2021	3	T8	N	Insertion, replacement or removal of implantable defibrillator generator, if the patient has one of the following: (a) a history of haemodynamically significant ventricular arrhythmias in the presence of structural heart disease; (b) documented high-risk genetic cardiac disease; (c) ischaemic heart disease, with a left ventricular ejection fraction of less than 30% at least one month after experiencing a myocardial infarction and while on optimised medical therapy; (d) chronic heart failure, classified as New York Heart Association class II or III, with a left ventricular ejection fraction of less than 35% (despite optimised medical therapy); other than a service to which item 38212 applies (H) (Anaes.) (Assist.)	335.8			251.85	
38474	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Repair, augmentation or replacement of branch pulmonary arteries—left or right (or both), with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2530.5			1897.9	
38477	Heart and vascular system	Type A Advanced Surgical	01.11.1995	3	T8	N	Valve annuloplasty with insertion of ring, other than: (a) a service to which item 38516 or 38517 applies; or (b) a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2337.1			1752.85	
38484	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Aortic or pulmonary valve replacement with bioprosthesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2368.05			1776.05	
38485	Heart and vascular system	Type A Surgical	01.11.1992	3	T8	N	MITRAL ANNULUS, reconstruction of, after decalcification, when performed in association with valve surgery (Anaes.) (Assist.)	953.2			714.9	
38487	Heart and vascular system	Type A Advanced Surgical	01.07.1993	3	T8	N	MITRAL VALVE, open valvotomy of (Anaes.) (Assist.)	2007.55			1505.7	
38490	Heart and vascular system	Unlisted	01.11.1995	3	T8	N	Reconstruction and re-implantation of sub-valvular structures, if performed in conjunction with a service to which item 38499 applies (H) (Anaes.) (Assist.)	646.9			485.2	
38493	Heart and vascular system	Type A Advanced Surgical	01.11.1998	3	T8	N	OPERATIVE MANAGEMENT of acute infective endocarditis, in association with heart valve surgery (Anaes.) (Assist.)	2283.6			1712.7	

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% ($)
38495	Heart and vascular system	Type A Advanced Surgical	01.11.2017	3	T8	N	TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if: (a) the TAVI Patient is at high risk for surgery; and (b) the service: (i) is performed by a TAVI Practitioner in a TAVI Hospital; and (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; and (iii) includes valvuloplasty, if required; not being a service which has been rendered within 5 years of a service to which this item or item 38514 or 38522 applies (H) (Anaes.) (Assist.)	1670.8			1253.1	
38499	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Mitral or tricuspid valve replacement with bioprothesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2368.05			1776.05	
38502	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Coronary artery bypass, including cardiopulmonary bypass, with or without retrograde cardioplegia, with or without vein grafts, and including at least one of the following: (a) harvesting of left internal mammary artery and vein graft material; (b) harvesting of left internal mammary artery; (c) harvesting of vein graft material; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2748.45			2061.35	
38508	Heart and vascular system	Type A Advanced Surgical	01.11.1995	3	T8	N	Repair or reconstruction of left ventricular aneurysm, including plication, resection and primary and patch repairs, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2238			1678.5	
38509	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Repair of ischaemic ventricular septal rupture,, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2786.5			2089.9	
38510	Heart and Vascular system	Unlisted	01.07.2021	3	T8	N	Artery harvesting (other than of the left internal mammary), for coronary artery bypass, if: (a) more than one arterial graft is required; and (b) the service is performed in conjunction with coronary artery bypass surgery performed by any medical practitioner (H) (Anaes.) (Assist.)	727.9			545.95	
38511	Heart and Vascular system	Unlisted	01.07.2021	3	T8	N	Coronary artery bypass, with the aid of tissue stabilisers, if the service is performed: (a) without cardiopulmonary bypass; and (b) in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)	699.95			525	
38512	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving one atrial chamber only, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2448.1			1836.1	
38513	Heart and Vascular system	Unlisted	01.07.2021	3	T8	N	Creation of Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if: (a) the service is for one or more anastomoses; and (b) the service is performed in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)	1166.65			875	
38514	Heart and vascular system	Type A Advanced Surgical	01.03.2022	3	T8	N	TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if: (a) the TAVI Patient is at intermediate risk for surgery; and (b) the service: is performed by a TAVI Practitioner in a TAVI Hospital; and includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; and includes valvuloplasty, if required; and is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and if performed by an interventional cardiologist, a cardiothoracic surgeon is in attendance during the service; not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38522 applies (H) (Anaes.) (Assist.)	1670.8			1253.1	
38515	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial fibrillation, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	3117.05			2337.8	
38516	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Simple valve repair: (a) with or without annuloplasty; and (b) including quadrangular resection, cleft closure or alfieri; and (c) including retrograde cardioplegia (if performed); other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2914.95			2186.25	
38517	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Complex valve repair: (a) with or without annuloplasty; and (b) including retrograde cardioplegia (if performed); and (c) including one of the following: (i) neochords; (ii) chordal transfer; (iii) patch augmentation; (iv) multiple leaflets; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	3587.7			2690.8	
38518	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Ventricular arrhythmia with mapping and muscle ablation, with or without aneurysmeotomy, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	3345.75			2509.35	
38519	Heart and Vascular system	Unlisted	01.07.2021	3	T8	N	Valve explant of a previous prosthesis, if performed during open cardiac surgery, not being a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1233.3			925	

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
38522	Heart and vascular system	Type A Advanced Surgical	01.07.2022	3	T8	N	TAVI, for the treatment of symptomatic severe native calcific aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if: (a) the TAVI Patient is at low risk for surgery; and (b) the service: is performed by a TAVI Practitioner in a TAVI Hospital; and includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; and includes valvuloplasty, if required; and is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and if performed by an interventional cardiologist, a cardiothoracic surgeon is in attendance during the service; not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38514 applies (H) (Anaes.) (Assist.)	1670.8			1253.1	
38523	Heart and vascular system	Type A Surgical	01.07.2022	3	T8	N	Percutaneous transcatheter delivery of dual-filter cerebral embolic protection system during a TAVI procedure, for the reduction of postoperative embolic ischaemic strokes, if: the service is performed upon a TAVI Patient in a TAVI Hospital; and where the service is performed by the practitioner performing the TAVI procedure, the service includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient (H) (Anaes.) (Assist.)	303.7			227.8	
38550	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Repair or replacement of ascending thoracic aorta: (a) including: (i) cardiopulmonary bypass; and (ii) retrograde cardioplegia (if performed); and (b) not including valve replacement or repair or implantation of coronary arteries; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2620.65			1965.5	
38553	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Repair or replacement of ascending thoracic aorta: (a) including: (i) aortic valve replacement or repair; and (i) cardiopulmonary bypass; and (ii) retrograde cardioplegia (if performed); and (b) not including implantation of coronary arteries; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	3299.45			2474.6	
38554	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Valve sparing aortic root surgery, with reimplantation of aortic valve and coronary arteries and replacement of the ascending aorta, including cardiopulmonary bypass, and including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	4749.65			3562.25	
38555	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Simple replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including: (a) deep hypothermic circulatory arrest; and (b) peripheral cannulation for cardiopulmonary bypass; and (c) antegrade or retrograde cerebral perfusion (if performed); other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38603, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2914.95			2186.25	
38556	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Repair or replacement of ascending thoracic aorta, including: (a) aortic valve replacement or repair; and (b) implantation of coronary arteries; and (c) cardiopulmonary bypass; and (d) retrograde cardioplegia (if performed); other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38603, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	3621.85			2716.4	
38557	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Complex replacement or repair of aortic arch, performed in conjunction with a service, performed by any medical practitioner, to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including: (a) debranching and reimplantation of head and neck vessels; and (b) deep hypothermic circulatory arrest; and (c) peripheral cannulation for cardiopulmonary bypass; and (d) antegrade or retrograde cerebral perfusion (if performed); other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	5045.15			3783.9	
38558	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Aortic repair involving augmentation of hypoplastic or interrupted aortic arch, if: (a) the patient is a neonate; and (b) the service includes: (i) the use of antegrade cerebral perfusion or deep hypothermic circulatory arrest and associated myocardial preservation; and (ii) retrograde cardioplegia; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	5699.55			4274.7	
38568	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Repair or replacement of descending thoracic aorta, without shunt or cardiopulmonary bypass, by open exposure, percutaneous or endovascular means, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2173.25			1629.95	
38571	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Repair or replacement of descending thoracic aorta, with shunt or cardiopulmonary bypass, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2477.3			1858	
38572	Heart and vascular system	Unlisted	01.07.1993	3	T8	N	Operative management of acute rupture or dissection, if the service: (a) is performed in conjunction with a service to which item 38550, 38553, 38554, 38555, 38556, 38557, 38558, 38568, 38571, 38706 or 38709 applies; and (b) is not associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38603, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2318.15			1738.65	
38600	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	CENTRAL CANNULATION for cardiopulmonary bypass excluding post-operative management, not being a service associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)	1787.15			1340.4	

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% ($)
38603	Heart and vascular system	Unlisted	01.11.1992	3	T8	N	Peripheral cannulation for cardiopulmonary bypass, excluding post-operative management, other than a service: (a) in which peripheral cannulation is used in preference to central cannulation for valve or coronary bypass procedures; or (b) associated with a service to which item 38555 or 38572 applies (H) (Anaes.) (Assist.)	1118.05			838.55	
38609	Heart and vascular system	Type A Surgical	01.11.1992	3	T8	N	Insertion of intra-aortic balloon pump, by arteriotomy, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	558.95			419.25	
38612	Heart and vascular system	Type A Surgical	01.11.1992	3	T8	N	Removal of intra-aortic balloon pump, with closure of artery by direct suture, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 338816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	626.65			470	
38615	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Insertion of a left or right ventricular assist device, for use as: (a) a bridge to cardiac transplantation in patients with refractory heart failure who are: (i) currently on a heart transplant waiting list, or (ii) expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or (b) acute post cardiotomy support for failure to wean from cardiopulmonary transplantation; or (c) cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks; other than a service associated with a service to which: (d) item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies; or (e) another item in this Schedule applies if the service described in the item is for the use of a ventricular assist device as destination therapy in the management of a patient with heart failure who is not expected to be a suitable candidate for cardiac transplantation (H) (Anaes.) (Assist.)	1787.15			1340.4	
38616	Heart and Vascular system	Type A Advanced Surgical	01.03.2025	3	T8	N	Surgical insertion of an intravascular microaxial ventricular assist device, into the left ventricle only, by arteriotomy, including all associated intraoperative imaging, if: (a) the patient has deteriorating symptoms of cardiogenic shock (with no evidence of significant anoxic neurological injury) that are not controlled by optimal medical therapy; or (b) the patient: (i) is on veno-arterial extra-corporeal membrane oxygenation, for deteriorating symptoms of cardiogenic shock (with no evidence of significant anoxic neurological injury) that are not controlled by optimal medical therapy; and (ii) due to the effects of established veno-arterial extra-corporeal membrane oxygenation, requires unloading of the left ventricle (H) (Anaes.)	1102.85			827.15	
38618	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Insertion of a left and right ventricular assist device, for use as: (a) a bridge to cardiac transplantation in patients with refractory heart failure who are: (i) currently on a heart transplant waiting list, or (ii) expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or (b) acute post cardiotomy support for failure to wean from cardiopulmonary transplantation; or (c) cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks; other than a service associated with a service to which: (d) item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies; or (e) another item in this Schedule applies if the service described in the item is for the use of a ventricular assist device as destination therapy in the management of a patient with heart failure who is not expected to be a suitable candidate for cardiac transplantation (H) (Anaes.) (Assist.)	2227.6			1670.7	
38619	Heart and Vascular system	Type A Surgical	01.03.2025	3	T8	N	Surgical removal of a left sided intravascular microaxial ventricular assist device (H) (Anaes.)	661.5			496.15	
38621	Heart and vascular system	Type A Surgical	01.11.1992	3	T8	N	Left or right ventricular assist device, removal of, as an independent procedure, other than a service to which item 38619 applies, or a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38619, 38627, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	889.3			667	
38624	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Left and right ventricular assist device, removal of, as an independent procedure, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38627, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	999.3			749.5	
38627	Heart and vascular system	Type A Surgical	01.07.1998	3	T8	N	Extra-corporeal membrane oxygenation, bypass or ventricular assist device cannulae, adjustment and re-positioning of, by open operation, in patients supported by these devices, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38627, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	781.1			585.85	
38637	Heart and vascular system	Type A Surgical	01.11.1995	3	T8	N	Patent diseased coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	646.9			485.2	
38653	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Open heart surgery, other than a service: (a) to which another item in this Group applies; or (b) associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2343.75			1757.85	
38670	Heart and vascular system	Type A Advanced Surgical	01.11.1995	3	T8	N	Cardiac tumour, excision of, involving the wall of the atrium or inter-atrial septum, without patch or conduit reconstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2227.2			1670.4	
38673	Heart and vascular system	Type A Advanced Surgical	01.11.1995	3	T8	N	Cardiac tumour, excision of, involving the wall of the atrium or inter-atrial septum, requiring reconstruction with patch or conduit, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2506.85			1880.15	
38677	Heart and vascular system	Type A Advanced Surgical	01.11.1995	3	T8	N	Cardiac tumour arising from ventricular myocardium, partial thickness excision of, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2345.15			1758.9	

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% ($)
38680	Heart and vascular system	Type A Advanced Surgical	01.11.1995	3	T8	N	Cardiac tumour arising from ventricular myocardium, full thickness excision of including repair or reconstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2781.75			2086.35	
38700	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1245.15			933.9	
38703	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2252.25			1689.2	
38706	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Aorta, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2125.95			1594.5	
38709	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Anastomosis or repair of aorta, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2506.2			1879.65	
38715	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Main Pulmonary Artery, banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1990.55			1492.95	
38718	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Banding, debanding or repair of main pulmonary artery, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2517.75			1888.35	
38721	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Vena Cava, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1745.05			1308.8	
38724	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Vena cava, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2538.9			1904.2	
38727	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Anastomosis or repair of intrathoracic vessels, without cardiopulmonary bypass, performed as a primary procedure, other than a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38700, 38703, 38706, 38709, 38715, 38718, 38721, 38724, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1745.05			1308.8	
38730	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Anastomosis or repair of intrathoracic vessels, with cardiopulmonary bypass, performed as a primary procedure, other than a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38700, 38703, 38706, 38709, 38715, 38718, 38721, 38724, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	
38733	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Systemic pulmonary or Cavo-pulmonary shunt, creation of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1745.05			1308.8	
38736	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Systemic pulmonary or Cavo-pulmonary shunt, creation of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	
38739	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2283.25			1712.45	
38742	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Atrial septal defect, closure by open exposure and direct suture or patch, for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2244.65			1683.5	
38745	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Intra-atrial baffle, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	
38748	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Ventricular septectomy, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	
38751	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Ventricular septal defect, closure by direct suture or patch, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	
38754	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Intraventricular baffle or conduit, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	3117.05			2337.8	
38757	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Extracardiac conduit, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	
38760	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Extracardiac conduit, replacement of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	

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% ($)
38764	Heart and Vascular system	Type A Advanced surgical	01.07.2021	3	T8	N	Ventricular myectomy, for relief of right or left ventricular obstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	
38766	Heart and vascular system	Type A Advanced Surgical	01.11.1992	3	T8	N	Ventricular augmentation, right or left, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)	2490.1			1867.6	
38800	Lung and chest	Type C	01.11.2005	3	T8	N	THORACIC CAVITY, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38803 applies	44.9			33.7	38.2
38803	Lung and chest	Unlisted	01.11.2005	3	T8	N	THORACIC CAVITY, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample	89.7			67.3	76.25
38812	Lung and chest	Unlisted	01.11.2005	3	T8	N	PERCUTANEOUS NEEDLE BIOPSY of lung (Anaes.)	244			183	207.4
38815	Lung and chest	Unlisted	01.03.2023	3	T8	N	Thoracoscopy, with or without division of pleural adhesions, with or without biopsy, including insertion of intercostal catheter where necessary, other than a service associated with: (a) a service to which item 18258, 18260 or 38828 applies; or (b) a service to which item 38816 applies that is performed on the same lung (H) (Anaes.) (Assist.)	291.3			218.5	
38816	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Thoracotomy, exploratory, with or without biopsy, including insertion of an intercostal catheter where necessary, other than a service associated with: (a) a service to which item 18258, 18260 or 38828 applies; or (b) a service to which item 38815 applies that is performed on the same lung (H) (Anaes.) (Assist.)	1118.05			838.55	
38817	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Thoracotomy, thoracoscopy or sternotomy, by any procedure: (a) including any division of adhesions if the time taken to divide the adhesions exceeds 30 minutes; and (b) other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18258, 18260, 33824, 38815, 38816, 38818, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1757.6			1318.2	
38818	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Thoracotomy, thoracoscopy or median sternotomy for post operative bleeding, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18258, 18260, 33824, 38815, 38816, 38817, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1118.05			838.55	
38820	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Lung, wedge resection of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38820, 38821 or 38828 applies (H) (Anaes.) (Assist.)	1338.3			1003.75	
38821	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Lung, wedge resection of, 2 or more wedges, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38820 or 38828 applies (H) (Anaes.) (Assist.)	2007.45			1505.6	
38822	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Pneumonectomy, lobectomy, bilobectomy or segmentectomy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38823, 38824 or 38828 applies (H) (Anaes.) (Assist.)	1787.15			1340.4	
38823	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Radical lobectomy, pneumonectomy, bilobectomy, segmentectomy or formal mediastinal node dissection (greater than 4 nodes), other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38822, 38824 or 38828 applies (H) (Anaes.) (Assist.)	2208.15			1656.15	
38824	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Segmentectomy, lobectomy, bilobectomy or pneumonectomy, including resection of chest wall, diaphragm, pericardium, and formal mediastinal node dissection (greater than 4 nodes), other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38822, 38823 or 38828 applies (H) (Anaes.) (Assist.)	2760.2			2070.15	
38828	Lung and chest	Unlisted	01.03.2023	3	T8	N	Intercostal drain, insertion of: (a) not involving resection of rib; and (b) excluding aftercare; and (c) other than a service associated with a service to which item 38815, 38816, 38829, 38830, 38831, 38832, 38833 or 38834 applies (Anaes.)	155.85			116.9	132.5
38829	Lung and chest	Unlisted	01.03.2023	3	T8	N	Intercostal drain, insertion of, with pleurodesis: (a) not involving resection of rib; and (b) excluding aftercare; and (c) other than a service associated with a service to which item 38815, 38816, 38828, 38830, 38831, 38832, 38833 or 38834 applies (H) (Anaes.)	192			144	
38830	Lung and chest	Type A Surgical	01.03.2023	3	T8	N	Empyema, radical operation for, involving resection of rib, other than a service associated with a service to which item 38828, 38829, 38831, 38832, 38833 or 38834 applies (H) (Anaes.) (Assist.)	465.9			349.45	
38831	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Thoracoscopy or thoracotomy and drainage of paraneumonic effusion and empyema, exploratory, with or without biopsy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38832, 38833 or 38834 applies (H) (Anaes.) (Assist.)	1677.05			1257.8	
38832	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Thoracotomy or thoracoscopy, with pulmonary decortication, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38833 or 38834 applies (H) (Anaes.) (Assist.)	1787.15			1340.4	
38833	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38832 or 38834 applies (H) (Anaes.) (Assist.)	1118.05			838.55	
38834	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for malignancy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38832 or 38833 applies (H) (Anaes.) (Assist.)	4140.45			3105.35	
38837	Lung and chest	Type A Surgical	01.03.2023	3	T8	N	Mediastinum, cervical exploration of, with or without biopsy, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	423.55			317.7	
38838	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	1380.6			1035.45	
38839	Heart and vascular system	Type A Surgical	01.03.2023	3	T8	N	Pericardium, subxiphoid open surgical drainage of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38840 applies (H) (Anaes.) (Assist.)	669.3			502	

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
38840	Heart and vascular system	Type A Advanced Surgical	01.03.2023	3	T8	N	Pericardium, transthoracic (thoracotomy or thoracoscopy) open surgical drainage of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38839 applies (H) (Anaes.) (Assist.)	999.3			749.5	
38841	Heart and vascular system	Type A Advanced Surgical	01.03.2023	3	T8	N	Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy without cardiopulmonary bypass, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	1787.15			1340.4	
38842	Heart and vascular system	Type A Advanced Surgical	01.03.2023	3	T8	N	Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	2500.2			1875.15	
38845	Lung and chest	Type A Surgical	01.03.2023	3	T8	N	Sternal wire or wires, removal of, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.)	321.3			241	
38846	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.03.2023	3	T8	N	Pectus excavatum or pectus carinatum, repair or radical correction of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38847, 38848 or 38849 applies (H) (Anaes.) (Assist.)	1668.5			1251.4	
38847	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.03.2023	3	T8	N	Pectus excavatum, repair of, with implantation of subcutaneous prosthesis, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846, 38848 or 38849 applies (H) (Anaes.) (Assist.)	889.3			667	
38848	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.03.2023	3	T8	N	Pectus excavatum, repair of, with insertion of a concave bar, by any method, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846 or 38847 applies (H) (Anaes.) (Assist.)	1334.8			1001.1	
38849	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.03.2023	3	T8	N	Pectus excavatum, removal of a concave bar, by any method, not being a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846 or 38847 applies (H) (Anaes.) (Assist.)	667.35			500.55	
38850	Lung and chest	Type A Surgical	01.03.2023	3	T8	N	Sternotomy wound, debridement of, not involving reopening of the mediastinum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38851 applies (H) (Anaes.)	380.85			285.65	
38851	Lung and chest	Type A Surgical	01.03.2023	3	T8	N	Sternotomy wound, debridement of, involving curettage of infected bone, with or without removal of wires, but not involving reopening of the mediastinum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38850 applies (H) (Anaes.)	413.9			310.45	
38852	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38853 applies (H) (Anaes.) (Assist.)	1117.6			838.2	
38853	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and/or greater omentum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38852 applies (H) (Anaes.) (Assist.)	1752.05			1314.05	
38857	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.03.2023	3	T8	N	Chest wall resection, sternum and/or ribs without reconstruction, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38824, 38828 or 38858 applies (H) (Anaes.) (Assist.)	2117.6			1588.2	
38858	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.03.2023	3	T8	N	Chest wall resection, sternum and / or ribs with reconstruction, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38824, 38828 or 38857 applies (H) (Anaes.) (Assist.)	2760.2			2070.15	
38859	Lung and chest	Type A Advanced Surgical	01.03.2023	3	T8	N	Plating of multiple ribs for flail segment, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	1118.05			838.55	
38864	Common list	Type A Advanced Surgical	01.03.2023	3	T8	N	Intrathoracic operations on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not being a service to which another item in this Group applies, other than a service associated with a service to which item 18258, 18260 or 38828 applies (H) (Anaes.) (Assist.)	1787.15			1340.4	
39000	Common list	Type B Band 1	01.12.1991	3	T8	N	LUMBAR PUNCTURE (Anaes.)	87.8			65.85	74.65
39007	Brain and nervous system	Unlisted	01.11.2020	3	T8	N	Procedure to obtain access to intracranial space (including subdural space, ventricle or basal cistern), percutaneously or by burr-hole (H) (Anaes.)	185.95			139.5	
39013	Pain management	Type B Non-band specific	01.07.1993	3	T8	N	Injection of one or more zygo-apophyseal or costo-transverse joints with one or more of contrast media, local anaesthetic or corticosteroid under image guidance (Anaes.)	127.3			95.5	108.25
39014	Pain management	Type B Non-band specific	01.03.2022	3	T8	N	Medial branch block of one or more primary posterior rami, injection of an anaesthetic agent under image guidance (Anaes.)	145.65			109.25	123.85
39015	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Intracranial parenchymal pressure monitoring device, insertion of—including burr hole (excluding after care) (Anaes.)	438.65			329	
39018	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Cerebrospinal reservoir, ventricular reservoir or external ventricular drain, insertion of, with or without stereotaxy (Anaes.) (Assist.)	964.35			723.3	
39100	Pain management	Type B Non-band specific	01.12.1991	3	T8	N	Injection of primary branch of trigeminal nerve (ophthalmic, maxillary or mandibular branches) with alcohol, cortisone, phenol, or similar neurolytic substance, under image guidance (Anaes.)	277.15			207.9	235.6
39109	Pain management	Type A Advanced Surgical	01.12.1991	3	T8	N	Trigeminal gangliotomy by radiofrequency, balloon or glycerol, including stereotaxy (H) (Anaes.) (Assist.)	1653.7			1240.3	
39110	Pain management	Type A Surgical and Type B Non-band specific	01.03.2022	3	T8	N	Left lumbar percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.)	312.65			234.5	265.8
39111	Pain management	Type A Surgical and Type B Non-band specific	01.03.2022	3	T8	N	Right lumbar percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.)	312.65			234.5	265.8

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% ($)
39113	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Cranial nerve, neurectomy or intracranial decompression of, using microsurgical techniques, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2774.15			2080.65	
39116	Pain management	Type A Surgical and Type B Non-band specific	01.03.2022	3	T8	N	Left thoracic percutaneous zygapophyseal joint denervation by radio-frequency probe or cryoprobe using radiological imaging control Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.)	347.45			260.6	295.35
39117	Pain management	Type A Surgical and Type B Non-band specific	01.03.2022	3	T8	N	Right thoracic percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.)	347.45			260.6	295.35
39118	Pain management	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Left cervical percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.)	382.15			286.65	324.85
39119	Pain management	Type A Surgical and Type B Non-band specific	01.03.2022	3	T8	N	Right cervical percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.)	382.15			286.65	324.85
39121	Pain management	Type A Surgical	01.12.1991	3	T8	N	Percutaneous cordotomy (H) (Anaes.) (Assist.)	736.95			552.75	
39124	Pain management	Type A Advanced Surgical	01.12.1991	3	T8	N	CORDOTOMY OR MYELOTOMY, partial or total laminectomy for, or operation for dorsal root entry zone (Drez) lesion (Anaes.) (Assist.)	1886.1			1414.6	
39125	Pain management with device	Type A Surgical	01.07.1993	3	T8	N	Spinal catheter, insertion or replacement of, and connection to a subcutaneous implanted infusion pump, for the management of chronic pain, including cancer pain (H) (Anaes.) (Assist.)	347.7			260.8	
39126	Pain management with device	Type A Surgical	01.07.1993	3	T8	N	All of the following:(a) infusion pump, subcutaneous implantation or replacement of;(b) connection of the pump to a spinal catheter;(c) filling of reservoir with a therapeutic agent or agents;with or without programming the pump, for the management of chronic pain, including cancer pain (H) (Anaes.) (Assist.)	422.15			316.65	
39127	Pain management with device	Type A Surgical	01.12.1991	3	T8	N	Subcutaneous reservoir and spinal catheter, insertion of, for the management of chronic pain, including cancer pain (H) (Anaes.)	552.6			414.45	
39128	Pain management with device	Type A Surgical	01.07.1993	3	T8	N	All of the following:(a) infusion pump, subcutaneous implantation of;(b) spinal catheter, insertion of;(c) connection of pump to catheter;(d) filling of reservoir with a therapeutic agent or agents;with or without programming the pump, for the management of chronic pain, including cancer pain (H) (Anaes.) (Assist.)	769.8			577.35	
39129	Pain management with device	Type A Surgical	01.03.2022	3	T8	N	Peripheral lead or leads, percutaneous placement of, including intraoperative test stimulation, for the management of chronic neuropathic pain (H) (Anaes.) (Assist.)	707.75			530.85	
39130	Pain management with device	Type A Surgical	01.12.1991	3	T8	N	Epidural lead or leads, percutaneous placement of, including intraoperative test stimulation, for the management of chronic neuropathic pain or pain from refractory angina pectoris (H) (Anaes.) (Assist.)	786.4			589.8	
39131	Pain management with device	Unlisted	01.07.1993	3	T8	N	Epidural or peripheral nerve electrodes (management, adjustment, or reprogramming of neurostimulator), with a medical practitioner attending, for the management of chronic neuropathic pain or pain from refractory angina pectoris—each day	149.1			111.85	126.75
39133	Pain management with device	Type B Non-band specific	01.12.1991	3	T8	N	Either:(a) subcutaneously implanted infusion pump, removal of; or(b) spinal catheter, removal or repositioning of;for the management of chronic pain, including cancer pain (H) (Anaes.)	185.95			139.5	
39134	Pain management with device	Type A Surgical	01.07.1993	3	T8	N	Neurostimulator or receiver, subcutaneous placement of, including placement and connection of extension wires to epidural or peripheral nerve electrodes, for the management of chronic neuropathic pain or pain from refractory angina pectoris (H) (Anaes.) (Assist.)	397.25			297.95	
39135	Pain management with device	Type B Non-band specific	01.11.2004	3	T8	N	Neurostimulator or receiver that was inserted for the management of chronic neuropathic pain or pain from refractory angina pectoris, open surgical removal of, performed in the operating theatre of a hospital (H) (Anaes.) (Assist.)	185.95			139.5	
39136	Pain management with device	Unlisted	01.12.1991	3	T8	N	Epidural or peripheral nerve lead that was implanted for the management of chronic neuropathic pain or pain from refractory angina pectoris, open surgical removal of, performed in the operating theatre of a hospital (H) (Anaes.) (Assist.)	185.95			139.5	
39137	Pain management with device	Type A Surgical	01.11.2004	3	T8	N	Epidural or peripheral nerve lead that was implanted for the management of chronic neuropathic pain or pain from refractory angina pectoris, open surgical repositioning of, to correct displacement or unsatisfactory positioning, including intraoperative test stimulation, other than a service to which item 39130, 39138 or 39139 applies (H) (Anaes.) (Assist.)	706.2			529.65	
39138	Pain management with device	Type A Surgical	01.11.2004	3	T8	N	Peripheral nerve lead or leads, surgical placement of, including intraoperative test stimulation, for the management of chronic neuropathic pain where the leads are intended to remain in situ long term (H) (Anaes.) (Assist.)	786.4			589.8	
39139	Pain management with device	Type A Advanced Surgical	01.12.1991	3	T8	N	Epidural lead, surgical placement of one or more of by partial or total laminectomy, including intraoperative test stimulation, for the management of chronic neuropathic pain or pain from refractory angina pectoris (H) (Anaes.) (Assist.)	1055.85			791.9	
39140	Pain management	Type B Non-band specific	01.05.1997	3	T8	N	Epidural catheter, insertion of, under imaging control, with epidurogram and epidural therapeutic injection for lysis of adhesions (H) (Anaes.)	341.65			256.25	
39141	Pain management with device	Type C	01.11.2022	3	T8	N	Epidural or peripheral nerve electrodes (management, adjustment, or reprogramming of neurostimulator), with a medical practitioner attending remotely by video conference, for the management of chronic neuropathic pain or pain from refractory angina pectoris—each day	149.1			111.85	126.75
39300	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Nerve, digital or cutaneous, primary repair of, using microsurgical techniques, other than a service associated with a service to which item 39330 applies—applicable once per nerve (H) (Anaes.) (Assist.)	412.25			309.2	

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% ($)
39303	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Nerve, digital or cutaneous, delayed repair of, using microsurgical techniques, including either or both of the following (if performed): (a) neurolysis; (b) transposition of nerve to facilitate repair; other than a service associated with a service to which item 30023 applies that is performed at the same site—applicable once per nerve (H) (Anaes.) (Assist.)	543.75			407.85	
39306	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Nerve trunk, primary repair of, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)	789.5			592.15	
39307	Brain and nervous system	Type A Surgical	01.07.2021	3	T8	N	Reconstruction of nerve trunk using biological or synthetic nerve conduit, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)	961.4			721.05	
39309	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Nerve trunk, delayed repair of, using microsurgical techniques, including either or both of the following (if performed): (a) neurolysis; (b) transposition of nerve or nerve transfer to facilitate repair; other than a service associated with: (c) a service to which item 39321 applies; or (d) a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	833.4			625.05	
39312	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques, other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	464.95			348.75	
39315	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Nerve trunk, nerve graft to, by cable graft, using microsurgical techniques, including any of the following (if performed): (a) harvesting of nerve graft; (b) proximal and distal anastomosis of nerve graft; (c) transposition of nerve to facilitate grafting; (d) neurolysis; other than a service associated with: (e) a service to which item 39330 applies; or (f) a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	1201.8			901.35	
39318	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Nerve, digital or cutaneous, nerve graft to, using microsurgical techniques, including either or both of the following (if performed): (a) harvesting of nerve graft from separate donor site; (b) proximal and distal anastomosis of nerve graft; other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)	745.8			559.35	
39319	Brain and nervous system	Type A Surgical	01.07.2021	3	T8	N	Reconstruction of digital or cutaneous nerve using biological or synthetic nerve conduit, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)	543.75			407.85	
39321	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Transposition of nerve, excluding the ulnar nerve at the elbow, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)	552.6			414.45	
39323	Pain management	Type A Surgical and Type B Non-band specific	01.07.1993	3	T8	N	Percutaneous denervation (excluding medial branch nerve) by cryotherapy or radiofrequency probe, other than a service to which another item applies, applicable not more than 6 times for a given nerve in a 12 month period (Anaes.)	322.85			242.15	274.45
39324	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Neurectomy or removal of tumour or neuroma from superficial peripheral nerve (Anaes.) (Assist.)	322.85			242.15	274.45
39327	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	NEURECTOMY, NEUROTOMY or removal of tumour from deep peripheral or cranial nerve, by open operation, not being a service to which item 41575, 41576, 41578 or 41579 applies (Anaes.) (Assist.)	552.7			414.55	
39328	Brain and nervous system	Type A Surgical	01.07.2021	3	T8	N	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation, for upper limb surgery (H) (Anaes.) (Assist.)	552.7			414.55	
39329	Brain and nervous system	Type B Non-band specific	01.07.2021	3	T8	N	Extensive neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm, other than a service associated with: (a) a service to which item 39303, 39309, 39312, 39315, 39318, 39324 or 39327 applies; or (b) a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	412.25			309.2	
39330	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Neurolysis by open operation without transposition, other than a service associated with: (a) a service to which item 39321, 39328, 39329, 39332, 39336, 39339, 39342, 39345, 49774 or 49775 applies; or (b) a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	322.85			242.15	
39331	Bone, joint and muscle	Type B Non-band specific	01.07.1993	3	T8	N	Carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed): (a) synovectomy; (b) neurolysis; other than a service associated with: (c) a service to which item 46339 applies; or (d) a service to which item 30023 applies that is performed at the same site (Anaes.) (Assist.)	322.85			242.15	274.45
39332	Bone, joint and muscle	Type B Non-band specific	01.07.2021	3	T8	N	Revision of carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed): (a) synovectomy; (b) neurolysis; other than a service associated with: (c) a service to which item 46339 applies; or (d) a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	484.35			363.3	
39336	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon's canal) without transposition, by any method, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies that is performed at the same site (Anaes.) (Assist.)	322.85			242.15	274.45
39339	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Revision of ulnar nerve decompression at elbow (cubital tunnel) without transposition, by any method, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	484.35			363.3	
39342	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Ulnar nerve decompression at elbow (cubital tunnel), including any of the following (if performed): (a) associated transposition; (b) subcutaneous or submuscular transposition of the nerve; (c) medial epicondylectomy; (d) ostetomy and reconstruction of the flexor origin; (e) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	635.45			476.6	

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39345	Bone, joint and muscle	Type B Non-band specific	01.07.2021	3	T8	N	Localised decompression of radial, median or ulnar nerve, or branches of, in the forearm for compressive neuropathy, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	322.85			242.15	
39503	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of (Anaes.) (Assist.)	1114.1			835.6	
39604	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Any of the following procedures for intracranial haemorrhage or swelling: (a) craniotomy, craniectomy or burr-holes for removal of intracranial haemorrhage, including stereotaxy;(b) craniotomy or craniectomy for brain swelling, stroke, or raised intracranial pressure, including for subtemporal decompression, including stereotaxy; or(c) post-operative re-opening, including for swelling or post-operative cerebrospinal fluid leak. (Anaes.) (Assist.)	2092.3			1569.25	
39610	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Fractured skull, without brain laceration or dural penetration, repair of (Anaes.) (Assist.)	1114.1			835.6	
39612	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Fractured skull, with brain laceration or dural penetration but without cerebrospinal fluid, rhinorrhoea or otorrhoea, repair of (Anaes.) (Assist.)	1307.15			980.4	
39615	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Fractured skull, after trauma, with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (Anaes.) (Assist.)	2230.5			1672.9	
39638	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.)	4966.2			3724.65	
39639	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co-surgeon (Assist.)	3968.55			2976.45	
39641	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)	5238.15			3928.65	
39651	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)	6462.55			4846.95	
39654	Brain and nervous system	Type A Advanced Surgical	01.07.1995	3	T8	N	Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.)	4966.2			3724.65	
39656	Brain and nervous system	Type A Advanced Surgical	01.07.1995	3	T8	N	Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co surgeon (Assist.)	3968.55			2976.45	
39700	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Skull tumour, benign or malignant, excision of, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2114.15			1585.65	
39703	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Intracranial tumour, cyst or other brain tissue, either or both of: (a) burr hole and biopsy of; (b) drainage of; including stereotaxy (Anaes.) (Assist.)	1697.65			1273.25	
39710	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Intracranial tumour, one or more, biopsy, drainage, decompression or removal of, through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2827.05			2120.3	
39712	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Transcranial tumour removal or biopsy of one or more of any of the following: (a) meningioma; (b) pinealoma; (c) cranio pharyngioma; (d) pituitary tumour; (e) intraventricular lesion; (f) brain stem lesion; (g) any other intracranial tumour; by any means (with or without endoscopy), through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	4318.25			3238.7	
39715	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Pituitary tumour, removal of, by transphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	3151.6			2363.7	
39718	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Arachnoidal cyst, craniotomy for, including stereotaxy and neuroendoscopy (Anaes.) (Assist.)	1903.7			1427.8	
39720	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Awake craniotomy for functional neurosurgery (Anaes.) (Assist.)	4039.7			3029.8	
39801	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Aneurysm, clipping, proximal ligation, or reinforcement of sac, including stereotaxy and cranioplasty (Anaes.) (Assist.)	6462.55			4846.95	
39803	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Intracranial arteriovenous malformation or fistula, treatment through a craniotomy, including stereotaxy, cranioplasty and all angiography (Anaes.) (Assist.)	6462.55			4846.95	
39815	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Carotid-cavernous fistula, obliteration of—combined cervical and intracranial procedure (H) (Anaes.) (Assist.)	2131.6			1598.7	
39818	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Intracranial vascular bypass using indirect techniques, including stereotaxy (Anaes.) (Assist.)	2829.2			2121.9	
39821	Brain and nervous system	Type A Advanced Surgical	01.07.1995	3	T8	N	Intracranial vascular bypass using direct anastomosis techniques, including stereotaxy (Anaes.) (Assist.)	4030.9			3023.2	
39900	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Intracranial infection, treated by burr hole, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	1697.65			1273.25	
39903	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Intracranial infection, treated by craniotomy, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	2548.55			1911.45	
39906	Brain and nervous system	Type A Surgical	01.12.1991	3	T8	N	Osteomyelitis of skull or removal of infected bone flap, craniectomy for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	929.85			697.4	
40004	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Ventricular, lumbar or cisternal shunt diversion, insertion or revision of, including stereotaxy (Anaes.) (Assist.)	1930.05			1447.55	
40012	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Endoscopic ventriculostomy for treatment of cerebrospinal fluid circulation disorders, including stereotaxy (Anaes.) (Assist.)	1995.85			1496.9	
40018	Brain and nervous system	Unlisted	01.12.1991	3	T8	N	Lumbar cerebrospinal fluid drain, insertion of, other than a service associated with a service to which item 22053 applies (H) (Anaes.)	185.95			139.5	

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% ($)
40104	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Spinal myelomeningocele or spinal meningocele, excision and closure of, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	1184.3			888.25	
40106	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Chiari malformation, decompression or reconstruction of, including laminectomy, dermofat graft and stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	2811.55			2108.7	
40109	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Encephalocoele or cranial meningocele, excision and closure of, including stereotaxy and dermofat graft (Anaes.) (Assist.)	2182.2			1636.65	
40112	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Tethered cord, release of, including lipomeningocele or diastematomyelia, multiple levels, including laminectomy and rhizolysis, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	2787.6			2090.7	
40119	Brain and nervous system	Type A Advanced Surgical	01.11.2020	3	T8	N	Craniostenosis, operation for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	1114.1			835.6	
40600	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Cranioplasty, reconstructive, other than a service associated with a service to which item 39113, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39710, 39712, 39715, 39801, 39803, 40703 or 41887 applies (H) (Anaes.) (Assist.)	1114.1			835.6	
40700	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Corpus callosotomy, for epilepsy, including stereotaxy (Anaes.) (Assist.)	2732.75			2049.6	
40701	Brain and nervous system	Type A Surgical	01.11.2017	3	T8	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, subcutaneous placement of electrical pulse generator, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	397.25			297.95	
40702	Brain and nervous system	Type B Non-band specific	01.11.2017	3	T8	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of electrical pulse generator inserted for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	185.95			139.5	
40703	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Corticectomy, topectomy or partial lobectomy, for epilepsy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2827.05			2120.3	
40704	Brain and nervous system	Type A Surgical	01.11.2017	3	T8	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical placement of lead, including connection of lead to left vagus nerve and intra-operative test stimulation, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	786.4			589.8	
40705	Brain and nervous system	Type A Surgical	01.11.2017	3	T8	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of lead attached to left vagus nerve for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	706.2			529.65	
40706	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Hemispherectomy or functional hemispherectomy, for intractable epilepsy, including stereotaxy (Anaes.) (Assist.)	4039.75			3029.85	
40707	Brain and nervous system	Type C	01.11.2017	3	T8	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, electrical analysis and programming of vagus nerve stimulation therapy device using external wand, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery	221.3			166	188.15
40708	Brain and nervous system	Type A Surgical	01.11.2017	3	T8	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical replacement of battery in electrical pulse generator inserted for: (a) management of refractory generalised epilepsy; or (b) treating refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	397.25			297.95	
40709	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Intracranial electrode placement by burr hole, including stereotaxy (Anaes.) (Assist.)	1697.65			1273.25	
40712	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Intracranial electrode placement by craniotomy, single or multiple, including stereotactic EEG, including stereotaxy (Anaes.) (Assist.)	4039.75			3029.85	
40801	Brain and nervous system	Type A Advanced Surgical	01.07.1993	3	T8	N	Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation, and lesion production, by any method, in the basal ganglia, brain stem or deep white matter tracts, other than a service associated with deep brain stimulation for Parkinson's disease, essential tremor or dystonia (Anaes.) (Assist.)	2036.6			1527.45	
40803	Brain and nervous system	Type A Advanced Surgical	01.12.1991	3	T8	N	Intracranial stereotactic procedure by any method, other than: (a) a service to which item 40801 applies; or (b) a service associated with a service to which item 39018, 39109, 39113, 39604, 39615, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39703, 39710, 39712, 39715, 39718, 39720, 39801, 39803, 39818, 39821, 39900, 39903, 40004, 40012, 40106, 40109, 40700, 40703, 40706, 40709 or 40712 applies (H) (Anaes.) (Assist.)	1394.85			1046.15	
40804	Brain and nervous system	Type A Advanced Surgical	01.03.2024	3	T8	N	Magnetic resonance imaging—scan of head (including magnetic resonance angiography if performed) by a radiologist on request by a specialist or consultant physician, for the sole purpose of guiding focused ultrasound for the treatment of medically refractory essential tremor in association with the services described in items 40805 and 40806, including: (a) stereotactic scan of brain, with frame in place; and (b) assistance with computerised planning; and (c) interpretation of intraprocedural imaging Applicable once per patient per lifetime (H) (Anaes.)	1097.5			823.15	

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40805	Brain and nervous system	Type A Advanced Surgical	01.03.2024	3	T8	N	Neurological assessment and evaluation during the treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound, performed by a neurologist in association with the services described in items 40804 and 40806, including: (a) assistance with target localisation incorporating anatomical and physiological techniques; and (b) continuous intraprocedural neurological assessment and evaluation Applicable once per patient per lifetime (H) (Anaes.)	2267.75			1700.85	
40806	Brain and nervous system	Type A Advanced Surgical	01.03.2024	3	T8	N	Treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound, performed by a neurosurgeon in association with the services described in items 40804 and 40805, including: (a) computer assisted anatomical localisation; and (b) frame placement; and (c) target verification using anatomical and physiological techniques; and (d) delivery of treatment with lesion production in the basal ganglia, brain stem, thalamus or deep white matter tracts Applicable once per patient per lifetime (H) (Anaes.)	3493.05			2619.8	
40850	Brain and nervous system	Type A Advanced Surgical	01.02.2002	3	T8	N	DEEP BRAIN STIMULATION (unilateral) functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy or craniectomy and insertion of electrodes for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability (Anaes.) (Assist.)	2641.65			1981.25	
40851	Brain and nervous system	Type A Advanced Surgical	05.05.2003	3	T8	N	DEEP BRAIN STIMULATION (bilateral) functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy or craniectomy and insertion of electrodes for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.) (Assist.)	4623.2			3467.4	
40852	Brain and nervous system	Type A Surgical	01.02.2002	3	T8	N	DEEP BRAIN STIMULATION (unilateral) subcutaneous placement of neurostimulator receiver or pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.) (Assist.)	397.25			297.95	
40854	Brain and nervous system	Type A Surgical	01.02.2002	3	T8	N	DEEP BRAIN STIMULATION (unilateral) revision or removal of brain electrode for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	614.1			460.6	
40856	Brain and nervous system	Type A Surgical	01.02.2002	3	T8	N	DEEP BRAIN STIMULATION (unilateral) removal or replacement of neurostimulator receiver or pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	298			223.5	
40858	Brain and nervous system	Type A Surgical	01.02.2002	3	T8	N	DEEP BRAIN STIMULATION (unilateral) placement, removal or replacement of extension lead for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	614.1			460.6	
40860	Brain and nervous system	Type A Advanced Surgical	01.02.2002	3	T8	N	DEEP BRAIN STIMULATION (unilateral) target localisation incorporating anatomical and physiological techniques, including intra-operative clinical evaluation, for the insertion of a single neurostimulation wire for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	2359.6			1769.7	
40862	Brain and nervous system	Type C	01.02.2002	3	T8	N	DEEP BRAIN STIMULATION (unilateral) electronic analysis and programming of neurostimulator pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	221.3			166	188.15
40863	Brain and nervous system	Type C	01.11.2022	3	T8	N	Deep brain stimulation (unilateral), remote electronic analysis and programming of neurostimulator pulse generator for the treatment of: (a) Parkinson's disease, if the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or (b) essential tremor or dystonia, if the patient's symptoms cause severe disability Applicable not more than 8 times in any 12 month period	221.3			166	188.15
40905	Brain and nervous system	Type A Surgical	01.05.2004	3	T8	N	Craniotomy, performed by a neurosurgeon in conjunction with the correction of craniofacial abnormalities (Anaes.) (Assist.)	701.95			526.5	
41500	Ear, nose and throat	Type C	01.12.1991	3	T8	N	EAR, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.)	96.2			72.15	81.8
41501	Ear, nose and throat	Type C	01.11.2019	3	T8	N	Examination of glottal cycles and vibratory characteristics of the vocal folds by a specialist in the practice of the specialist's specialty of otolaryngology using videostroboscopy, including capturing audio, video, frequency and intensity, for confirmation of diagnosis , or for confirmation of treatment effectiveness where there is failure to progress or respond as expected, for: dysphonia where non stroboscopic techniques of the visualising the larynx have failed to identify any frank abnormality of the vocal folds; or benign or malignant vocal fold lesions; or premalignant or malignant laryngeal lesions; or vocal fold motion impairment or glottal insufficiency; or evaluation of vocal fold function after treatment or phonosurgery other than a service associated with a service to which item 41764 applies or with a services associated with the administration of a general anaesthetic	216.45			162.35	184

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
41503	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Ear, foreign body in (other than ventilating tube), removal of, involving incision of external auditory canal, other than a service associated with a service to which another item in this Subgroup applies (Anaes.)	278.6			208.95	236.85
41506	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	AURAL POLYP, removal of (Anaes.)	168.05			126.05	142.85
41509	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	External auditory meatus, surgical removal of keratosis obturans from, performed under general anaesthesia, other than: (a) a service to which another item in this Subgroup applies; or (b) a service associated with a service to which item 41647 applies (H) (Anaes.)	190.1			142.6	
41512	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies (Anaes.) (Assist.)	683.45			512.6	
41515	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41557, 41560 or 41563 applies (Anaes.) (Assist.)	448.55			336.45	
41518	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN (Anaes.) (Assist.)	1083.45			812.6	
41521	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Correction of auditory canal stenosis, including meatoplasty, with or without grafting, other than a service associated with a service to which an item in Subgroup 18 applies (H) (Anaes.) (Assist.)	1153.55			865.2	
41524	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Reconstruction of external auditory canal (H) (Anaes.) (Assist.)	333.2			249.9	
41527	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Myringoplasty, by transcanal approach, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	685.45			514.1	
41530	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Myringoplasty, post-aural or endaural approach, with or without mastoid inspection, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.)	1116.85			837.65	
41533	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Atticotomy without reconstruction of the bony defect, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1334.9			1001.2	
41536	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Atticotomy with reconstruction of the bony defect, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1495.25			1121.45	
41539	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Ossicular chain reconstruction, other than a service associated with a service to which item 41611 applies (H) (Anaes.) (Assist.)	1271.45			953.6	
41542	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Ossicular chain reconstruction and myringoplasty, other than a service associated with a service to which item 41611 applies (H) (Anaes.) (Assist.)	1393.2			1044.9	
41545	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Mastoidectomy (cortical), other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	608.15			456.15	
41548	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	OBLITERATION OF THE MASTOID CAVITY (Anaes.) (Assist.)	806.9			605.2	
41551	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Mastoidectomy, intact wall technique, with myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1858.4			1393.8	
41554	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Mastoidectomy, intact wall technique, with myringoplasty and ossicular chain reconstruction, other than a service associated with a service to which item 41603 or another item in this Subgroup applies (H) (Anaes.) (Assist.)	2189.6			1642.2	
41557	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Mastoidectomy (radical or modified radical), other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1271.45			953.6	
41560	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Mastoidectomy (radical or modified radical) and myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.)	1393.2			1044.9	
41563	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1724.6			1293.45	
41564	Ear, nose and throat	Type A Advanced Surgical	01.05.1997	3	T8	N	Mastoidectomy (radical or modified radical), obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	2230.25			1672.7	
41566	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Revision of mastoidectomy (radical, modified radical or intact wall), including myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1271.45			953.6	
41569	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Decompression of facial nerve in its mastoid portion, other than a service associated with a service to which item 41617 applies (H) (Anaes.) (Assist.)	1393.2			1044.9	
41572	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH (Anaes.) (Assist.)	1205.3			904	
41575	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	CEREBELLO PONTINE ANGLE TUMOUR, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach transmastoid, translabyrinthine or retromastoid procedure (including aftercare) (Anaes.) (Assist.)	2841.4			2131.05	
41576	Ear, nose and throat	Type A Advanced Surgical	01.11.1995	3	T8	N	CEREBELLO - PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach - intracranial procedure (including aftercare) not being a service to which item 41578 or 41579 applies (Anaes.) (Assist.)	4262.2			3196.65	
41578	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	CEREBELLO PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, principal surgeon (Anaes.) (Assist.)	2841.4			2131.05	
41579	Ear, nose and throat	Type A Advanced Surgical	01.07.1995	3	T8	N	CEREBELLO-PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, co-surgeon (Assist.)	2131			1598.25	

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41581	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	TUMOUR INVOLVING INFRA-TEMPORAL FOSSA, removal of, involving craniotomy and radical excision of (Anaes.) (Assist.)	3268.2			2451.15	
41584	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	PARTIAL TEMPORAL BONE RESECTION for removal of tumour involving mastoidectomy with or without decompression of facial nerve (Anaes.) (Assist.)	2242.85			1682.15	
41587	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	TOTAL TEMPORAL BONE RESECTION for removal of tumour (Anaes.) (Assist.)	3054.8			2291.1	
41590	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of (Anaes.) (Assist.)	1393.2			1044.9	
41593	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	TRANSLABYRINTHINE VESTIBULAR NERVE SECTION (Anaes.) (Assist.)	1815.7			1361.8	
41596	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	RETROLABYRINTHINE VESTIBULAR NERVE SECTION or COCHLEAR NERVE SECTION, or BOTH (Anaes.) (Assist.)	2029.25			1521.95	
41599	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	INTERNAL AUDITORY MEATUS, exploration by middle cranial fossa approach with cranial nerve decompression (Anaes.) (Assist.)	2029.25			1521.95	
41603	Implantation of hearing devices	Type A Surgical	01.11.2006	3	T8	N	Osseo-integration procedure—implantation of bone conduction hearing system device, in a patient: (a) with a permanent or long term hearing loss; and (b) unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and (c) with bone conduction thresholds that accord with recognised criteria for the implantable bone conduction hearing device being inserted; other than a service associated with a service to which item 41554, 45794 or 45797 applies (H) (Anaes.)	696.65			522.5	
41608	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	STAPEDECTOMY (Anaes.) (Assist.)	1271.45			953.6	
41611	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Stapes mobilisation, other than a service associated with a service to which item 41539, 41542, or an item in Subgroup 18, applies (H) (Anaes.) (Assist.)	818.1			613.6	
41614	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Round window surgery including repair of cochleotomy, other than a service associated with a service to which item 41617 applies (H) (Anaes.) (Assist.)	1271.45			953.6	
41615	Ear, nose and throat	Type A Advanced Surgical	01.05.1994	3	T8	N	Oval window surgery, including repair of fistula, other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	1271.45			953.6	
41617	Implantation of hearing devices	Type A Advanced Surgical	01.12.1991	3	T8	N	Cochlear implant, insertion of, including mastoidectomy, cochleotomy and exposure of facial nerve where required, other than a service associated with a service to which item 41569 or 41614 applies (H) (Anaes.) (Assist.)	2210.9			1658.2	
41618	Implantation of hearing devices	Type A Advanced Surgical	01.05.2017	3	T8	N	Middle ear implant, partially implantable, insertion of, via mastoidectomy, for patients with: (a) stable sensorineural hearing loss; and (b) outer ear pathology that prevents the use of a conventional hearing aid; and (c) a PTA4 of less than 80 dBHL; and (d) bilateral, symmetrical hearing loss with PTA thresholds in both ears within 20 dBHL (0.5-4kHz) of each other; and (e) speech perception discrimination of at least 65% correct for word lists with appropriately amplified sound; and (f) a normal middle ear; and (g) normal tympanometry; and (h) on audiometry, an air-bone gap of less than 10 dBHL (0.5-4kHz) across all frequencies; and (i) no other inner ear disorders (Anaes.) (Assist.)	2189.6			1642.2	
41620	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	GLOMUS TUMOUR, transtympanic removal of (Anaes.) (Assist.)	961.9			721.45	
41623	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy (Anaes.) (Assist.)	1393.2			1044.9	
41626	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Incision of tympanic membrane, or installation of therapeutic agent, to the middle ear through an intact drum: (a) not including local anaesthetic; and (b) excluding aftercare; and (c) other than a service associated with a service to which item 41632 applies (Anaes.)	168.05			126.05	142.85
41629	Ear, nose and throat	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Middle ear, exploration of, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	608.15			456.15	
41632	Tonsils, adenoids and grommets	Type B Non-band specific	01.12.1991	3	T8	N	Middle ear, insertion of tube for drainage of (including myringotomy), other than a service associated with a service to which item 41626 applies (Anaes.)	278.6			208.95	236.85
41635	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Clearance of middle ear for granuloma, cholesteatoma and polyp, one or more, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1334.9			1001.2	
41638	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Clearance of middle ear for granuloma, cholesteatoma and polyp, one or more, with or without myringoplasty with ossicular chain reconstruction other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1666.25			1249.7	
41641	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	PERFORATION OF TYMPANUM, cauterisation or diathermy of (Anaes.)	55.35			41.55	47.05
41644	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	EXCISION OF RIM OF EARDRUM PERFORATION, not being a service associated with myringoplasty (Anaes.)	166.7			125.05	141.7
41647	Ear, nose and throat	Type C	01.12.1991	3	T8	N	Micro inspection of tympanic membrane and auditory canal, requiring use of operating microscope or endoscope, including any removal of wax, with or without general anaesthesia, other than a service associated with a service to which item 41509 applies. Not applicable for the removal of uncomplicated wax in the absence of other disorders of the ear (Anaes.)	128.2			96.15	109
41650	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Tympanic membrane, microinspection of one or both ears under general anaesthesia, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	128.2			96.15	
41656	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)	143.25			107.45	121.8
41659	Ear, nose and throat	Type C	01.12.1991	3	T8	N	NOSE, removal of FOREIGN BODY IN, other than by simple probing (Anaes.)	90.45			67.85	76.9

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% ($)
41662	Ear, nose and throat	Type C	01.12.1991	3	T8	N	Nasal polyp or polypi (simple), removal of, other than a service associated with a service to which item 41702, 41703 or 41705 applies on the same side	96.2			72.15	81.8
41668	Ear, nose and throat	Type C	01.12.1991	3	T8	N	Nasal polyp or polypi, removal of (Anaes.)	256.5			192.4	218.05
41671	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Septal surgery, including septoplasty, septal reconstruction, septectomy, closure of septal perforation or other modifications of the septum, not including cauterisation, by any approach, other than a service associated with a service to which item 41689, 41692 or 41693 applies (H) (Anaes.) (Assist.)	611.85			458.9	
41674	Ear, nose and throat	Type B Band 1	01.12.1991	3	T8	N	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum or turbinates—one or more of these procedures (including any consultation on the same occasion) other than a service associated with another operation on the nose (Anaes.)	117.2			87.9	99.65
41677	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	105			78.75	89.25
41683	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	DIVISION OF NASAL ADHESIONS, with or without stenting not being a service associated with any other operation on the nose and not performed during the postoperative period of a nasal operation (Anaes.)	136.75			102.6	116.25
41686	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	Dislocation of turbinate or turbinates, one or both sides, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	83.9			62.95	
41689	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	Turbinate reduction, partial or total, unilateral or bilateral, other than a service associated with a service to which item 41671, 41692 or 41693 applies (Anaes.)	238.9			179.2	203.1
41692	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Turbinate, submucous resection with removal of bone, unilateral or bilateral, other than a service associated with a service to which item 41671, 41689 or 41693 applies (H) (Anaes.)	311.55			233.7	
41693	Ear, nose and throat	Type B Non-band specific	01.03.2023	3	T8	N	Septal surgery with submucous resection of turbinates, unilateral or bilateral, other than a service associated with a service to which item 41671, 41689, 41692 or 41764 applies (H) (Anaes.) (Assist.)	894.8			671.1	
41698	Ear, nose and throat	Type C	01.12.1991	3	T8	N	Maxillary antrum, proof puncture and lavage of, other than a service associated with a service to which item 41702, 41703, 41705, 41710, 41734 or 41737 applies on the same side (Anaes.)	38			28.5	32.3
41701	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a service associated with a service to which another item in this Group applies (Anaes.)	107.2			80.4	
41702	Ear, nose and throat	Type B Non-band specific	01.03.2023	3	T8	N	Functional sinus surgery of the ostiomeatal unit, including ethmoid, unilateral, other than a service associated with a service to which item 41662, 41698, 41703, 41705, 41710 or 41764 applies on the same side (H) (Anaes.) (Assist.)	796.05			597.05	
41703	Ear, nose and throat	Type A Advanced Surgical	01.03.2023	3	T8	N	Functional sinus surgery, complete dissection of all 5 sinuses and creation of single sinus cavity, unilateral, other than a service associated with a service to which item 41662, 41698, 41702, 41705, 41710, 41734, 41737, 41752 or 41764 applies on the same side (H) (Anaes.) (Assist.)	1176.85			882.65	
41704	Ear, nose and throat	Type C	01.12.1991	3	T8	N	MAXILLARY ANTRUM, LAVAGE OF each attendance at which the procedure is performed, including any associated consultation (Anaes.)	42.4			31.8	36.05
41705	Ear, nose and throat	Type A Advanced Surgical	01.03.2023	3	T8	N	Functional sinus surgery, complete dissection of all 5 sinuses to create a single sinus cavity, with extended drilling of frontal sinuses, unilateral, other than a service associated with a service to which item 41662, 41698, 41702, 41703, 41710, 41734, 41737, 41752 or 41764 applies on the same side (H) (Anaes.) (Assist.)	1914.9			1436.2	
41707	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Maxillary or sphenopalatine artery, ligation of (H) (Anaes.) (Assist.)	523.25			392.45	
41710	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Antrostomy by any approach, other than a service associated with a service to which item 41702, 41703, 41705 or 41698 applies on the same side (H) (Anaes.) (Assist.)	412.75			309.6	
41713	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Vidian neurectomy or exposure of vidian canal (H) (Anaes.) (Assist.)	707.55			530.7	
41719	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	Antrum, drainage of, through tooth socket, other than a service associated with a service to which item 41722 applies (Anaes.)	137.15			102.9	116.6
41722	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Oroantral fistula, plastic closure of, other than a service associated with a service to which item 41719 or 45009 applies (Anaes.) (Assist.)	685.45			514.1	583.05
41725	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Ligation of ethmoidal artery or arteries, anterior, posterior or both, by any approach (unilateral) (H) (Anaes.) (Assist.)	523.25			392.45	
41728	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Removal of sinonasal or nasopharyngeal tumour, excluding inflammatory nasal polyps, by any approach (H) (Anaes.) (Assist.)	1046.75			785.1	
41734	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Endoscopic Lothrop procedure or radical external frontal sinusotomy with osteoplastic flap, unilateral, other than a service associated with a service to which item 41698, 41703, 41705 or 41764 applies on the same side (H) (Anaes.) (Assist.)	1182.9			887.2	
41737	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Frontal sinus, unilateral, intranasal operation on, including complete dissection of frontal recess and exposure of frontal sinus ostium (excludes simple probing, dilatation or irrigation of frontal sinus), other than a service associated with a service to which item 41698, 41703, 41705 or 41764 applies on the same side (H) (Anaes.) (Assist.)	563.75			422.85	
41740	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	Frontal sinus, catheterisation of, other than a service associated with a service to which item 41749 applies on the same side (H) (Anaes.)	68.6			51.45	
41743	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Frontal sinus, trephine of, other than a service associated with a service to which item 41749 applies on the same side (H) (Anaes.) (Assist.)	393.7			295.3	
41746	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Paranasal sinus, radical obliteration of, including any graft harvest (H) (Anaes.) (Assist.)	906.6			679.95	
41749	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Paranasal sinus, external operation on, unilateral, other than a service associated with a service to which item 41740 or 41743 applies on the same side (H) (Anaes.) (Assist.)	707.55			530.7	

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41752	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Sphenoidal sinus, unilateral, intranasal operation on, other than a service associated with a service to which item 41703 or 41705 applies on the same side (H) (Anaes.) (Assist.)	344.95			258.75	
41755	Ear, nose and throat	Type C	01.12.1991	3	T8	N	EUSTACHIAN TUBE, catheterisation of (Anaes.)	54.2			40.65	46.1
41764	Support list	Type C	01.12.1991	3	T8	N	Nasendoscopy or sinoscopy or fibreoptic examination of nasopharynx and larynx, one or more of these procedures, unilateral or bilateral examination, other than a service associated with a service to which item 41693, 41702, 41703, 41705, 41734 or 41737 applies (Anaes.)	143.25			107.45	121.8
41768	Ear, nose and throat	Type C	01.07.2024	3	T8	N	Unilateral insertion of bioabsorbable implant for nasal airway obstruction due to lateral wall insufficiency confirmed by positive modified Cottle manoeuvre, if: (a) the procedure is provided by a specialist in the practice of the specialist's specialty of otolaryngology or plastic surgery; and (b) the patient has a self-reported NOSE Scale score of equal to or greater than 55; and (c) NOSE Scale evidence (with or without photographic evidence demonstrating the clinical need for this service) is documented in the patient notes; and (d) the patient has not previously received a service to which item 41769 applies Applicable once per lifetime per nostril (Anaes.)	210.85			158.15	179.25
41769	Ear, nose and throat	Type C	01.07.2024	3	T8	N	Bilateral insertion of bioabsorbable implant for nasal airway obstruction due to lateral wall insufficiency confirmed by positive modified Cottle manoeuvre, if: (a) the procedure is provided by a specialist in the practice of the specialist's specialty of otolaryngology or plastic surgery; and (b) the patient has a self-reported NOSE Scale score of equal to or greater than 55; and (c) NOSE Scale evidence (with or without photographic evidence demonstrating the clinical need for this service) is documented in the patient notes; and (d) the patient has not previously received a service to which item 41768 applies Applicable once per lifetime (Anaes.)	316.3			237.25	268.9
41770	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	PHARYNGEAL POUCH, removal of, with or without cricopharyngeal myotomy (Anaes.) (Assist.)	818.1			613.6	
41776	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Cricopharyngeal myotomy by any approach, including open inversion of pharyngeal pouch or endoscopic repair of pharyngeal pouch (H) (Anaes.) (Assist.)	684.45			513.35	
41779	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	PHARYNGOTOMY (lateral), with or without total excision of tongue (Anaes.) (Assist.)	818.1			613.6	
41785	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Partial pharyngectomy, by any approach, with or without partial glossectomy (H) (Anaes.) (Assist.)	1330.4			997.8	
41786	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	UVULOPALATOPHARYNGOPLASTY, with or without tonsillectomy, by any means (Anaes.) (Assist.)	859.8			644.85	
41789	Tonsils, adenoids and grommets	Type A Surgical	01.12.1991	3	T8	N	Tonsils or tonsils and adenoids, removal of, in a patient aged less than 12 years (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.)	344.95			258.75	
41793	Tonsils, adenoids and grommets	Type A Surgical	01.12.1991	3	T8	N	Tonsils or tonsils and adenoids, removal of, in a patient 12 years of age or over (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.)	433.4			325.05	
41797	Tonsils, adenoids and grommets	Unlisted	01.12.1991	3	T8	N	TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of (Anaes.)	168.05			126.05	
41801	Tonsils, adenoids and grommets	Type B Non-band specific	01.12.1991	3	T8	N	Adenoids, removal of (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.)	190.1			142.6	
41804	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	Removal of lingual tonsil (H) (Anaes.)	105			78.75	
41807	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	PERITONSILLAR ABSCESS (quinsy), incision of (Anaes.)	81.7			61.3	69.45
41810	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	Uvulotomy or uvulectomy (H) (Anaes.)	41.5			31.15	
41813	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	VALLECULAR OR PHARYNGEAL CYSTS, removal of (Anaes.) (Assist.)	415.75			311.85	
41822	Digestive system	Type B Non-band specific	01.12.1991	3	T8	N	Oesophagoscopy, with rigid oesophagoscope, with or without biopsy, other than a service associated with a service to which item 30473 or 30478 applies (H) (Anaes.)	224.2			168.15	
41825	Digestive system	Type A Surgical	01.12.1991	3	T8	N	Removal of a foreign body from the pharynx, larynx or oesophagus, by any means, other than a service associated with a service to which item 30478 applies (H) (Anaes.) (Assist.)	415.75			311.85	
41828	Digestive system	Type C	01.12.1991	3	T8	N	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy (Anaes.)	60.95			45.75	51.85
41831	Digestive system	Type B Non-band specific	01.12.1991	3	T8	N	Oesophagus, endoscopic pneumatic dilatation of, for treatment of achalasia (H) (Anaes.) (Assist.)	416.45			312.35	
41832	Digestive system	Unlisted	01.05.1997	3	T8	N	Oesophagus, balloon dilatation of, using interventional imaging techniques (H) (Anaes.)	266.55			199.95	
41834	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Total laryngectomy, including cricopharyngeal myotomy and tracheo oesophageal puncture (H) (Anaes.) (Assist.)	1845.65			1384.25	
41837	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Complete vertical hemi laryngectomy, involving removal of true and false vocal cords, including tracheostomy. Applicable only once per provider per patient per lifetime (H) (Anaes.) (Assist.)	1441.95			1081.5	
41840	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Total supraglottic laryngectomy, involving removal of ventricular folds, epiglottis and aryepiglottic folds including tracheostomy. Applicable only once per provider per patient per lifetime (H) (Anaes.) (Assist.)	1772.9			1329.7	
41843	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL (Anaes.) (Assist.)	1559.05			1169.3	
41855	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Microlaryngoscopy, by any approach, with or without biopsy (H) (Anaes.) (Assist.)	336.2			252.15	
41861	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Microlaryngoscopy with complete removal of benign or malignant lesions of the larynx, including papillomata, by any approach or technique, unilateral, other than a service associated with a service to which item 41870 applies on the same side (H) (Anaes.) (Assist.)	704.9			528.7	
41867	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Microlaryngoscopy, with partial or complete arytenoidectomy or arytenoid repositioning (H) (Anaes.) (Assist.)	715.55			536.7	
41870	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Laryngeal augmentation or modification by injection techniques, other than a service associated with a service to which item 41879 applies or item 41861 applies on the same side (Anaes.) (Assist.)	530.6			397.95	451.05
41873	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Larynx, fractured, operation for (H) (Anaes.) (Assist.)	685.45			514.1	

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% ($)
41876	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Larynx, external operation on, or laryngofissure, with or without cordectomy (H) (Anaes.) (Assist.)	685.45			514.1	
41879	Ear, nose and throat	Type A Advanced Surgical	01.12.1991	3	T8	N	Tracheoplasty, laryngoplasty or thyroplasty, not by injection techniques, including tracheostomy, other than a service associated with a service to which item 41870 applies (H) (Anaes.) (Assist.)	1110.75			833.1	
41880	Ear, nose and throat	Type A Surgical	23.11.1998	3	T8	N	Tracheostomy by a percutaneous technique (H) (Anaes.)	296.45			222.35	
41881	Ear, nose and throat	Type A Surgical	01.07.1998	3	T8	N	Tracheostomy by open exposure of the trachea (H) (Anaes.) (Assist.)	468.75			351.6	
41884	Ear, nose and throat	Unlisted	01.07.1995	3	T8	N	Cricothyrostomy (H) (Anaes.)	106.2			79.65	
41885	Ear, nose and throat	Type A Surgical	01.07.1998	3	T8	N	Trache-oesophageal fistula, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures (H) (Anaes.) (Assist.)	335.85			251.9	
41886	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Trachea, removal of foreign body in (H) (Anaes.)	207.65			155.75	
41887	Ear, nose and throat	Type A Advanced Surgical	01.03.2023	3	T8	N	Pituitary tumour, removal of, by trans-sphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, as part of conjoint surgery, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.)	3151.6			2363.7	
41888	Brain and nervous system	Type A Advanced Surgical	01.03.2023	3	T8	N	Fractured skull, after trauma only, or spontaneous defects with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (H) (Anaes.) (Assist.)	2230.5			1672.9	
41890	Eye (not cataracts)	Type A Advanced Surgical	01.03.2023	3	T8	N	Orbit, decompression of, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, one eye by endonasal approach (H) (Anaes.) (Assist.)	1491.3			1118.5	
41907	Ear, nose and throat	Unlisted	01.12.1991	3	T8	N	NASAL SEPTUM BUTTON, insertion of (Anaes.)	143.25			107.45	121.8
41910	Ear, nose and throat	Type A Surgical	01.07.1993	3	T8	N	DUCT OF MAJOR SALIVARY GLAND, transposition of (Anaes.) (Assist.)	455.25			341.45	
42503	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	119.55			89.7	
42504	Eye (not cataracts)	Type B Non-band specific	01.05.2020	3	T8	N	Implantation of a micro-bypass glaucoma surgery device or devices into the suprachoroidal space or the trabecular meshwork, if conservative therapies have failed, are likely to fail, or are contraindicated (H) (Anaes.)	350.85			263.15	
42505	Eye (not cataracts)	Type A Surgical	01.11.2018	3	T8	N	Complete removal of a micro-bypass glaucoma surgery device or devices from the suprachoroidal space or the trabecular meshwork, with or without replacement, following device-related medical complications necessitating complete removal (Anaes.)	350.85			263.15	298.25
42506	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Eye, enucleation of, without insertion of implant (H) (Anaes.) (Assist.)	561.4			421.05	
42509	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Eye, enucleation of, with insertion of non-integrated implant, without muscle attachment (H) (Anaes.) (Assist.)	710.55			532.95	
42510	Eye (not cataracts)	Type A Surgical	01.05.1994	3	T8	N	Eye, enucleation of, with insertion of coralline or other integrated implant, including:(a) for a coralline implant—attachment of at least the 4 rectus muscles (with or without oblique muscles) to: (i) the implant; or(ii) the implant wrap; or (b) for another integrated implant—fashioning of myoconjunctival insertion of extraocular muscles(H) (Anaes.) (Assist.)	819			614.25	
42512	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Globe, evisceration of (H) (Anaes.) (Assist.)	561.4			421.05	
42515	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE (Anaes.) (Assist.)	710.55			532.95	
42518	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure, or REMOVAL OF IMPLANT FROM SOCKET, or PLACEMENT OF A MOTILITY INTEGRATING PEG by drilling into an existing orbital implant (Anaes.) (Assist.)	412.25			309.2	
42521	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	ANOPHTHALMIC SOCKET, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure (Anaes.) (Assist.)	1403.65			1052.75	
42527	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD (Anaes.) (Assist.)	473.65			355.25	
42530	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Orbit, exploration of, requiring removal of bone (orbitotomy) for access, with subsequent drainage or biopsy, including repair of any bone or soft tissue surgical defect, other than a service associated with a service to which item 45590 or 45594 applies on the same side (H) (Anaes.) (Assist.)	736.95			552.75	
42533	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Orbit, exploration of, without requiring removal of bone (orbitotomy) for access, with drainage or biopsy, including repair of any bone or soft tissue surgical defect (H) (Anaes.) (Assist.)	473.65			355.25	
42536	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Orbit, exenteration of, including repair of any bone or soft tissue surgical defect, with or without skin graft and with or without temporalis muscle transplant (H) (Anaes.) (Assist.)	973.55			730.2	
42539	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	Orbit, exploration of, requiring removal of bone (orbitotomy) for access, with removal of tumour or foreign body (not incisional biopsy), including repair of any bone or soft tissue surgical defect (H) (Anaes.) (Assist.)	1386.1			1039.6	
42542	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Orbit, exploration of anterior aspect, with removal of tumour or foreign body (not incisional biopsy), including repair of any bone or soft tissue surgical defect (H) (Anaes.) (Assist.)	587.85			440.9	
42543	Eye (not cataracts)	Type A Advanced Surgical	01.07.1998	3	T8	N	ORBIT, exploration of retrobulbar aspect with removal of tumour or foreign body (Anaes.) (Assist.)	1031.05			773.3	
42545	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	ORBIT, decompression of, for dysthyroid eye disease, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye (Anaes.) (Assist.)	1491.3			1118.5	
42548	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	OPTIC NERVE MENINGES, incision of (Anaes.) (Assist.)	885.85			664.4	
42551	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Eye, penetrating wound or rupture of, not involving intraocular structures—repair involving suture of cornea or sclera, or both, other than a service to which item 42632 applies (H) (Anaes.) (Assist.)	736.95			552.75	
42554	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration or prolapse of uveal tissue repair (Anaes.) (Assist.)	859.8			644.85	

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% ($)
42557	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration of lens or vitreous repair (Anaes.) (Assist.)	1201.8			901.35	
42563	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Intraocular foreign body, removal from anterior segment (H) (Anaes.) (Assist.)	605.45			454.1	
42569	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	INTRAOCULAR FOREIGN BODY, removal from posterior segment (Anaes.) (Assist.)	1201.8			901.35	
42572	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	ORBITAL ABSCESS OR CYST, drainage of (Anaes.)	136.9			102.7	116.4
42573	Eye (not cataracts)	Type B Non-band specific	01.11.1994	3	T8	N	DERMOID, periorbital, excision of, on a patient 10 years of age or over (Anaes.)	265.3			199	225.55
42574	Eye (not cataracts)	Type A Surgical	01.11.1994	3	T8	N	Dermoid, orbital, excision of (H) (Anaes.) (Assist.)	563.75			422.85	
42575	Eye (not cataracts)	Type B Band 1	01.12.1991	3	T8	N	TARSAL CYST, extirpation of (Anaes.)	96.5			72.4	82.05
42576	Eye (not cataracts)	Type B Non-band specific	01.09.2015	3	T8	N	Dermoid, periorbital, excision of, on a patient under 10 years of age (H) (Anaes.)	344.95			258.75	
42581	Eye (not cataracts)	Unlisted	01.12.1991	3	T8	N	ECTROPION OR ENTROPION, tarsal cauterisation of (Anaes.)	136.9			102.7	116.4
42584	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	TARSORRHAPHY (Anaes.) (Assist.)	322.85			242.15	274.45
42587	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	TRICHIASIS (due to causes other than trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)	60.65			45.5	51.6
42588	Eye (not cataracts)	Type C	01.11.2018	3	T8	N	TRICHIASIS (due to trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)	60.65			45.5	51.6
42590	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	Canthoplasty, medial or lateral, excluding when performed in conjunction with cosmetic blepharoplasty (Anaes.) (Assist.)	394.75			296.1	335.55
42596	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Lacrimal sac, excision of, or operation on (H) (Anaes.) (Assist.)	587.85			440.9	
42599	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Lacrimal canalicular system, establishment of patency by closed operation using silicone tubes or similar, one eye (H) (Anaes.) (Assist.)	736.95			552.75	
42602	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Lacrimal canalicular system, establishment of patency by open operation, one eye (H) (Anaes.) (Assist.)	736.95			552.75	
42605	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Lacrimal canaliculus, immediate repair of (H) (Anaes.) (Assist.)	543.75			407.85	
42608	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	LACRIMAL DRAINAGE by insertion of glass tube, as an independent procedure (Anaes.) (Assist.)	350.85			263.15	298.25
42610	Eye (not cataracts)	Type B Non-band specific	01.05.1994	3	T8	N	NASOLACRIMAL TUBE (unilateral), removal or replacement of, or LACRIMAL PASSAGES, probing for obstruction, unilateral, with or without lavage - under general anaesthesia (Anaes.)	112.3			84.25	95.5
42611	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	NASOLACRIMAL TUBE (bilateral), removal or replacement of, or LACRIMAL PASSAGES, probing for obstruction, bilateral, with or without lavage - under general anaesthesia (Anaes.)	168.4			126.3	143.15
42614	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	NASOLACRIMAL TUBE (unilateral), removal or replacement of, or LACRIMAL PASSAGES, probing to establish patency of the lacrimal passage and/or site of obstruction, unilateral, including lavage, not being a service associated with a service to which item 42610 applies (excluding aftercare)	56.3			42.25	47.9
42615	Eye (not cataracts)	Type C	01.05.1994	3	T8	N	NASOLACRIMAL TUBE (bilateral), removal or replacement of, or LACRIMAL PASSAGES, probing to establish patency of the lacrimal passage and/or site of obstruction, bilateral, including lavage, not being a service associated with a service to which item 42611 applies (excluding aftercare)	84.3			63.25	71.7
42617	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	PUNCTUM SNIP operation (Anaes.)	159.8			119.85	135.85
42620	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	PUNCTUM, occlusion of, by use of a plug (Anaes.)	61.5			46.15	52.3
42622	Eye (not cataracts)	Unlisted	01.11.1996	3	T8	N	PUNCTUM, permanent occlusion of, by use of electrical cautery (Anaes.)	96.5			72.4	82.05
42623	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Dacryocystorhinostomy, external or endonasal approach, including any sinus, turbinate or uncinate operation performed by same surgeon for access, with or without silicone intubation/stenting (H) (Anaes.) (Assist.)	815.95			612	
42626	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	Dacryocystorhinostomy, if a previous dacryocystorhinostomy has been performed, external or endonasal approach, including any sinus, turbinate or uncinate operation performed by same surgeon for access, with or without silicone intubation/stenting (H) (Anaes.) (Assist.)	1316			987	
42629	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Dacryocystorhinostomy, with placement of a permanent bypass tube from the conjunctival sac to the nasal cavity (H) (Anaes.) (Assist.)	991.3			743.5	
42632	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	Conjunctival peritomy or repair of corneal laceration by conjunctival flap, other than a service associated with a service to which item 42686 applies (Anaes.)	136.9			102.7	116.4
42635	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	CORNEAL PERFORATIONS, sealing of, with tissue adhesive (Anaes.) (Assist.)	350.85			263.15	298.25
42638	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	CONJUNCTIVAL GRAFT OVER CORNEA (Anaes.) (Assist.)	438.65			329	372.9
42641	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	AUTOCONJUNCTIVAL TRANSPLANT, or mucous membrane graft (Anaes.) (Assist.)	570.2			427.65	484.7
42644	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	CORNEA OR SCLERA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) (Anaes.)	84.15			63.15	71.55
42647	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	Corneal scars, removal of, by partial keratectomy, other than a service associated with a service to which item 42686 or 42650 applies (Anaes.)	238.65			179	202.9
42650	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	Cornea, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care), other than a service associated with a service to which item 42647 applies (Anaes.)	84.15			63.15	71.55
42651	Eye (not cataracts)	Unlisted	01.07.1998	3	T8	N	CORNEA, epithelial debridement for eliminating band keratopathy (Anaes.)	187.6			140.7	159.5
42652	Eye (not cataracts)	Type B Non-band specific	01.05.2018	3	T8	N	Corneal collagen cross linking, on a patient with a corneal ectatic disorder, with evidence of progression—per eye (Anaes.)	1399.9			1049.95	1297.5
42653	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	CORNEA transplantation of (Anaes.) (Assist.)	1525.55			1144.2	
42656	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	CORNEA, transplantation of, second and subsequent procedures (Anaes.) (Assist.)	1947.55			1460.7	

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% ($)
42662	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	SCLERA, transplantation of, full thickness, including collection of donor material (Anaes.) (Assist.)	1052.55			789.45	
42665	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Sclera, transplantation of, superficial or lamellar, including collection of donor material (H) (Anaes.) (Assist.)	701.9			526.45	
42667	Eye (not cataracts)	Type C	01.05.1997	3	T8	N	RUNNING CORNEAL SUTURE, manipulation of, performed within 4 months of corneal grafting, to reduce astigmatism where a reduction of 2 dioptres of astigmatism is obtained, including any associated consultation	165.55			124.2	140.75
42668	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	CORNEAL SUTURES, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope (Anaes.)	87.8			65.85	74.65
42672	Eye (not cataracts)	Type A Advanced Surgical	01.11.2003	3	T8	N	Corneal incisions, to correct corneal astigmatism of more than 11/2 dioptres following anterior segment surgery, including appropriate measurements and calculations, performed as an independent procedure (H) (Anaes.) (Assist.)	1052.55			789.45	
42673	Eye (not cataracts)	Type B Non-band specific	01.11.2003	3	T8	N	Additional corneal incisions, to correct corneal astigmatism of more than 11/2 dioptres, including appropriate measurements and calculations, performed in conjunction with other anterior segment surgery (H) (Anaes.) (Assist.)	526.2			394.65	
42676	Eye (not cataracts)	Type C	01.05.1997	3	T8	N	CONJUNCTIVA, biopsy of, as an independent procedure	134.95			101.25	114.75
42677	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS each attendance at which treatment is given including any associated consultation (Anaes.)	71.1			53.35	60.45
42680	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	CONJUNCTIVA, cryotherapy to, for melanotic lesions or similar using CO² or N²0 (Anaes.)	350.85			263.15	298.25
42683	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	CONJUNCTIVAL CYSTS, removal of, requiring admission to hospital or approved day-hospital facility (Anaes.)	140.45			105.35	
42686	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	Pterygium, removal of, other than a service associated with a service to which item 42632 or 42647 applies (Anaes.)	319.25			239.45	271.4
42689	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	PINGUECULA, removal of, not being a service associated with the fitting of contact lenses (Anaes.)	136.9			102.7	116.4
42692	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	LIMBIC TUMOUR, removal of, excluding Pterygium (Anaes.) (Assist.)	322.85			242.15	274.45
42695	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	LIMBIC TUMOUR, excision of, requiring keratectomy or sclerectomy, excluding Pterygium (Anaes.) (Assist.)	526.2			394.65	447.3
42698	Cataracts	Type A Surgical	01.12.1991	3	T8	N	Lens extraction, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (H) (Anaes.)	693.75			520.35	
42701	Cataracts	Type A Surgical	01.12.1991	3	T8	N	Intraocular lens, insertion of, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (H) (Anaes.)	386.9			290.2	
42702	Cataracts	Type A Surgical	01.11.1996	3	T8	N	Lens extraction and insertion of intraocular lens, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (H) (Anaes.)	887.3			665.5	
42703	Cataracts	Type A Surgical	01.11.1996	3	T8	N	Intraocular lens or iris prosthesis, insertion of, into the posterior chamber with fixation to the iris or sclera (H) (Anaes.) (Assist.)	667.3			500.5	
42704	Cataracts	Type A Surgical	01.12.1991	3	T8	N	Intraocular lens, removal or repositioning of by open operation—other than a service associated with a service to which item 42701 applies (H) (Anaes.)	543.75			407.85	
42705	Cataracts	Type A Advanced Surgical	01.05.2017	3	T8	N	Lens extraction and insertion of intraocular lens, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye, performed in association with insertion of a micro-bypass glaucoma surgery device or devices into the suprachoroidal space or trabecular meshwork, in a patient diagnosed with open angle glaucoma who is not adequately responsive to topical anti-glaucoma medications or who is intolerant of anti-glaucoma medication (H) (Anaes.)	1062.9			797.2	
42707	Cataracts	Type A Surgical	01.12.1991	3	T8	N	Intraocular lens, removal of and replacement with a different lens, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (H) (Anaes.)	929.85			697.4	
42710	Cataracts	Type A Advanced Surgical	01.12.1991	3	T8	N	Intraocular lens, removal of, and replacement with a lens inserted into the posterior chamber and fixated to the iris or sclera (H) (Anaes.) (Assist.)	1052.55			789.45	
42713	Cataracts	Type A Surgical	01.12.1991	3	T8	N	Iris or ciliary body suturing, McCannel technique or similar, for:(a) fixation of intraocular lens; or(b) repair of iris defect or cyclodialysis cleft(H) (Anaes.) (Assist.)	438.65			329	
42716	Cataracts	Type A Advanced Surgical	01.12.1991	3	T8	N	Cataract, juvenile, removal of, including subsequent needlings (H) (Anaes.) (Assist.)	1394.85			1046.15	
42719	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Either or both of the following, via a limbal approach by any method: (a) removal of capsular or lens material; (b) removal of vitreous; other than a service associated with a service to which item 42698, 42702, 42705, 42716, 42725 or 42731 applies (H) (Anaes.) (Assist.)	605.45			454.1	
42725	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	Vitrectomy via pars plana sclerotomy, including one or more of the following:(a) removal of vitreous; (b) division of vitreous bands; (c) removal of epiretinal membranes; (d) capsulotomy (Anaes.) (Assist.)	1561.4			1171.05	
42731	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	LIMBAL OR PARS PLANA LENSECTOMY combined with vitrectomy, not being a service associated with items 42698, 42702, 42719, or 42725 (Anaes.) (Assist.)	1772			1329	

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
42734	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Capsulotomy, other than by laser, and other than a service associated with a service to which item 42725 or 42731 applies (H) (Anaes.) (Assist.)	350.85			263.15	
42743	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Anterior chamber, irrigation of blood from, as an independent procedure (H) (Anaes.) (Assist.)	736.95			552.75	
42744	Eye (not cataracts)	Type C	01.11.2005	3	T8	N	Needle revision of glaucoma filtration bleb, following glaucoma filtering surgery (Anaes.)	350.65			263	298.1
42746	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	Glaucoma filtering surgery, if conservative therapies have failed, are likely to fail, or are contraindicated (H) (Anaes.) (Assist.)	1114.1			835.6	
42749	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	Glaucoma filtering surgery, if previous filtering surgery has been performed (H) (Anaes.) (Assist.)	1394.85			1046.15	
42750	Eye (not cataracts)	Type B Non-band specific	01.07.2025	3	T8	Y	Subconjunctival injection of antifibrotic agent following glaucoma filtering surgery, as an independent procedure (Anaes.)	62.2			46.65	52.9
42752	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	Insertion of glaucoma drainage device incorporating an extraocular reservoir (H) (Anaes.) (Assist.)	1561.4			1171.05	
42755	Eye (not cataracts)	Unlisted	01.12.1991	3	T8	N	Any of the following:(a) removal of glaucoma drainage device incorporating an extraocular reservoir;(b) insertion or removal of intraluminal stent;(c) tying off of lumenOne eye (H) (Anaes.) (Assist.)	192.95			144.75	
42758	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Goniotomy for the treatment of primary congenital glaucoma, excluding the minimally invasive implantation of glaucoma drainage devices (Anaes.) (Assist.)	815.95			612	
42761	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Division of anterior or posterior synechiae, as an independent procedure, other than by laser (H) (Anaes.) (Assist.)	605.45			454.1	
42764	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Iridectomy (including excision of tumour of iris) or iridotomy, as an independent procedure, other than by laser (H) (Anaes.) (Assist.)	605.45			454.1	
42767	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of (Anaes.) (Assist.)	1271.9			953.95	
42770	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	CYCLODESTRUCTIVE procedures for the treatment of intractable glaucoma, treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)	343.85			257.9	292.3
42773	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	Detached retina, pneumatic retinopexy for, as an independent procedure (H) (Anaes.) (Assist.)	1052.55			789.45	
42776	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	DETACHED RETINA, buckling or resection operation for (Anaes.) (Assist.)	1561.4			1171.05	
42779	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	DETACHED RETINA, revision of scleral buckling operation for (Anaes.) (Assist.)	1947.55			1460.7	
42782	Eye (not cataracts)	Type A Surgical and Type C	01.12.1991	3	T8	N	LASER TRABECULOPLASTY, for the treatment of glaucoma. Each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) (Assist.)	526.2			394.65	447.3
42785	Eye (not cataracts)	Type A Surgical and Type C	01.12.1991	3	T8	N	LASER IRIDOTOMY - each treatment episode to 1 eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.)	412.25			309.2	350.45
42788	Eye (not cataracts)	Type A Surgical and Type C	01.12.1991	3	T8	N	Laser capsulotomy—each treatment episode to one eye, to a maximum of 2 treatments to that eye in a 2 year period—other than a service associated with a service to which item 42702 applies (Anaes.) (Assist.)	412.25			309.2	350.45
42791	Eye (not cataracts)	Type A Surgical and Type C	01.12.1991	3	T8	N	Laser vitreolysis or corticolysis of lens material or fibrinolysis, excluding vitreolysis in the posterior vitreous cavity—each treatment to one eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.)	412.25			309.2	350.45
42794	Eye (not cataracts)	Type C	01.12.1991	3	T8	N	Division of suture by laser following glaucoma filtering surgery, each treatment to one eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.)	79			59.25	67.15
42801	Eye (not cataracts)	Type A Advanced Surgical	01.11.2006	3	T8	N	EPISCLERAL RADIOACTIVE PLAQUE (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, insertion of (Anaes.) (Assist.)	1224.6			918.45	
42802	Eye (not cataracts)	Type A Surgical	01.11.2006	3	T8	N	EPISCLERAL RADIOACTIVE PLAQUE (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, removal of (Anaes.) (Assist.)	612.05			459.05	
42805	Eye (not cataracts)	Type A Surgical	01.11.2005	3	T8	N	TANTALUM MARKERS, surgical insertion to the sclera to localise the tumour base to assist in planning of radiotherapy of choroidal melanomas, 1 or more (Anaes.) (Assist.)	684.2			513.15	581.8
42808	Eye (not cataracts)	Type C	01.05.1997	3	T8	N	Laser iridoplasty	415.05			311.3	352.8
42809	Eye (not cataracts)	Type A Surgical and Type C	01.12.1991	3	T8	N	RETINA, photocoagulation of, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)	526.2			394.65	447.3
42810	Eye (not cataracts)	Type A Surgical	01.11.1996	3	T8	N	PHOTOTHERAPEUTIC KERATECTOMY, by laser, for corneal scarring or disease, excluding surgery for refractive error (Anaes.)	662.2			496.65	562.9
42811	Eye (not cataracts)	Type C	01.11.2005	3	T8	N	TRANSPUPILLARY THERMOTHERAPY, for treatment of choroidal and retinal tumours or vascular malformations (Anaes.)	526.2			394.65	447.3
42812	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	Removal of scleral buckling material, from an eye having undergone previous scleral buckling surgery (Anaes.)	192.95			144.75	164.05
42815	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	VITREOUS CAVITY, removal of silicone oil or other liquid vitreous substitutes from, during a procedure other than that in which the vitreous substitute is inserted (Anaes.) (Assist.)	736.95			552.75	
42818	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	Retina or ciliary body, cryotherapy to, as an independent procedure, or when performed in conjunction with item 42809 (Anaes.)	684.2			513.15	581.8
42821	Eye (not cataracts)	Unlisted	01.12.1991	3	T8	N	OCULAR TRANSILLUMINATION, for the diagnosis and measurement of intraocular tumours (Anaes.)	105.45			79.1	89.65
42824	Eye (not cataracts)	Unlisted	01.12.1991	3	T8	N	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure	81.5			61.15	69.3
42833	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 1 OR 2 MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.)	684.2			513.15	

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% ($)
42836	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 1 OR 2 MUSCLES, on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.)	850.9			638.2	
42839	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 3 OR MORE MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.)	815.95			612	
42842	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 3 or MORE MUSCLES, on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.)	1017.6			763.2	
42845	Eye (not cataracts)	Type B Non-band specific	01.12.1991	3	T8	N	READJUSTMENT OF ADJUSTABLE SUTURES, 1 or both eyes, as an independent procedure following an operation for correction of squint (Anaes.)	221			165.75	187.85
42848	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 15 years or over (Anaes.) (Assist.)	815.95			612	
42851	Eye (not cataracts)	Type A Advanced Surgical	01.12.1991	3	T8	N	SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.)	1017.6			763.2	
42854	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Ruptured medial palpebral ligament or ruptured extra-ocular muscle, repair of (H) (Anaes.) (Assist.)	473.65			355.25	
42857	Eye (not cataracts)	Type A Surgical	01.12.1991	3	T8	N	Resuturing of wound following intraocular procedures with or without excision of prolapsed iris (H) (Anaes.) (Assist.)	473.65			355.25	
42860	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Eyelid (upper or lower), scleral or Goretex or other non-autogenous graft to, with recession of the lid retractors (H) (Anaes.) (Assist.)	1052.55			789.45	
42863	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Eyelid (upper or lower), recession of, by open operation on and direct release of the lid retractors, one eye (Anaes.) (Assist.)	903.65			677.75	801.25
42866	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Entropion or tarsal ectropion, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid, excluding when performed in conjunction with closure of the retractors using conjunctival approaches for fat pad reduction or orbital surgery (Anaes.) (Assist.)	877.05			657.8	774.65
42869	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	EYELID closure in facial nerve paralysis, insertion of foreign implant for (Anaes.) (Assist.)	640.45			480.35	544.4
42872	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Direct eyebrow lift in paretic states, or in involutional states, if:(a) vision is obscured as evidenced by the resting of upper lid skin on the eyelashes in straight ahead gaze; and(b) photographic evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	280.75			210.6	238.65
43021	Eye (not cataracts)	Type A Surgical	01.08.2007	3	T8	N	Photodynamic therapy, one eye, including the infusion of Verteporfin continuously through a peripheral vein, using a non-thermal laser at a wavelength of 689nm, for the treatment of choroidal neovascularisation.	530.9			398.2	451.3
43022	Eye (not cataracts)	Type A Surgical	01.08.2007	3	T8	N	Photodynamic therapy, both eyes, including the infusion of Verteporfin continuously through a peripheral vein, using a non-thermal laser at a wavelength of 689nm, for the treatment of choroidal neovascularisation.	637.15			477.9	541.6
43030	Eye (not cataracts)	Type B Non-band specific	01.07.2025	3	T8	Y	Paracentesis of anterior chamber or vitreous cavity, or both, for either or both of the following:(a) the injection of therapeutic substances;(b) the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes;as an independent procedure of the left eye	350.85			263.15	298.25
43032	Eye (not cataracts)	Type B Non-band specific	01.07.2025	3	T8	Y	Paracentesis of anterior chamber or vitreous cavity, or both, for either or both of the following:(a) the injection of therapeutic substances;(b) the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes;as an independent procedure of the right eye	350.85			263.15	298.25
43034	Eye (not cataracts)	Type B Non-band specific	01.07.2025	3	T8	Y	Paracentesis of anterior chamber or vitreous cavity, or both, for either or both of the following:(a) the injection of therapeutic substances;(b) the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes;as an independent procedure of the left eye, for a patient requiring the administration of anaesthetic by an anaesthetist (Anaes.)	350.85			263.15	298.25
43036	Eye (not cataracts)	Type B Non-band specific	01.07.2025	3	T8	Y	Paracentesis of anterior chamber or vitreous cavity, or both, for either or both of the following:(a) the injection of therapeutic substances;(b) the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes;as an independent procedure of the right eye, for a patient requiring the administration of anaesthetic by an anaesthetist (Anaes.)	350.85			263.15	298.25
43038	Eye (not cataracts)	Type B Non-band specific	01.07.2025	3	T8	Y	Intravitreal injection of therapeutic substances, or the removal of vitreous humour for diagnostic purposes, one or more of, as a procedure associated with other intraocular surgery of the left eye (Anaes.)	350.85			263.15	298.25
43040	Eye (not cataracts)	Type B Non-band specific	01.07.2025	3	T8	Y	Intravitreal injection of therapeutic substances, or the removal of vitreous humour for diagnostic purposes, one or more of, as a procedure associated with other intraocular surgery of the right eye (Anaes.)	350.85			263.15	298.25
43050	Eye (not cataracts)	Type A Surgical	01.07.2025	3	T8	Y	Choroidal detachment, repair by external drainage (H) (Anaes.) (Assist.)	786.5			589.9	
43521	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	OPERATION ON SKULL (Anaes.) (Assist.)	541.95			406.5	
43527	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Operation on sternum, clavicle, rib, metacarpus, carpus, phalanx, metatarsus, tarsus, mandible or maxilla (other than alveolar margins), by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (H) (Anaes.) (Assist.)	415.75			311.85	

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43530	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Operation on scapula, ulna, radius, tibia, fibula, humerus or femur, by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (H) (Anaes.) (Assist.)	415.75			311.85	
43533	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Operation on spine or pelvic bones, by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (H) (Anaes.) (Assist.)	685.45			514.1	
43801	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	INTESTINAL MALROTATION with or without volvulus, laparotomy for, not involving bowel resection (Anaes.) (Assist.)	1116.85			837.65	
43804	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	INTESTINAL MALROTATION with or without volvulus, laparotomy for, with bowel resection and anastomosis, with or without formation of stoma (Anaes.) (Assist.)	1189			891.75	
43805	Hernia and appendix	Type A Surgical	01.09.2015	3	T8	N	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, on a patient under 10 years of age (Anaes.)	415.75			311.85	
43807	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	DUODENAL ATRESIA or STENOSIS, duodenoduodenostomy or duodenojejunostomy for (Anaes.) (Assist.)	1297.2			972.9	
43810	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	JEJUNAL ATRESIA, bowel resection and anastomosis for, with or without tapering (Anaes.) (Assist.)	1513.4			1135.05	
43813	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	MECONIUM ILEUS, laparotomy for, complicated by 1 or more of associated volvulus, atresia, intesinal perforation with or without meconium peritonitis (Anaes.) (Assist.)	1513.4			1135.05	
43816	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	ILEAL ATRESIA, COLONIC ATRESIA OR MECONIUM ILEUS not being a service associated with a service to which item 43813 applies, laparotomy for (Anaes.) (Assist.)	1405.25			1053.95	
43819	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	Agangliosis Coli, laparotomy for, with or without frozen section biopsies and formation of stoma (Anaes.) (Assist.)	1135.1			851.35	
43822	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	ANORECTAL MALFORMATION, laparotomy and colostomy for (Anaes.) (Assist.)	1135.1			851.35	
43825	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, not being a service to which any other item in this Subgroup applies (Anaes.) (Assist.)	1297.2			972.9	
43828	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	ACUTE NEONATAL NECROTISING ENTEROCOLITIS, laparotomy for, with resection, including any anastomoses or stoma formation (Anaes.) (Assist.)	1433.2			1074.9	
43831	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	ACUTE NEONATAL NECROTISING ENTEROCOLITIS where no definitive procedure is possible, laparotomy for (Anaes.) (Assist.)	1116.85			837.65	
43832	Ear, nose and throat	Type A Surgical	01.09.2015	3	T8	N	Branchial fistula, removal of, on a patient under 10 years of age (Anaes.) (Assist.)	761.7			571.3	
43834	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	BOWEL RESECTION for necrotising enterocolitis stricture or strictures, including any anastomoses or stoma formation (Anaes.) (Assist.)	1297.2			972.9	
43835	Hernia and appendix	Type A Surgical	01.09.2015	3	T8	N	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection, on a patient under 10 years of age (Anaes.) (Assist.)	790.6			592.95	
43837	Hernia and appendix	Type A Advanced Surgical	01.11.1994	3	T8	N	CONGENITAL DIAPHRAGMATIC HERNIA, repair by thoracic or abdominal approach, with diagnosis confirmed in the first 24 hours of life (Anaes.) (Assist.)	1621.45			1216.1	
43838	Hernia and appendix	Type A Advanced Surgical	01.09.2015	3	T8	N	Diaphragmatic hernia, congential repair of, by thoracic or abdominal approach, not being a service to which any of items 31569 to 31581 apply, on a patient under 10 years of age (Anaes.) (Assist.)	1451.7			1088.8	
43840	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	CONGENITAL DIAPHRAGMATIC HERNIA, repair by thoracic or abdominal approach, diagnosed after the first day of life and before 20 days of age (Anaes.) (Assist.)	1405.25			1053.95	
43841	Hernia and appendix	Type A Surgical	01.09.2015	3	T8	N	Femoral or inguinal hernia or infantile hydrocele, repair of, on a patient under 10 years of age, other than a service to which item 30651 or 43835 applies (H) (Anaes.) (Assist.)	704.4			528.3	
43843	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	OESOPHAGEAL ATRESIA (with or without repair of tracheo-oesophageal fistula), complete correction of, not being a service to which item 43846 applies (Anaes.) (Assist.)	2162.05			1621.55	
43846	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	OESOPHAGEAL ATRESIA (with or without repair of tracheo-oesophageal fistula), complete correction of, in infant of birth weight less than 1500 grams (Anaes.) (Assist.)	2324.1			1743.1	
43849	Digestive system	Type A Surgical	01.11.1994	3	T8	N	OESOPHAGEAL ATRESIA, gastrostomy for (Anaes.) (Assist.)	594.6			445.95	
43852	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	OESOPHAGEAL ATRESIA, thoracotomy for, and division of tracheo-oesophageal fistula without anastomosis (Anaes.) (Assist.)	1891.65			1418.75	
43855	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	OESOPHAGEAL ATRESIA, delayed primary anastomosis for (Anaes.) (Assist.)	1999.95			1500	
43858	Digestive system	Type A Surgical	01.11.1994	3	T8	N	OESOPHAGEAL ATRESIA, cervical oesophagostomy for (Anaes.) (Assist.)	702.6			526.95	
43861	Lung and chest	Type A Advanced Surgical	01.11.1994	3	T8	N	CONGENITAL CYSTADENOMATOID MALFORMATION OR CONGENITAL LOBAR EMPHYSEMA, thoracotomy and lung resection for (Anaes.) (Assist.)	1945.9			1459.45	
43864	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	GASTROSCHISIS, operation for (Anaes.) (Assist.)	1459.4			1094.55	
43867	Digestive system	Type A Surgical	01.11.1994	3	T8	N	GASTROSCHISIS or Exomphalos, secondary operation for, with removal of silo (Anaes.) (Assist.)	810.7			608.05	
43870	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	EXOMPHALOS containing small bowel only, operation for (Anaes.) (Assist.)	1135.1			851.35	
43873	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	EXOMPHALOS containing small bowel and other viscera, operation for (Anaes.) (Assist.)	1513.4			1135.05	
43876	Bone, joint and muscle	Type A Advanced Surgical	01.11.1994	3	T8	N	SACROCOCCYGEAL TERATOMA, excision of, by posterior approach (Anaes.) (Assist.)	1297.2			972.9	
43879	Bone, joint and muscle	Type A Advanced Surgical	01.11.1994	3	T8	N	SACROCOCCYGEAL TERATOMA, excision of, by combined posterior and abdominal approach (Anaes.) (Assist.)	1513.4			1135.05	
43882	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.1994	3	T8	N	Cloacal exstrophy, operation for (H) (Anaes.) (Assist.)	1945.9			1459.45	

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43900	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	TRACHEO-OESOPHAGEAL FISTULA without atresia, division and repair of (Anaes.) (Assist.)	1297.2			972.9	
43903	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	OESOPHAGEAL ATRESIA or CORROSIVE OESOPHAGEAL STRICTURE, oesophageal replacement for, utilizing gastric tube, jejunum or colon (Anaes.) (Assist.)	2162.05			1621.55	
43906	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	OESOPHAGUS, resection of congenital, anastomic or corrosive stricture and anastomosis, not being a service to which item 43903 applies (Anaes.) (Assist.)	1891.65			1418.75	
43909	Lung and chest	Type A Advanced Surgical	01.11.1994	3	T8	N	TRACHEOMALACIA, aortopexy for (Anaes.) (Assist.)	1891.65			1418.75	
43912	Lung and chest	Type A Advanced Surgical	01.11.1994	3	T8	N	THORACOTOMY and excision of 1 or more of bronchogenic or enterogenous cyst or mediastinal teratoma (Anaes.) (Assist.)	1787.15			1340.4	
43915	Common list	Type A Advanced Surgical	01.11.1994	3	T8	N	EVENTRATION, plication of diaphragm for (Anaes.) (Assist.)	1351.25			1013.45	
43930	Digestive system	Type A Surgical	01.11.1994	3	T8	N	HYPERTROPHIC PYLORIC STENOSIS, pyloromyotomy for (Anaes.) (Assist.)	519.65			389.75	
43933	Digestive system	Type A Surgical	01.11.1994	3	T8	N	IDIOPATHIC INTUSSUSCEPTION, laparotomy and manipulative reduction of (Anaes.) (Assist.)	608.3			456.25	
43936	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	INTUSSUSCEPTION, laparotomy and resection with anastomosis (Anaes.) (Assist.)	1135.1			851.35	
43939	Hernia and appendix	Type A Surgical	01.11.1994	3	T8	N	VENTRAL HERNIA following neonatal closure of exomphalos or gastroschisis, repair of (Anaes.) (Assist.)	864.75			648.6	
43942	Digestive system	Type B Non-band specific	01.11.1994	3	T8	N	ABDOMINAL WALL VITELLO INTESTINAL REMNANT, excision of (Anaes.)	270.25			202.7	
43945	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	PATENT VITELLO INTESTINAL DUCT, excision of (Anaes.) (Assist.)	1135.1			851.35	
43948	Digestive system	Type B Non-band specific	01.11.1994	3	T8	N	UMBILICAL GRANULOMA, excision of, under general anaesthesia (Anaes.)	162.25			121.7	
43951	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	GASTRO-OESOPHAGEAL REFLUX with or without hiatus hernia, laparotomy and fundoplication for, without gastrostomy (Anaes.) (Assist.)	1016.4			762.3	
43954	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	GASTRO-OESOPHAGEAL REFLUX with or without hiatus hernia, laparotomy and fundoplication for, with gastrostomy (Anaes.) (Assist.)	1243.3			932.5	
43957	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	GASTRO-OESOPHAGEAL REFLUX, LAPAROTOMY AND FUNDOPLICATION for, with or without hiatus hernia, in child with neurological disease, with gastrostomy (Anaes.) (Assist.)	1351.25			1013.45	
43960	Digestive system	Type A Surgical	01.11.1994	3	T8	N	ANORECTAL MALFORMATION, perineal anoplasty of (Anaes.) (Assist.)	475.4			356.55	
43963	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of (Anaes.) (Assist.)	1891.65			1418.75	
43966	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of, with laparotomy (Anaes.) (Assist.)	2162.05			1621.55	
43969	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	PERSISTENT CLOACA, total correction of, with genital repair using posterior sagittal approach, with or without laparotomy (Anaes.) (Assist.)	2972.85			2229.65	
43972	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	CHOLEDOCHAL CYST, resection of, with 1 duct anastomosis (Anaes.) (Assist.)	2162.05			1621.55	
43975	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	CHOLEDOCHAL CYST, resection of, with 2 duct anastomoses (Anaes.) (Assist.)	2540.5			1905.4	
43978	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	BILIARY ATRESIA, portoenterostomy for (Anaes.) (Assist.)	2162.05			1621.55	
43981	Kidney and bladder	Type A Surgical	01.11.1994	3	T8	N	NEPHROBLASTOMA, NEUROBLASTOMA OR OTHER MALIGNANT TUMOUR, laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (Anaes.) (Assist.)	594.6			445.95	
43984	Kidney and bladder	Type A Advanced Surgical	01.11.1994	3	T8	N	NEPHROBLASTOMA, radical nephrectomy for (Anaes.) (Assist.)	1513.4			1135.05	
43987	Brain and nervous system	Type A Advanced Surgical	01.11.1994	3	T8	N	NEUROBLASTOMA, radical excision of (Anaes.) (Assist.)	1675.65			1256.75	
43990	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	Aganglionosis Coli, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends to sigmoid colon (Anaes.) (Assist.)	2054.05			1540.55	
43993	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	Aganglionosis Coli, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends into descending or transverse colon with or without resiting of stoma (Anaes.) (Assist.)	2216.15			1662.15	
43996	Digestive system	Type A Advanced Surgical	01.11.1994	3	T8	N	Aganglionosis Coli, total colectomy for total colonic aganglionosis with ileoanal pull-through, with or without side to side ileocolic anastomosis (Anaes.) (Assist.)	2486.35			1864.8	
43999	Digestive system	Type A Surgical	01.11.1994	3	T8	N	Aganglionosis Coli, anal sphincterotomy as an independent procedure for (Anaes.) (Assist.)	310.9			233.2	
44101	Digestive system	Type A Surgical	01.09.2015	3	T8	N	RECTUM, examination of, on a patient under 2 years of age, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.)	389.7			292.3	
44102	Digestive system	Type A Surgical and Type B Non-band specific	01.11.1994	3	T8	N	RECTUM, examination of, on a patient 2 years of age or over, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.)	299.8			224.85	
44104	Digestive system	Type B Non-band specific	01.09.2015	3	T8	N	Rectal prolapse, submucosal or perirectal injection for, under general anaesthesia, on a patient under 2 years of age (H) (Anaes.)	68.45			51.35	
44105	Digestive system	Type B Non-band specific	01.11.1994	3	T8	N	Rectal prolapse, submucosal or perirectal injection for, under general anaesthesia, on a patient 2 years of age or over (H) (Anaes.)	52.6			39.45	
44108	Hernia and appendix	Type A Surgical	01.11.1994	3	T8	N	Inguinal hernia, laparoscopic or open repair of, at age less than 12 months (H) (Anaes.) (Assist.)	704.4			528.3	

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% ($)
44111	Hernia and appendix	Type A Surgical	01.11.1994	3	T8	N	Obstructed or strangulated inguinal hernia, laparoscopic or open repair of, at age less than 12 months, including orchidopexy when performed (H) (Anaes.) (Assist.)	790.6			592.95	
44114	Hernia and appendix	Type A Surgical	01.11.1994	3	T8	N	Inguinal hernia, laparoscopic or open repair of, at age less than 12 months when orchidopexy also required (H) (Anaes.) (Assist.)	790.6			592.95	
44130	Common list	Type A Surgical	01.11.1994	3	T8	N	Lymphadenectomy, for atypical mycobacterial infection or other granulomatous disease (H) (Anaes.) (Assist.)	540.45			405.35	
44133	Back, neck and spine	Type A Surgical	01.11.1994	3	T8	N	TORTICOLLIS, open division of sternomastoid muscle for (Anaes.) (Assist.)	428.95			321.75	
44136	Skin	Type B Non-band specific	01.11.1994	3	T8	N	Ingrown toe nail, operation for, under general anaesthesia (H) (Anaes.)	197.75			148.35	
44325	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of hand, transcarpal (H) (Anaes.) (Assist.)	344.95			258.75	
44328	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of hand, proximal to wrist radiocarpal joint, through forearm (H) (Anaes.) (Assist.)	415.75			311.85	
44331	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	AMPUTATION AT SHOULDER (Anaes.) (Assist.)	685.45			514.1	
44334	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Interscapulothoracic amputation (H) (Anaes.) (Assist.)	1393.2			1044.9	
44338	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Amputation of one digit of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	168.05			126.05	
44342	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Amputation of 2 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	256.5			192.4	
44346	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Amputation of 3 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	296.3			222.25	
44350	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of 4 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	336.2			252.15	
44354	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of 5 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	384.75			288.6	
44358	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Amputation of one ray of one foot, proximal to the metatarsal head, including any of the following (if performed): (a) resection of bone; (b) excision of neuromas; (c) skin cover or recontouring with homodigital flaps (H) (Anaes.) (Assist.)	256.5			192.4	
44359	Bone, joint and muscle	Type A Surgical	01.11.1999	3	T8	N	Amputation of one or more toes of one foot, or amputation at midfoot or hindfoot of one foot, for diabetic or other microvascular disease; (a) including any of the following (if performed): (i) resection of bone; (ii) excision of neuromas; (iii) excision of one or more bones of the foot; (iv) treatment of underlying infection; (v) skin cover or recontouring with homodigital flaps; and (b) excluding aftercare; —applicable only once per foot per occasion on which the service is performed (H) (Anaes.) (Assist.)	307.85			230.9	
44361	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of foot, at ankle or hindfoot, including any of the following (if performed): (a) resection of bone; (b) excision of neuromas; (c) skin cover; (H) (Anaes.) (Assist.)	509.1			381.85	
44364	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of foot, transtarsal, including any of the following (if performed): (a) resection of bone; (b) excision of neuromas; (c) skin cover; (H) (Anaes.) (Assist.)	344.95			258.75	
44367	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation through thigh, at knee or below knee (H) (Anaes.) (Assist.)	608.85			456.65	
44370	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	AMPUTATION AT HIP (Anaes.) (Assist.)	840.2			630.15	
44373	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Hindquarter, amputation of (H) (Anaes.) (Assist.)	1724.6			1293.45	
44376	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Amputation stump, re-amputation of, to provide adequate skin and muscle cover (H) (Anaes.) (Assist.)		75% of the original amputation fee			
45000	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals not in association with any of items 31356 to 31383 (Anaes.)	631.45			473.6	536.75
45003	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Single stage local myocutaneous flap repair to one defect, simple and small not in association with any of items 31356 to 31383 (Anaes.)	701.9			526.45	599.5
45006	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Single stage large myocutaneous flap repair to one defect (pectoralis major, latissimus dorsi, or similar large muscle), other than a service associated with a service to which any of items 45524 to 45542 apply (H) (Anaes.) (Assist.)	1210.55			907.95	
45009	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Single stage local muscle flap repair to 1 defect, simple and small, other than a service associated with a service to which item 30278, 30281 or 41722 applies (H) (Anaes.) (Assist.)	442.2			331.65	
45012	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Single stage large muscle flap repair to one defect (pectoralis major, gastrocnemius, gracilis or similar large muscle), other than a service associated with a service to which any of items 45524 to 45542 apply (H) (Anaes.) (Assist.)	907.85			680.9	
45015	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	MUSCLE OR MYOCUTANEOUS FLAP, delay of (Anaes.)	350.85			263.15	

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45018	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Dermis, dermofat or fascia graft (other than transfer of fat by injection): (a) if the service is not associated with neurosurgical services for spinal disorders mentioned in any of items 51011 to 51171; and (b) other than a service associated with a service to which item 39615, 39715, 40106 or 40109 applies (H) (Anaes.) (Assist.)	552.6			414.45	
45019	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	19.06.1997	3	T8	N	Full face chemical peel for severely sun-damaged skin, if: (a) the damage affects at least 75% of the facial skin surface area; and (b) the damage involves photo-damage (dermatoheliosis); and (c) the photo-damage involves: (i) a solar keratosis load exceeding 30 individual lesions; or (ii) solar lentigines; or (iii) freckling, yellowing or leathering of the skin; or (iv) solar kertoses which have proven refractory to, or recurred following, medical therapies; and (d) at least medium depth peeling agents are used; and (e) the chemical peel is performed in the operating theatre of a hospital by a medical practitioner recognised as a specialist in the specialty of dermatology or plastic surgery. Applicable once only in any 12 month period (Anaes.)	462.8			347.1	
45021	Plastic and reconstructive surgery (medically necessary)	Type C	01.12.1991	3	T8	N	Abrasive therapy for severely disfiguring scarring of face resulting from trauma, burns or acne, if sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes—limited to one claim per patient per episode (Anaes.)	206.9			155.2	175.9
45025	Plastic and reconstructive surgery (medically necessary)	Type C	01.11.1995	3	T8	N	CARBON DIOXIDE LASER OR ERBIUM LASER (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.)	206.9			155.2	175.9
45026	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type C	01.11.1995	3	T8	N	CARBON DIOXIDE LASER OR ERBIUM LASER (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.)	464.95			348.75	395.25
45027	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Vascular anomaly, cauterisation of or injection into, if undertaken in the operating theatre of a hospital (H) (Anaes.)	140.45			105.35	
45030	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Vascular anomaly, of skin, mucous membrane and/or subcutaneous tissue, small, excision and suture of (Anaes.)	158.35			118.8	134.6
45033	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Vascular anomaly, large or involving deeper tissue including facial muscle, excision and suture of (H) (Anaes.) (Assist.)	286.85			215.15	
45035	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1994	3	T8	N	Vascular anomaly, large, deep, and involving major neurovascular structures, excision of, including dissection of muscles, nerves or major vessels (H) (Anaes.) (Assist.)	819			614.25	
45036	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Vascular anomaly, of neck, deep and involving major neurovascular structures, excision of, including dissection of cranial nerves and major vessels (H) (Anaes.) (Assist.)	1316			987	
45045	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Vascular anomaly on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.)	359.85			269.9	305.9
45048	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	LYMPHOEDEMATOUS tissue or lymphangiectasis, of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (Anaes.) (Assist.)	903.65			677.75	
45051	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Contour reconstruction by open repair of contour defects, due to deformity, if: (a) contour reconstructive surgery is indicated because the deformity is secondary to congenital absence of tissue or has arisen from trauma (other than trauma from previous cosmetic surgery); and (b) insertion of a non-biological implant is required, other than one or more of the following: (i) insertion of a non-biological implant that is a component of another service specified in Group T8; (ii) injection of liquid or semisolid material; (iii) an oral and maxillofacial implant service to which item 52321 applies; (iv) a service to insert mesh; and (c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	552.7			414.55	
45054	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1999	3	T8	N	Limb or chest, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn (H) (Anaes.) (Assist.)	380.35			285.3	
45060	Breast surgery (medically necessary)	Type A Advanced Surgical	01.11.2018	3	T8	N	Developmental breast abnormality, single stage correction of, if: (a) the correction involves either: (i) bilateral mastopexy for symmetrical tubular breasts; or (ii) surgery on both breasts with a combination of insertion of one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammaplasty, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least 20% in normally shaped breasts, or 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)	1483.05			1112.3	

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45061	Breast surgery (medically necessary)	Type A Advanced Surgical	01.11.2018	3	T8	N	Developmental breast abnormality, 2 stage correction of, first stage, involving surgery on both breasts with a combination of insertion of one or more tissue expanders, mastopexy or reduction mammaplasty, if: (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes. Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)	1483.05			1112.3	
45062	Breast surgery (medically necessary)	Type A Advanced Surgical	01.11.2018	3	T8	N	Developmental breast abnormality, 2 stage correction of, second stage, involving surgery on both breasts with a combination of exchange of one or more tissue expanders for one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammaplasty, if: (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes. Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)	1073.2			804.9	
45200	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Single stage local flap, if indicated to repair one defect, simple and small, excluding flap for male pattern baldness and excluding H-flap or double advancement flap not in association with any of items 31356 to 31383 (Anaes.)	331.7			248.8	281.95
45201	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2016	3	T8	N	Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion (only in association with items 31000, 31001, 31002, 31003, 31004, 31005, 31358, 31359, 31360, 31363, 31364, 31369, 31370, 31371, 31373, 31376, 31378, 31380 or 31383)-may be claimed only once per defect (Anaes.)	482.85			362.15	410.45
45202	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2016	3	T8	N	Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion in a patient, if the clinical relevance of the procedure is clearly annotated in the patient's record and either: (a) item 45201 applies and additional flap repair is required for the same defect; or (b) item 45201 does not apply and either: (i) the patient has severe pre-existing scarring, severe skin atrophy or sclerodermoid changes; or (ii) the repair is contiguous with a free margin (Anaes.)	482.85			362.15	410.45
45203	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Single stage local flap, if indicated to repair one defect, complicated or large, excluding flap for male pattern baldness and excluding H-flap or double advancement flap not in association with any of items 31356 to 31383 (Anaes.) (Assist.)	473.65			355.25	402.65
45206	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Single stage local flap if indicated to repair one defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals and excluding H-flap or double advancement flap not in association with any of items 31356 to 31383 (Anaes.)	447.5			335.65	380.4
45207	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2006	3	T8	N	H-flap or double advancement flap if indicated to repair one defect, on eyelid, eyebrow or forehead not in association with any of items 31356 to 31383 (Anaes.)	447.5			335.65	380.4
45209	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Pedicled flap repair (forehead, cross arm, cross leg, abdominal or similar), first stage of a multistage procedure (H) (Anaes.) (Assist.)	552.7			414.55	
45212	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Pedicled flap repair (forehead, cross arm, cross leg, abdominal or similar), subsequent stage of a multistage procedure (H) (Anaes.) (Assist.)	274.25			205.7	
45221	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	DIRECT FLAP REPAIR, small (cross finger or similar), first stage (Anaes.)	305.2			228.9	259.45
45224	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	DIRECT FLAP REPAIR, small (cross finger or similar), second stage (Anaes.)	137.15			102.9	116.6
45227	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Indirect flap or tubed pedicle, formation of (H) (Anaes.) (Assist.)	519.65			389.75	
45230	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	3	T8	N	DIRECT OR INDIRECT FLAP OR TUBED PEDICLE, delay of (Anaes.)	259.85			194.9	220.9
45233	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Indirect flap or tubed pedicle, preparation of intermediate or final site and attachment to the site (H) (Anaes.) (Assist.)	552.7			414.55	
45239	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Direct, indirect, free or local flap, revision of, by incision and suture and/or liposuction, applicable once per flap, not being a service associated with a service to which item 45497 applies (Anaes.)	305.2			228.9	259.45
45440	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Split thickness skin graft to a small defect that is:(a) less than 40 mm in diameter: (i) on areas below the knee; or(ii) distal to the ulnar styloid; or(iii) on the genital area; or(iv) on areas above the clavicle; or (b) less than 80 mm in diameter on any other part of the body (Anaes.) (Assist.)	331.7			248.8	281.95
45443	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Split thickness skin graft to a large defect that is:(a) 40 mm or more in diameter: (i) on areas below the knee; or(ii) distal to the ulnar styloid; or(iii) on the genital area; or(iv) on areas above the clavicle; or (b) 80 mm or more in diameter on any other part of the body (Anaes.) (Assist.)	684.2			513.15	581.8

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45451	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Full thickness skin graft to one defect, with an average diameter of 5 mm or more (Anaes.) (Assist.)	552.7			414.55	469.8
45496	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.05.2000	3	T8	N	FLAP, free tissue transfer using microvascular techniques - revision of, by open operation (Anaes.)	485.45			364.1	
45497	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.05.2000	3	T8	N	Flap, free tissue transfer using microvascular techniques or any autologous breast reconstruction, revision of, by liposuction, other than a service associated with a service to which item 45239 applies (H) (Anaes.)	369.8			277.35	
45500	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit; cannot be claimed by the same provider for both artery and vein (H) (Anaes.) (Assist.)	1271.9			953.95	
45501	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.03.1999	3	T8	N	Microvascular anastomosis of artery or vein using microsurgical techniques, for replantation or revascularisation of limb or digit, if the limb or digit is devitalised and the repair is critical for restoration of blood supply, other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (H) (Anaes.) (Assist.)	2070.25			1552.7	
45502	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.1993	3	T8	N	Microvascular anastomoses of artery and vein using microsurgical techniques, for replantation or revascularisation of limb or digit, if the limb or digit is devitalised and the repair is critical for restoration of blood supply, including anastomoses of all required vessels for that extremity or digit, unless a micro-arterial or micro-venous graft is being used, other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (H) (Anaes.) (Assist.)	3105.45			2329.1	
45503	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Micro-arterial or micro-venous graft using microsurgical techniques, if the graft is critical for restoration of blood supply, including harvest of graft and suturing of all related anastomoses (not to be claimed in the context of cardiac surgery) (H) (Anaes.) (Assist.)	2368.5			1776.4	
45504	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.03.1999	3	T8	N	Microvascular anastomosis of artery, vein or veins, using microsurgical techniques, for free transfer of tissue, including setting in of free flap, other than:(a) a service for the purpose of breast reconstruction; or(b) a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies(H) (Anaes.) (Assist.)	2070.25			1552.7	
45505	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.03.1999	3	T8	N	Microvascular anastomoses of artery and vein or veins, using microsurgical techniques, for free transfer of tissue, including setting in of free flap, other than:(a) a service for the purpose of breast reconstruction; or(b) a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies(H) (Anaes.) (Assist.)	3135.25			2351.45	
45507	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Microvascular repair using microsurgical techniques, with restoration of continuity of artery and vein of distal extremity or digit, including anastomoses of all required vessels for that extremity or digit, other than a service associated with a service to which item 45564, 45565 or 45567 applies (H) (Anaes.) (Assist.)	1907.9			1430.95	
45510	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Scar, of face or neck, not more than 3 cm in length, revision of, if:(a) undertaken in the operating theatre of a hospital; or(b) performed by a specialist in the practice of the specialist's specialty (Anaes.)	256.5			192.4	218.05
45512	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	SCAR, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.)	344.95			258.75	293.25
45515	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Scar, other than on face or neck, not more than 7 cm in length, revision of, if:(a) the service is:(i) undertaken in the operating theatre of a hospital; or(ii) performed by a specialist in the practice of the specialist's specialty; and(b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and(c) the incision made for revision of the scar is not used as an approach for another procedure (including a non rebatable procedure); and(d) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes (Anaes.)	217.6			163.2	185
45518	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	3	T8	N	Scar, other than on face or neck, more than 7 cm in length, revision of, if: (a) the service is: (i) undertaken in the operating theatre of a hospital; or (ii) performed by a specialist in the practice of the specialist's specialty; and (b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and (c) the incision made for revision of the scar is not used as an approach for another procedure (including a non-rebatable procedure); and (d) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes (H) (Anaes.)	263.3			197.5	
45520	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.1998	3	T8	N	Reduction mammaplasty (unilateral) with surgical repositioning of nipple, in the context of breast cancer or developmental abnormality of the breast, other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side (H) (Anaes.) (Assist.)	1050.4			787.8	
45522	Breast surgery (medically necessary)	Type A Surgical	01.07.1998	3	T8	N	Reduction mammaplasty (unilateral) without surgical repositioning of the nipple:(a) excluding the treatment of gynaecomastia; and(b) not with insertion of any prosthesis;other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side (H) (Anaes.) (Assist.)	736.95			552.75	
45523	Breast surgery (medically necessary)	Type A Advanced Surgical	01.11.2018	3	T8	N	Reduction mammaplasty (bilateral) with surgical repositioning of the nipple:(a) for patients with macromastia who are experiencing pain in the neck or shoulder region; and(b) not with insertion of any prosthesis;other than a service associated with a service to which item 31512, 31513 or 31514 applies (H) (Anaes.) (Assist.)	1575.75			1181.85	

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45524	Breast surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Mammaplasty, augmentation (unilateral) in the context of: (a) breast cancer; or (b) developmental abnormality of the breast, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds. Applicable only once per occasion on which the service is provided, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	865.2			648.9	
45527	Breast surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	1249.65			937.25	
45528	Breast surgery (medically necessary)	Type A Advanced Surgical	19.06.1997	3	T8	N	Mammaplasty, augmentation, bilateral (other than a service to which item 45527 applies), if: (a) reconstructive surgery is indicated because of: (i) developmental malformation of breast tissue (excluding hypomastia); or (ii) disease of or trauma to the breast (other than trauma resulting from previous elective cosmetic surgery); or (iii) amastia secondary to a congenital endocrine disorder; and (b) photographic or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	1297.6			973.2	
45529	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Breast reconstruction (bilateral), following mastectomy, using permanent prostheses, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	2186.8			1640.1	
45530	Breast surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Post-mastectomy breast reconstruction, autologous (unilateral), using a large muscle or myocutaneous flap, isolated on its vascular pedicle, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45006 or 45012 applies (H) (Anaes.) (Assist.)	1282.5			961.9	
45531	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Post-mastectomy breast reconstruction, autologous (bilateral), using a large muscle or myocutaneous flap, isolated on its vascular pedicle, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45006 or 45012 applies (H) (Anaes.) (Assist.)	2244.4			1683.3	
45532	Breast surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Revision of post-mastectomy breast reconstruction, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	316			237	
45534	Breast surgery (medically necessary)	Type A Surgical and Type B Non-band specific	01.11.2021	3	T8	N	Autologous fat grafting, unilateral service (harvesting, preparation and injection of adipocytes) if: (a) the autologous fat grafting is for one or more of the following purposes: (i) the correction of defects arising from treatment and prevention of breast cancer in patients with contour defects, greater than or equal to 20% volume asymmetry, post-treatment pain or poor prosthetic coverage; (ii) the preparation of post mastectomy thin or irradiated skin flaps in patients intending to have breast reconstruction; (iii) breast reconstruction in breast cancer patients; (iv) the correction of developmental disorders of the breast; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Up to a total of 4 services per side (for total treatment of a single breast), other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.)	736.95			552.75	
45535	Breast surgery (medically necessary)	Type A Advanced Surgical and Type B Non-band specific	01.11.2021	3	T8	N	Autologous fat grafting, bilateral service (harvesting, preparation and injection of adipocytes) if: (a) the autologous fat grafting is for one or more of the following purposes: (i) the correction of defects arising from treatment and prevention of breast cancer in patients with contour defects, greater than or equal to 20% volume asymmetry, post-treatment pain or poor prosthetic coverage; (ii) the preparation of post mastectomy thin or irradiated skin flaps in patients intending to have breast reconstruction; (iii) breast reconstruction in breast cancer patients; (iv) the correction of developmental disorders of the breast; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Up to a total of 4 services, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.)	1289.8			967.35	
45537	Breast surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Perforator flap, such as a thoracodorsal artery perforator (TDAP) flap or a lateral intercostal artery perforator (LICAP) flap, or similar, raising on a named source vessel, for reconstruction of a partial mastectomy defect, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	917.6			688.2	
45538	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Perforator flap, such as a deep inferior epigastric perforator (DIEP) flap or similar, raising in preparation for microsurgical transfer of a free flap for post mastectomy breast reconstruction, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	1049.9			787.45	
45539	Breast surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Breast reconstruction (unilateral), following mastectomy, using tissue expansion—insertion of tissue expansion unit and all attendances for subsequent expansion injections, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	1682.25			1261.7	
45540	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Breast reconstruction (bilateral), following mastectomy, using tissue expansion—insertion of tissue expansion unit and all attendances for subsequent expansion injections, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	2943.8			2207.85	
45541	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Breast reconstruction (bilateral), following mastectomy, using tissue expansion—removal of tissue expansion unit and insertion of permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	1252.25			939.2	
45542	Breast surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Breast reconstruction (unilateral), following mastectomy, using tissue expansion—removal of tissue expansion unit and insertion of permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	715.55			536.7	

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45545	Breast surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Nipple or areola or both, reconstruction of, by any surgical technique (H) (Anaes.) (Assist.)	726.25			544.7	
45546	Breast surgery (medically necessary)	Type C	01.11.1998	3	T8	N	NIPPLE OR AREOLA or both, intradermal colouration of, following breast reconstruction after mastectomy or for congenital absence of nipple	230.8			173.1	196.2
45547	Breast surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Revision of breast prosthesis pocket, if:(a) breast prosthesis or tissue expander has been placed for the purpose of breast reconstruction in the context of breast cancer or for developmental breast abnormality; and(b) the prosthesis or tissue expander has migrated or rotated from its intended position or orientation; and(c) the existing prosthesis is used(H) (Anaes.) (Assist.)	815.95			612	
45548	Breast surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Breast prosthesis, removal of, as an independent procedure (H) (Anaes.)	322.85			242.15	
45551	Breast surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Breast prosthesis, removal of, with excision of at least half of the fibrous capsule, not with insertion of any prosthesis. The excised specimen must be sent for histopathology and the volume removed must be documented in the histopathology report (Anaes.) (Assist.)	517.65			388.25	
45553	Breast surgery (medically necessary)	Type A Surgical	01.11.2006	3	T8	N	Breast prosthesis, removal of and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), if: (a) either: (i) it is demonstrated by intra-operative photographs post-removal that removal alone would cause unacceptable deformity; or (ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	666.8			500.1	
45554	Breast surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Breast prosthesis, removal and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), including excision of at least half of the fibrous capsule or formation of a new pocket, or both, if: (a) either: (i) it is demonstrated by intra-operative photographs post-removal that removal alone would cause unacceptable deformity; or (ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and (b) the excised specimen is sent for histopathology and the volume removed is documented in the histopathology report; and (c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	815.95			612	
45556	Breast surgery (medically necessary)	Type A Surgical	01.11.2001	3	T8	N	Breast ptosis, correction of (unilateral), in the context of breast cancer or developmental abnormality, if photographic evidence (including anterior, left lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Applicable only once per occasion on which the service is provided, other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side (H) (Anaes.) (Assist.)	893.6			670.2	
45558	Breast surgery (medically necessary)	Type A Advanced Surgical	01.11.2001	3	T8	N	Correction of bilateral breast ptosis by mastopexy, if: (a) at least two-thirds of the breast tissue, including the nipple, lies inferior to the inframammary fold where the nipple is located at the most dependent, inferior part of the breast contour; and (b) photographic evidence (including anterior, left lateral and right lateral views), with a marker at the level of the inframammary fold, demonstrating the clinical need for this service, is documented in the patient notes Applicable only once per lifetime, other than a service associated with a service to which item 31512, 31513 or 31514 applies (H) (Anaes.) (Assist.)	1340.35			1005.3	
45560	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	HAIR TRANSPLANTATION for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not being a service to which another item in this Group applies (Anaes.)	552.6			414.45	469.75
45561	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.05.2007	3	T8	N	Microvascular anastomosis of artery and/or vein, if considered necessary to salvage a vascularly compromised pedicled or free flap, either during the primary procedure or at a subsequent return to theatre (H) (Anaes.) (Assist.)	2070.25			1552.7	
45562	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.03.1999	3	T8	N	Free transfer of tissue (microvascular free flap) for non-breast defect involving raising of tissue on vascular pedicle, including direct repair of secondary cutaneous defect (if performed), other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (H) (Anaes.) (Assist.)	1282.5			961.9	
45563	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Neurovascular island flap for restoration of essential sensation in the digits or sole of the foot, or for genital reconstruction, including:(a) direct repair of secondary cutaneous defect (if performed); and(b) formal dissection of the neurovascular pedicle;other than a service performed on simple V-Y flaps or other standard flaps, such as rotation or keystone (H) (Anaes.) (Assist.)	1282.5			961.9	
45564	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.1999	3	T8	N	Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non-breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):(a) anastomoses of all required vessels; and(b) raising of tissue on a vascular pedicle; and(c) preparation of recipient vessels; and(d) transfer of tissue; and(e) insetting of tissue at recipient site; and(f) direct repair of secondary cutaneous defect, if performed;other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562 or 45567 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	2970.45			2227.85	

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45565	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.1999	3	T8	N	Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non-breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):(a) anastomoses of all required vessels; and(b) raising of tissue on a vascular pedicle; and(c) preparation of recipient vessels; and(d) transfer of tissue; and(e) insetting of tissue at recipient site; and(f) direct repair of secondary cutaneous defect, if performed;other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562 or 45567 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	2227.95			1671	
45566	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Insertion of a temporary prosthetic tissue expander which requires subsequent removal, including all attendances for subsequent expansion injections, other than a service for breast or post-mastectomy tissue expansion (H) (Anaes.) (Assist.)	1249.65			937.25	
45567	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non-breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):(a) anastomoses of all required vessels; and(b) raising of tissue on a vascular pedicle; and(c) preparation of recipient vessels; and(d) transfer of tissue; and(e) insetting of tissue at recipient site; and(f) direct repair of secondary cutaneous defect, if performed;other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562, 45564 or 45565 applies—single surgeon (H) (Anaes.) (Assist.)	3426.1			2569.6	
45568	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2003	3	T8	N	Tissue expander, removal of, including complete excision of fibrous capsule if performed (H) (Anaes.) (Assist.)	517.65			388.25	
45571	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Closure of abdomen with reconstruction of umbilicus, with or without lipectomy, to be used following the harvest of an autologous flap, being a service associated with a service to which item 45530, 45531, 45562, 45564, 45565, 45567, 46080, 46082, 46084, 46086, 46088 or 46090 applies, including repair of the musculoaponeurotic layer of the abdomen (including insertion of prosthetic mesh if used) (H) (Anaes.) (Assist.)	1207.35			905.55	
45572	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Intra-operative tissue expansion using a prosthetic tissue expander, performed under general anaesthetic or intravenous sedation during an operation, if combined with a service to which another item in Group T8 applies (including expansion injections), not to be used for breast tissue expansion (H) (Anaes.)	340.3			255.25	
45575	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Facial nerve paralysis, free fascia graft for (H) (Anaes.) (Assist.)	840.2			630.15	
45578	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	FACIAL NERVE PARALYSIS, muscle transfer for (Anaes.) (Assist.)	973			729.75	
45581	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Facial nerve paralysis, excision of tissue for (H) (Anaes.)	322.85			242.15	
45584	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), for treatment of post traumatic pseudolipoma, if photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	736.95			552.75	
45585	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	19.06.1997	3	T8	N	Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), other than a service associated with a service to which item 31525 or 31526 applies, if: (a) the liposuction is for: (i) the treatment of Barraquer-Simons syndrome, lymphoedema or macrodystrophia lipomatosa; or (ii) the reduction of a buffalo hump that is secondary to an endocrine disorder or pharmacological treatment of a medical condition; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.)	736.95			552.75	
45587	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Meloplasty for correction of facial asymmetry if: (a) the asymmetry is secondary to trauma (including previous surgery), a congenital condition or a medical condition (such as facial nerve palsy); and (b) the meloplasty is limited to one side of the face (Anaes.) (Assist.)	1039.25			779.45	
45588	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	19.06.1997	3	T8	N	Meloplasty (excluding browlifts and chinlift platysmaplasties), bilateral, if: (a) surgery is indicated to correct a functional impairment due to a congenital condition, disease (excluding post-acne scarring) or trauma (other than trauma resulting from previous elective cosmetic surgery); and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	1559			1169.25	

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45589	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.11.2021	3	T8	N	Autologous fat grafting (harvesting, preparation and injection of adipocytes) if: (a) the autologous fat grafting is for either or both of the following purposes: (i) the correction of asymmetry arising from volume and contour defects in craniofacial disorders—up to a total of 4 services if each service is provided at least 3 months after the previous service; (ii) the treatment of burn scar or associated skin graft in the context of scar contracture, contour deformity or neuropathic pain, for patients who have undergone a minimum of 3 months of topical therapies, including silicone and pressure therapy, with an unsatisfactory or minimal level of improvement—up to a total of 4 services per region of the body (upper or lower limbs, trunk, neck or face) if each service provided per region of the body is provided at least 3 months after the previous such service; and (b) both: (i) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes; and (ii) for craniofacial disorders, evidence of diagnosis of the qualifying craniofacial disorder is documented in the patient notes (H) (Anaes.)	736.95			552.75	
45590	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Orbital cavity, reconstruction of wall or floor, with or without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 42530 or 45594 applies on the same side (H) (Anaes.) (Assist.)	563.75			422.85	
45592	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Orbital cavity, reconstruction of wall and floor with bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45594 applies on the same side (H) (Anaes.) (Assist.)	992.95			744.75	
45594	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Orbital cavity, exploration of wall or floor without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 42530, 45590 or 45592 applies on the same side (H) (Anaes.) (Assist.)	465.35			349.05	
45596	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Hemimaxillectomy (H) (Anaes.) (Assist.)	1050.4			787.8	
45597	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.04.1992	3	T8	N	Total maxillectomy (bilateral) (H) (Anaes.) (Assist.)	1406.15			1054.65	
45599	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Mandible, total resection of, other than a service associated with a service to which item 45608 applies (H) (Anaes.) (Assist.)	1092.6			819.45	
45602	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	MANDIBLE, including lower border, OR MAXILLA, sub-total resection of (Anaes.) (Assist.)	815.95			612	
45605	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	MANDIBLE OR MAXILLA, segmental resection of, for tumours or cysts (Anaes.) (Assist.)	685.45			514.1	
45608	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Mandible, segmental mandibular or maxilla reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (H) (Anaes.) (Assist.)	965.1			723.85	
45609	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Mandible, maxilla or skull base, reconstruction of, using bony free flap, all osteotomies, shaping, inset and fixation by any means, including all necessary 3 dimensional planning, if performed in conjunction with one or more services covered by items 46060 to 46068 (H) (Anaes.) (Assist.)	965.1			723.85	
45611	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Mandible, condylectomy of (H) (Anaes.) (Assist.)	552.7			414.55	
45614	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Eyelid, reconstruction of a defect (greater than one quarter of the length of the lid) involving all 3 layers of the eyelid, if unable to be closed by direct suture or wedge excision, including all flaps and grafts that may be required (Anaes.) (Assist.)	973			729.75	870.6
45617	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	3	T8	N	Upper eyelid, reduction of, if: (a) the reduction is for any of the following: (i) history of a demonstrated visual impairment; (ii) intertriginous inflammation of the eyelid; (iii) herniation of orbital fat in exophthalmos; (iv) facial nerve palsy; (v) post-traumatic scarring; (vi) the restoration of symmetry of contralateral upper eyelid in respect of one of the conditions mentioned in subparagraphs (i) to (v); and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	274.25			205.7	233.15
45620	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Lower eyelid, reduction of, if: (a) the reduction is for: (i) herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring; or (ii) the restoration of symmetry of the contralateral lower eyelid in respect of one of these conditions; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	380.35			285.3	323.3
45623	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Ptosis of upper eyelid (unilateral), correction of, by: (a) sutured elevation of the tarsal plate on the eyelid retractors (Muller's or levator muscle or levator aponeurosis); or (b) sutured suspension to the brow/frontalis muscle; Not applicable to a service for repair of mechanical ptosis to which item 45617 applies (Anaes.) (Assist.)	843.4			632.55	741
45624	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.1998	3	T8	N	Ptosis of upper eyelid, correction of, by: (a) sutured elevation of the tarsal plate on the eyelid retractors (Muller's or levator muscle or levator aponeurosis); or (b) sutured suspension to the brow/frontalis muscle; if a previous ptosis surgery has been performed on that side (Anaes.) (Assist.)	1093.6			820.2	991.2
45625	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.07.1998	3	T8	N	PTOSIS of eyelid, correction of eyelid height by revision of levator sutures within one week of primary repair by levator resection or advancement, performed in the operating theatre of a hospital (Anaes.)	218.85			164.15	

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% ($)
45626	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Ectropion or entropion, not caused by trachoma, correction of (unilateral) (Anaes.)	380.35			285.3	323.3
45627	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2019	3	T8	N	Ectropion or entropion, caused by trachoma, correction of (unilateral) (Anaes.)	380.35			285.3	323.3
45629	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	SYMBLEPHARON, grafting for (Anaes.) (Assist.)	552.7			414.55	469.8
45632	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Rhinoplasty, partial, involving correction of one or both lateral cartilages, one or both alar cartilages or one or both lateral cartilages and alar cartilages, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.)	597.2			447.9	
45635	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Rhinoplasty, partial, involving correction of bony vault only, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.)	685.45			514.1	
45641	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, with or without autogenous cartilage or bone graft from a local site (nasal), if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	1243.55			932.7	
45644	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes; other than a service associated with a service to which item 45718 applies (H) (Anaes.) (Assist.)	1492.55			1119.45	
45645	Ear, nose and throat	Unlisted	01.11.1994	3	T8	N	CHOANAL ATRESIA, repair of by puncture and dilatation (Anaes.)	260.8			195.6	
45646	Ear, nose and throat	Type A Advanced Surgical	01.11.1994	3	T8	N	Choanal atresia, correction by open operation with bone removal (H) (Anaes.) (Assist.)	1050.4			787.8	
45650	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	3	T8	N	Rhinoplasty, revision of, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	172.35			129.3	146.5
45652	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1995	3	T8	N	Rhinophyma of a moderate or severe degree, carbon dioxide laser or erbium laser excision - ablation of (Anaes.)	415.75			311.85	353.4
45653	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	RHINOPHYMA, shaving of (Anaes.)	415.75			311.85	353.4
45656	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	COMPOSITE GRAFT (Chondrocutaneous or chondromucosal) to nose, ear or eyelid (Anaes.) (Assist.)	585.9			439.45	498.05
45658	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.03.2021	3	T8	N	Correction of a congenital deformity of the ear if: (a) the congenital deformity is not related to a prominent ear; and (b) the deformity has been clinically diagnosed as a constricted ear, Stahl's ear, or a similar congenital deformity; and (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes. (Anaes.) (Assist.)	608.15			456.15	
45659	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Correction of a congenital deformity of the ear if: (a) the patient is less than 18 years of age; and (b) the deformity is characterised by an absence of the antihelical fold and/or large scapha and/or large concha; and (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	608.15			456.15	
45660	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.2000	3	T8	N	External ear, complex total reconstruction of, using costal cartilage grafts to form a framework, including the harvesting and sculpturing of the cartilage and its insertion, for congenital absence, microtia or post-traumatic loss of entire or substantial portion of pinna (first stage) - performed by a specialist in the practice of the specialist's specialty (H) (Anaes.) (Assist.)	3358.2			2518.65	
45661	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.2000	3	T8	N	External ear, complex total reconstruction of, elevation of costal cartilage framework using cartilage previously stored in abdominal wall, including the use of local skin and fascia flaps and skin graft to cover cartilage (second stage) - performed by a specialist in the practice of the specialist's specialty (H) (Anaes.) (Assist.)	1492.55			1119.45	
45665	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Lip, eyelid or ear, full thickness wedge excision of, with repair by direct sutures, excluding eyelid wedge when performed in conjunction with a cosmetic eyelid procedure (Anaes.)	380.35			285.3	323.3

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45668	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	VERMILIONECTOMY, by surgical excision (Anaes.)	380.35			285.3	323.3
45669	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1995	3	T8	N	Vermilionectomy for biopsy-confirmed cellular atypia, using carbon dioxide laser or erbium laser excision - ablation (Anaes.)	380.35			285.3	323.3
45671	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Lip or eyelid reconstruction, single stage or first stage of a two-stage flap reconstruction of a defect involving all 3 layers of tissue, if the flap is switched from the opposing lip or eyelid respectively (H) (Anaes.) (Assist.)	973			729.75	
45674	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	3	T8	N	Lip or eyelid reconstruction, second stage of a two-stage flap reconstruction, division of the pedicle and inset of flap and closure of the donor (H) (Anaes.)	283.05			212.3	
45675	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1994	3	T8	N	MACROCHEILIA or macroglossia, operation for (Anaes.) (Assist.)	563.75			422.85	
45676	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1994	3	T8	N	MACROSTOMIA, operation for (Anaes.) (Assist.)	671.15			503.4	
45677	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Cleft lip, unilateral—primary repair of nasolabial complex, one stage, without anterior palate repair (H) (Anaes.) (Assist.)	666			499.5	
45680	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Cleft lip, unilateral—primary repair of nasolabial complex, one stage, with anterior palate repair (H) (Anaes.) (Assist.)	868.55			651.45	
45683	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Cleft lip, bilateral—primary repair of nasolabial complex, one stage, without anterior palate repair (H) (Anaes.) (Assist.)	964.85			723.65	
45686	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Cleft lip, bilateral—primary repair of nasolabial complex, one stage, with anterior palate repair (H) (Anaes.) (Assist.)	1138.85			854.15	
45689	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	CLEFT LIP, lip adhesion procedure, unilateral or bilateral (Anaes.) (Assist.)	305.4			229.05	
45692	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (H) (Anaes.)	350.85			263.15	
45695	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	CLEFT LIP, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)	570.2			427.65	
45698	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	CLEFT LIP, primary columella lengthening procedure, bilateral (Anaes.)	535.15			401.4	
45701	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	965.1			723.85	
45704	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (H) (Anaes.)	350.85			263.15	
45707	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	CLEFT PALATE, primary repair (Anaes.) (Assist.)	912.15			684.15	
45710	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	CLEFT PALATE, secondary repair, closure of fistula using local flaps (Anaes.)	570.2			427.65	
45713	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	CLEFT PALATE, secondary repair, lengthening procedure (Anaes.) (Assist.)	649.3			487	
45714	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1995	3	T8	N	Oro-nasal fistula, repair of, including a local flap for closure (H) (Anaes.) (Assist.)	912.15			684.15	
45716	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (Anaes.)	912.15			684.15	
45717	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Alveolar cleft (congenital), unilateral, bone grafting of, including local flap closure of associated oro-nasal fistulae and ridge augmentation, other than a service associated with a service to which item 45718 applies (H) (Anaes.) (Assist.)	1371.85			1028.9	

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45718	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Face, contour restoration of one region, for the correction of deformity using autogenous bone or cartilage, if the deformity:(a) is secondary to congenital absence of tissue; or(b) has arisen from:(i) trauma (other than from previous cosmetic surgery); or(ii) a diagnosed pathological process;other than a service associated with a service to which item 45644 or 45717 (alveolar bone grafting) applies (H) (Anaes.) (Assist.)	1492.55			1119.45	
45761	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Genioplasty, including transposition of nerves and vessels and bone grafts taken from the same site, if:(a) the deformity: (i) is secondary to congenital absence of tissue; or(ii) has arisen from trauma (other than from previous cosmetic surgery) or a diagnosed pathological process; and (b) the service is required for maintaining lip competency; and(c) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes(H) (Anaes.) (Assist.)	873.35			655.05	
45767	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Hypertelorism, correction of, using intracranial approach (H) (Anaes.) (Assist.)	2930			2197.5	
45773	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Syndromic orbital dystopia, such as Treacher Collins Syndrome, bilateral facial or periorbital reconstruction, with bone grafts from a distant site (H) (Anaes.) (Assist.)	2045.45			1534.1	
45776	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, intracranial (Anaes.) (Assist.)	2045.45			1534.1	
45779	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, extracranial (Anaes.) (Assist.)	1503.85			1127.9	
45782	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Fronto-orbital advancement (H) (Anaes.) (Assist.)	1149.8			862.35	
45785	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Cranial vault reconstruction for single suture synostosis (H) (Anaes.) (Assist.)	1945.95			1459.5	
45788	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Glenoid fossa, construction of, from bone and cartilage graft, and creation of condyle and ascending ramus of mandible, in hemifacial microsomia, not including harvesting of graft material (H) (Anaes.) (Assist.)	1923.85			1442.9	
45791	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	3	T8	N	Absent condyle and ascending ramus in craniofacial microsomia, construction of, not including harvesting of graft material (H) (Anaes.) (Assist.)	1039.25			779.45	
45794	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	3	T8	N	Osseo-integration procedure, first stage, implantation of fixture, following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 applies (Anaes.)	587.85			440.9	499.7
45797	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	3	T8	N	Osseo-integration procedure, second stage, fixation of transcutaneous abutment, following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 applies (Anaes.)	217.6			163.2	185
45801	Plastic and reconstructive surgery (medically necessary)	Type C	01.11.2004	3	T8	N	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral cavity, removal from mucosa or submucosal tissues, if the removal is by surgical excision and suture (Anaes.)	157.45			118.1	133.85
45807	Plastic and reconstructive surgery (medically necessary)	Type C	01.11.2004	3	T8	N	TUMOUR, CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ULCER OR SCAR (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, removal of, not being a service to which another item in this Subgroup applies, involving muscle, bone, or other deep tissue (Anaes.)	287.6			215.7	244.5
45809	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or if a tumour or cyst has been proven by positive histopathology), in the oral and maxillofacial region, removal of, requiring wide excision, other than a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	433.4			325.05	
45811	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	Tumour, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (H) (Anaes.) (Assist.)	585.9			439.45	
45813	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	Tumour, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (H) (Anaes.) (Assist.)	685.45			514.1	
45815	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	Operation on:(a) mandible or maxilla (other than alveolar margins) for chronic osteomyelitis with radiological and laboratory evidence of osteomyelitis; or(b) mandible or maxilla for necrosis of the jaw from any cause including medication or radiation that requires debridement of the alveolar bone or beyond (Anaes.) (Assist.)	415.75			311.85	353.4
45823	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.11.2004	3	T8	N	Arch bars or similar, one or more, that were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia, if the service is undertaken in the operating theatre of a hospital (H) (Anaes.)	127.05			95.3	

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45825	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.)	394.75			296.1	335.55
45827	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	Mylohyoid ridge, reduction of (H) (Anaes.) (Assist.)	377.25			282.95	
45829	Plastic and reconstructive surgery (medically necessary)	Type C	01.11.2004	3	T8	N	MAXILLARY TUBEROSITY, reduction of (Anaes.)	287.8			215.85	244.65
45831	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	Papillary hyperplasia of the palate, surgical reduction of—cannot be claimed more than once per occasion of service (Anaes.) (Assist.)	377.25			282.95	320.7
45837	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	VESTIBULOPLASTY, submucosal or open, including excision of muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.)	684.2			513.15	581.8
45841	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.)	552.6			414.45	469.75
45845	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	Osseo-integration procedure, intra-oral implantation of titanium or similar fixture to facilitate restoration of the dentition following:(a) resection of part of the maxilla or mandible for a benign or a malignant tumour; or(b) segmental loss from trauma or congenital absence of a segment of the maxilla or mandible (multiple adjacent teeth)Fixture must be placed at site of the missing segment following appropriate reconstructive procedures (Anaes.)	587.85			440.9	499.7
45847	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.11.2004	3	T8	N	Osseo-integration procedure, fixation of transmucosal abutment to fixtures that are placed following:(a) resection of part of the maxilla or mandible for a benign or a malignant tumour; or(b) segmental loss from trauma or congenital absence of a segment of the maxilla or mandible (multiple adjacent teeth)Fixture must be placed at site of the missing segment following appropriate reconstructive procedures (Anaes.)	217.6			163.2	185
45849	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	Maxillary sinus, allograft, bone graft or both, to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), unilateral (H) (Anaes.) (Assist.)	677.7			508.3	
45851	Bone, joint and muscle	Type B Non-band specific	01.11.2004	3	T8	N	Temporomandibular joint, manipulation of, as an independent procedure performed in the operating theatre of a hospital, other than a service associated with a service to which any other item in this Group applies (H) (Anaes.)	166.85			125.15	
45855	Bone, joint and muscle	Type B Non-band specific	01.11.2004	3	T8	N	Temporomandibular joint, arthroscopy of, with or without biopsy, other than a service associated with another arthroscopic procedure of that joint (H) (Anaes.) (Assist.)	338.95			254.25	
45857	Bone, joint and muscle	Type B Non-band specific	01.11.2004	3	T8	N	Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or lysis and lavage or biopsy (including repositioning of meniscus where indicated)—one or more such procedures of that joint, other than a service associated with any other arthroscopic or open procedure of the temporomandibular joint (H) (Anaes.) (Assist.)	762.75			572.1	
45865	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2004	3	T8	N	ARTHROCENTESIS, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)	338.95			254.25	288.15
45871	Bone, joint and muscle	Type A Advanced Surgical	01.11.2004	3	T8	N	Temporomandibular joint, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (H) (Anaes.) (Assist.)	1561.4			1171.05	
45873	Bone, joint and muscle	Type A Advanced Surgical	01.11.2004	3	T8	N	Temporomandibular joint, surgery of, involving procedures to which item 45871 applies and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (H) (Anaes.) (Assist.)	1754.55			1315.95	
45874	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Temporomandibular joint, including condylar head and glenoid fossa, total alloplastic replacement (H) (Anaes.) (Assist.)	1537.35			1153.05	
45882	Plastic and reconstructive surgery (medically necessary)	Type C	01.11.2007	3	T8	N	The treatment of a premalignant lesion of the oral mucosa by a treatment using cryotherapy, diathermy or carbon dioxide laser.	50.2			37.65	42.7
45888	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2007	3	T8	N	Removal of a deep foreign body using interventional imaging techniques (H)	482.45			361.85	
45891	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2007	3	T8	N	SINGLE-STAGE LOCAL FLAP where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)	702.85			527.15	600.45
45894	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.11.2007	3	T8	N	Grafting (mucosa or split skin), in the oral cavity of a mucosal defect (Anaes.)	238.8			179.1	203
45939	Pain management	Type A Surgical	01.11.2007	3	T8	N	PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.)	521.5			391.15	443.3
46050	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Perforator flap, raising on a named source vessel, for pedicled transfer for head or neck or other non-breast reconstruction (H) (Anaes.) (Assist.)	917.6			688.2	

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% ($)
46052	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.07.2023	3	T8	N	Perforator Flap, such as anterolateral thigh flap or similar, raising in preparation for microsurgical transfer of a free flap for head or neck or other non-breast reconstruction (H) (Anaes.) (Assist.)	289.6			217.2	
46060	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):(a) anastomoses of all required vessels using microvascular techniques; and(b) harvesting of flap (including osteotomies); and(c) raising of tissue on a vascular pedicle; and(d) preparation of recipient vessels; and(e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and(f) direct repair of secondary cutaneous defect, if performed;other than the following:(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 appliesSingle surgeon (H) (Anaes.) (Assist.)	3105.45			2329.1	
46062	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):(a) anastomoses of all required vessels using microvascular techniques; and(b) harvesting of flap (including osteotomies); and(c) raising of tissue on a vascular pedicle; and(d) preparation of recipient vessels; and(e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and(f) direct repair of secondary cutaneous defect, if performed;other than the following:(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 appliesConjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	2970.45			2227.85	
46064	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):(a) anastomoses of all required vessels using microvascular techniques; and(b) harvesting of flap (including osteotomies); and(c) raising of tissue on a vascular pedicle; and(d) preparation of recipient vessels; and(e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and(f) direct repair of secondary cutaneous defect, if performed;other than the following:(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 appliesConjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	2227.95			1671	
46066	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Double free flap, including one free transfer of tissue with a vascularized bone component, for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):(a) anastomoses of all required vessels using microvascular techniques; and(b) harvesting of flap (including osteotomies); and(c) raising of tissue on a vascular pedicle; and(d) preparation of recipient vessels; and(e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and(f) direct repair of secondary cutaneous defect, if performed;other than the following:(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 appliesConjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	4455.65			3341.75	
46068	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Double free flap, including one free transfer of tissue with a vascularized bone component, for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):(a) anastomoses of all required vessels using microvascular techniques; and(b) harvesting of flap (including osteotomies); and(c) raising of tissue on a vascular pedicle; and(d) preparation of recipient vessels; and(e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and(f) direct repair of secondary cutaneous defect, if performed;other than the following:(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 appliesConjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	3341.95			2506.5	
46070	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Double free flap, including 2 free transfers of tissue (reconstructive surgery) for the repair of major tissue defect, involving anastomoses of all required vessels using microvascular techniques, all necessary elements of the operation, including (but not limited to):(a) raising each flap of tissue on a separate vascular pedicle; and(b) preparation of recipient vessels; and(c) transfer of tissue; and(d) inset of tissue at recipient site; and(e) direct repair of secondary cutaneous defect, if performed;other than a service:(f) performed in the context of breast reconstruction; or(g) associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 appliesConjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	4455.65			3341.75	

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% ($)
46072	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Double free flap, including 2 free transfers of tissue (reconstructive surgery) for the repair of major tissue defect, involving anastomoses of all required vessels using microvascular techniques, all necessary elements of the operation including (but not limited to):(a) raising each flap of tissue on a separate vascular pedicle; and(b) preparation of recipient vessels; and(c) transfer of tissue; and(d) inset of tissue at recipient site; and(e) direct repair of secondary cutaneous defect, if performed;other than a service:(f) performed in the context of breast reconstruction; or(g) associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 appliesConjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	3341.95			2506.5	
46080	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Post-mastectomy breast reconstruction, autologous, single surgeon (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but(b) excluding repair of muscular aponeurotic layer;other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies (H) (Anaes.) (Assist.)	3426.1			2569.6	
46082	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Post-mastectomy breast reconstruction, autologous, single surgeon (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:(a) including anastomoses of arteries and veins (including repair of secondary skin defect); but(b) excluding repair of muscular aponeurotic layer;other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies (H) (Anaes.) (Assist.)	5995.65			4496.75	
46084	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Post-mastectomy breast reconstruction, autologous, conjoint surgery (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but(b) excluding repair of muscular aponeurotic layer;other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	2970.45			2227.85	
46086	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Post-mastectomy breast reconstruction, autologous, conjoint surgery (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but(b) excluding repair of muscular aponeurotic layer;other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	2227.95			1671	
46088	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Post-mastectomy breast reconstruction, autologous, conjoint surgery (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but(b) excluding repair of muscular aponeurotic layer;other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	5198.25			3898.7	
46090	Breast surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Post-mastectomy breast reconstruction, autologous, conjoint surgery (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:(a) including anastomoses of arteries and veins (including repair of secondary skin defect); but(b) excluding repair of muscular aponeurotic layer;other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	3898.85			2924.15	
46092	Breast surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Lower pole coverage of reconstructive breast prosthesis, following mastectomy, using muscle or fascia turnover flap or autologous dermal flaps, if the service is performed in combination with a service to which item 31522, 31523, 31528, 31529, 45527, 45539 or 45542 applies (H) (Anaes.) (Assist.)	473.65			355.25	
46094	Breast surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Lower pole coverage or complete implant coverage of reconstructive breast prosthesis, following mastectomy, using allograft or synthetic products (H) (Anaes.) (Assist.)	349.95			262.5	
46100	Support list	Unlisted	01.07.2023	3	T8	N	Excision of burnt tissue, or definitive burn wound closure, if:(a) the area of burn excised involves more than 1% of hands, face or anterior neck; and(b) the service is performed in conjunction with a service (the co-claimed service) to which any of items 46101 to 46135 (other than item 46112 or 46124) apply;other than a service to which item 46136 applies		40% of the fee for the co-claimed service - performed in conjunction with a service (the co-claimed service) to which any of items 46101 to 46135 (other than item 46112 or 46124) apply.			
46101	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves not more than 1% of the total body surface (Anaes.) (Assist.)	393.75			295.35	334.7
46102	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves more than 1% but less than 3% of the total body surface (H) (Anaes.) (Assist.)	625.05			468.8	
46103	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 3% or more but less than 10% of the total body surface (H) (Anaes.) (Assist.)	685.55			514.2	
46104	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 10% or more but less than 20% of the total body surface, excluding aftercare (H) (Anaes.) (Assist.)	1045.9			784.45	

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46105	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 20% or more but less than 30% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	1406.6			1054.95	
46106	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 30% or more but less than 40% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	1767.95			1326	
46107	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 40% or more but less than 50% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	2128.65			1596.5	
46108	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 50% or more but less than 60% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	2488.75			1866.6	
46109	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 60% or more but less than 70% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	2849.5			2137.15	
46110	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 70% or more but less than 80% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	3246.6			2434.95	
46111	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves 80% or more of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	3635.95			2727	
46112	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excision of burnt tissue, if the area of burn excised involves whole of face (excluding ears)—may be claimed with any one of items 46101 to 46111, based on the percentage total body surface (excluding the face), other than a service associated with a service to which item 46100 applies and excluding aftercare (H) (Anaes.) (Assist.)	2007.25			1505.45	
46113	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is not more than 1% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound (H) (Anaes.) (Assist.)	393.75			295.35	
46114	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is more than 1% but not more than 3% of total body surface and if the service:(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound (H) (Anaes.) (Assist.)	625.05			468.8	
46115	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 3% but not more than 10% of total body surface and if the service:(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound (H) (Anaes.) (Assist.)	685.55			514.2	
46116	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 10% but less than 20% of total body surface and if the service:(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	1045.9			784.45	
46117	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure, if the defect area is 20% or more but less than 30% of total body surface and if the service:(a) is performed at the same time as the procedure for the primary burn wound excision; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	1406.6			1054.95	
46118	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure, if the defect area is 30% or more but less than 40% of total body surface and if the service:(a) is performed at the same time as the procedure for the primary burn wound excision; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	1767.95			1326	
46119	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure, if the defect area is 40% or more but less than 50% of total body surface and if the service:(a) is performed at the same time as the procedure for the primary burn wound excision; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	2128.65			1596.5	
46120	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure, if the defect area is 50% or more but less than 60% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	2488.75			1866.6	

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46121	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure, if the defect area is 60% or more but less than 70% of total body surface and if the service:(a) is performed at the same time as the procedure for the primary burn wound excision; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	2849.5			2137.15	
46122	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure, if the defect area is 70% or more but less than 80% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	3246.6			2434.95	
46123	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure, if the defect area is 80% or more of total body surface and if the service:(a) is performed at the same time as the procedure for the primary burn wound excision; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	3635.95			2727	
46124	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Excised burn wound closure of whole of face, if the service:(a) is performed at the same time as the procedure for the primary burn wound excision; and(b) involves: (i) autologous skin grafting for definitive closure; or(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare, other than a service associated with a service to which item 46100 applies (H) (Anaes.) (Assist.)	2007.25			1505.45	
46125	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves less than 1% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (Anaes.) (Assist.)	393.75			295.35	334.7
46126	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 1% or more but less than 3% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (Anaes.) (Assist.)	625.05			468.8	531.3
46127	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 3% or more but less than 10% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (H) (Anaes.) (Assist.)	865.85			649.4	
46128	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 10% or more but less than 30% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements), excluding aftercare (H) (Anaes.) (Assist.)	1587.3			1190.5	
46129	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 30% or more of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements), excluding aftercare (H) (Anaes.) (Assist.)	2904.8			2178.6	
46130	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves less than 1% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (Anaes.) (Assist.)	393.75			295.35	334.7
46131	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 1% or more but less than 3% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (H) (Anaes.) (Assist.)	625.05			468.8	
46132	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 3% or more but less than 10% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (H) (Anaes.) (Assist.)	685.55			514.2	
46133	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 10% or more but less than 20% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings, excluding aftercare (H) (Anaes.) (Assist.)	1045.9			784.45	
46134	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, if the defect area involves 20% or more but less than 30% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare (H) (Anaes.) (Assist.)	2314.7			1736.05	
46135	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, if the defect area involves 30% or more of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare (H) (Anaes.) (Assist.)	3635.95			2727	
46136	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, of whole of face, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare, other than a service associated with a service to which item 46100 applies (H) (Anaes.) (Assist.)	2007.25			1505.45	

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% ($)
46140	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is less than 1% of total body surface, including direct repair if performed (Anaes.) (Assist.)	300.3			225.25	255.3
46141	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.07.2023	3	T8	N	Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 1% or more but less than 3% of total body surface (H) (Anaes.) (Assist.)	450.55			337.95	
46142	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 3% or more but less than 10% of total body surface (H) (Anaes.) (Assist.)	540.5			405.4	
46143	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 10% or more but less than 20% of total body surface (H) (Anaes.) (Assist.)	700.65			525.5	
46150	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mandible or maxilla, procedure for advancement, retrusion or alteration of tilt, by osteotomy in standard planes, including fixation by any means (including application of distractors if used)—one service per patient on the same occasion (H) (Anaes.) (Assist.)	1551.3			1163.5	
46151	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—conjoint surgery, principal specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	1691.45			1268.6	
46152	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—conjoint surgery, conjoint specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	1268.6			951.45	
46153	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—single surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	2114.15			1585.65	
46154	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Maxilla, procedure for reshaping arch of, by complex segmental osteotomies, including fixation by any means (including application of distractors if used), one service per patient on the same occasion (H) (Anaes.) (Assist.)	1770.45			1327.85	
46155	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mandible, procedure for reshaping arch of, by complex segmental osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used), one service per patient on the same occasion (H) (Anaes.) (Assist.)	1770.45			1327.85	
46156	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—conjoint surgery, principal specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	2021.2			1515.9	
46157	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—conjoint surgery, conjoint specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	1515.9			1136.95	
46158	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—single surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	2526.45			1894.85	
46159	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Midfacial osteotomies, Le Fort II or Le Fort III—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	2235.25			1676.45	
46160	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Midfacial osteotomies, Le Fort II or Le Fort III—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	1676.4			1257.3	
46161	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.2023	3	T8	N	Midfacial osteotomies, Le Fort II or Le Fort III—single surgeon (H) (Anaes.) (Assist.)	2794			2095.5	
46170	Common list	Type A Advanced Surgical	01.07.2023	3	T8	N	Decompression of thoracic outlet, primary, for thoracic outlet syndrome, using any approach, including (if performed) division of scalene muscles, cervical rib and/or first rib resection (H) (Anaes.) (Assist.)	1166.65			875	
46171	Common list	Type A Advanced Surgical	01.07.2023	3	T8	N	Decompression of thoracic outlet, repeat (revision) procedure, for thoracic outlet syndrome, using any approach, including (if performed) division of scalene muscles, cervical rib and/or first rib resection (H) (Anaes.) (Assist.)	1983.2			1487.4	
46172	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Removal or debulking of brachial plexus tumour, involving intraneural dissection, either supraclavicular or infraclavicular dissection (H) (Anaes.) (Assist.)	2916.4			2187.3	
46173	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Removal or debulking of brachial plexus tumour, involving intraneural dissection, both supraclavicular and infraclavicular dissection (H) (Anaes.) (Assist.)	4083			3062.25	

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% ($)
46174	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Exploration of the brachial plexus, either supraclavicular or infraclavicular, including any neurolyses performed and intraoperative neurophysiological recordings, but excluding reconstruction of elements(H) (Anaes.) (Assist.)	2916.4			2187.3	
46175	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Exploration of the brachial plexus, both supraclavicular and infraclavicular, including any neurolyses performed and intraoperative neurophysiological recordings, but excluding reconstruction of elements(H) (Anaes.) (Assist.)	4666.25			3499.7	
46176	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Exploration of the brachial plexus, posterior subscapular approach, all necessary elements of the operation including (but not limited to):(a) resection of the first rib and/or second rib; and(b) vertebral laminectomies or facetectomies, if performed; and(c) any neurolyses performed; and(d) intraoperative neurophysiological recordings;excluding the following:(e) reconstruction of elements of the plexus;(f) spinal instrumentation(H) (Anaes.) (Assist.)	1166.65			875	
46177	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, single surgeon (H) (Anaes.) (Assist.)	1983.2			1487.4	
46178	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	1983.2			1487.4	
46179	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.)	1650.7			1238.05	
46180	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method, single surgeon (H) (Anaes.) (Assist.)	2916.4			2187.3	
46181	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	2916.4			2187.3	
46182	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method, conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.)	2432.25			1824.2	
46183	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, single surgeon (H) (Anaes.) (Assist.)	3499.65			2624.75	
46184	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	3499.65			2624.75	
46185	Brain and nervous system	Type A Advanced Surgical	01.07.2023	3	T8	N	Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.)	2916.4			2187.3	
46300	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Arthrodesis of interphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed): (a) joint debridement; (b) synovectomy —one joint (H) (Anaes.) (Assist.)	473.7			355.3	
46303	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Arthrodesis of carpometacarpal joint of hand, including either or both of the following (if performed): (a) joint debridement; (b) synovectomy —one joint (H) (Anaes.) (Assist.)	614.25			460.7	
46308	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Volar plate or soft tissue interposition arthroplasty of interphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed): (a) realignment procedures; (b) tendon transfer —one joint (Anaes.) (Assist.)	614.2			460.65	522.1
46309	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —one joint (H) (Anaes.) (Assist.)	614.2			460.65	
46312	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —2 joints of one hand (H) (Anaes.) (Assist.)	789.7			592.3	
46315	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —3 joints of one hand (H) (Anaes.) (Assist.)	1052.95			789.75	
46318	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —4 joints of one hand (H) (Anaes.) (Assist.)	1316.2			987.15	
46321	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer; —5 joints of one hand (H) (Anaes.) (Assist.)	1579.4			1184.55	
46322	Joint replacements	Type A Surgical	01.07.2021	3	T8	N	Revision of prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpal joint of hand, including any of the following (if performed): (a) bone grafting; (b) ligament reconstruction; (c) ligament realignment; (d) synovectomy; (e) tendon or ligament reconstruction; (f) tendon transfer; —one joint (H) (Anaes.) (Assist.)	921.35			691.05	
46324	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	Prosthetic interpositional replacement of carpometacarpal joint, including either or both of the following (if performed): (a) ligament and tendon transfers; (b) rebalancing procedures (H) (Anaes.) (Assist.)	1074.7			806.05	
46325	Joint reconstructions	Type A Advanced Surgical	01.11.1994	3	T8	N	Excisional arthroplasty of carpometacarpal joint, including any of the following (if performed): (a) ligament and tendon transfers; (b) realignment procedures; (c) excision of adjacent trapezoid (H) (Anaes.) (Assist.)	1074.7			806.05	

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46330	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Ligamentous or capsular repair or reconstruction of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) arthrotomy; (b) joint stabilisation; (c) synovectomy; —one joint (H) (Anaes.) (Assist.)	403.7			302.8	
46333	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Ligamentous or capsular repair or reconstruction of interphalangeal or metacarpophalangeal joint of hand with graft, using graft or implant, including any of the following (if performed): (a) arthrotomy; (b) harvest of graft; (c) joint stabilisation; (d) synovectomy; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 apply—one joint (H) (Anaes.) (Assist.)	658			493.5	
46335	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Synovectomy of digital extensor tendons of hand, distal to wrist, for diagnosed inflammatory arthritis, including any of the following (if performed): (a) reconstruction of extensor retinaculum; (b) removal of tendon nodules; (c) tenolysis; (d) tenoplasty; other than a service associated with: (e) a service to which item 39330 applies; or (f) a service to which item 30023 applies that is performed at the same site Applicable once per hand per occasion on which the service is performed (H) (Anaes.) (Assist.)	543.85			407.9	
46336	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint of hand, including any of the following (if performed): (a) capsulectomy; (b) debridement; (c) ligament or tendon realignment (or both); other than a service combined with a service to which item 46495 applies—one joint (Anaes.) (Assist.)	307.15			230.4	261.1
46339	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Synovectomy of digital flexor tendons at wrist level, for diagnosed inflammatory arthritis, including either or both of the following (if performed): (a) tenolysis; (b) release of median nerve and carpal tunnel; other than a service associated with: (c) a service to which item 39330 or 39331 applies; or (d) a service to which item 30023 applies that is performed at the same site Applicable once per wrist per occasion on which the service is performed (H) (Anaes.) (Assist.)	543.85			407.9	
46340	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Synovectomy of wrist flexor or extensor tendons of hand or wrist, for diagnosed inflammatory tenosynovitis, including any of the following (if performed): (a) reconstruction of flexor or extensor retinaculum; (b) removal of tendon nodules; (c) tenolysis; (d) tenoplasty; other than a service associated with: (e) a service to which item 39330 applies; or (f) if this service is performed on the wrist flexor tendons—a service to which item 39331 applies; or (g) a service to which item 30023 applies that is performed at the same site —one or more compartments per limb (H) (Anaes.) (Assist.)	462.3			346.75	
46341	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Synovectomy of wrist flexor or extensor tendons of hand or wrist, for non-inflammatory tenosynovitis or post traumatic synovitis, including any of the following (if performed): (a) reconstruction of flexor or extensor retinaculum; (b) removal of tendon nodules; (c) tenolysis; (d) tenoplasty; other than a service associated with: (e) a service to which item 39330 applies; or (f) if this service is performed on the wrist flexor tendons—a service to which item 39331 applies; or (g) a service to which item 30023 applies that is performed at the same site —one or more compartments per limb (H) (Anaes.) (Assist.)	296.5			222.4	
46342	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Synovectomy of distal radioulnar or carpometacarpal joint of hand—one or more joints (H) (Anaes.) (Assist.)	543.85			407.9	
46345	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Resection arthroplasty of distal radioulnar joint of hand, partial or complete, including any of the following (if performed): (a) ligament or tendon reconstruction; (b) joint stabilisation; (c) synovectomy (H) (Anaes.) (Assist.)	658			493.5	
46348	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with: (d) a service to which item 30023 applies that is performed at the same site; or (e) a service to which item 46363 applies that is performed on the same ray —one ray (H) (Anaes.) (Assist.)	285.15			213.9	
46351	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with: (d) a service to which item 30023 applies that is performed at the same site; or (e) a service to which item 46363 applies that is performed on one of the same rays —2 rays of one hand (H) (Anaes.) (Assist.)	425.55			319.2	
46354	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with: (d) a service to which item 30023 applies that is performed at the same site; or (e) a service to which item 46363 applies that is performed on one of the same rays —3 rays of one hand (H) (Anaes.) (Assist.)	570.3			427.75	
46357	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with: (d) a service to which item 30023 applies that is performed at the same site; or (e) a service to which item 46363 applies that is performed on one of the same rays —4 rays of one hand (H) (Anaes.) (Assist.)	710.7			533.05	
46360	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with: (d) a service to which item 30023 applies that is performed at the same site; or (e) a service to which item 46363 applies that is performed on one of the same rays —5 rays of one hand (H) (Anaes.) (Assist.)	855.5			641.65	
46363	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Trigger finger release, for stenosing tenosynovitis, including either or both of the following (if performed): (a) synovectomy; (b) synovial biopsy; —one ray (Anaes.) (Assist.)	245.6			184.2	208.8

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46364	Brain and nervous system	Type B Non-band specific	01.07.2021	3	T8	N	Digital sympathectomy of hand, using microsurgical techniques, other than a service associated with: (a) a service to which item 46363 applies; or (b) a service to which item 30023 applies that is performed at the same site —one digit or palmer arch (or both) or radial or ulnar artery (or both) (H) (Anaes.) (Assist.)	543.85			407.9	
46365	Bone, joint and muscle	Type B Non-band specific	01.07.2021	3	T8	N	Excision of rheumatoid nodules of hand —one lesion (Anaes.) (Assist.)	307.15			230.4	261.1
46367	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	De Quervain's release, including any of the following (if performed): (a) synovectomy of extensor pollicis brevis; (b) synovectomy of abductor pollicis longus tendons; (c) retinaculum reconstruction; other than a service associated with a service to which item 46339 applies (Anaes.) (Assist.)	463.8			347.85	394.25
46370	Bone, joint and muscle	Type B Non-band specific	01.07.2021	3	T8	N	Percutaneous fasciotomy for Dupuytren's contracture, by needle or chemical method, including either or both of the following (if performed): (a) immediate or delayed manipulation; (b) local or regional nerve block; —one ray (Anaes.) (Assist.)	149.25			111.95	126.9
46372	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—one ray (H) (Anaes.) (Assist.)	499.2			374.4	
46375	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—2 rays (H) (Anaes.) (Assist.)	592.25			444.2	
46378	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—3 rays (H) (Anaes.) (Assist.)	789.7			592.3	
46379	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—4 rays (H) (Anaes.) (Assist.)	994.85			746.15	
46380	Bone, joint and muscle	Type A advanced surgical	01.07.2021	3	T8	N	Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—5 rays (H) (Anaes.) (Assist.)	1253.55			940.2	
46381	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Release of interphalangeal joint of hand, by open procedure, when performed in conjunction with an operation for Dupuytren's contracture—one joint (H) (Anaes.) (Assist.)	350.9			263.2	
46384	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Z-plasty or similar local flap procedure, when performed in conjunction with an operation for Dupuytren's contracture, including raising, transfer in-setting and suturing of both components (flaps)—one Z-plasty or local flap procedure (H) (Anaes.) (Assist.)	350.9			263.2	
46387	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—one ray (H) (Anaes.) (Assist.)	723.95			543	
46390	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—2 rays (H) (Anaes.) (Assist.)	965.45			724.1	
46393	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—3 rays (H) (Anaes.) (Assist.)	1118.7			839.05	
46394	Bone, joint and muscle	Type A advanced surgical	01.07.2021	3	T8	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—4 rays (H) (Anaes.) (Assist.)	1394.1			1045.6	
46395	Bone, joint and muscle	Type A advanced surgical	01.07.2021	3	T8	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—5 rays (H) (Anaes.) (Assist.)	1737.25			1302.95	
46399	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Osteotomy of phalanx or metacarpal of hand, with internal fixation—one bone (H) (Anaes.) (Assist.)	604.05			453.05	
46401	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Operative treatment of non-union of phalanx or metacarpal of hand, including internal fixation (if performed) (H) (Anaes.) (Assist.)	484.8			363.6	
46408	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Reconstruction of tendon of hand or wrist, by tendon graft, including either or both of the following (if performed): (a) harvest of graft; (b) tenolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	807.2			605.4	
46411	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Reconstruction of complete flexor tendon pulley of hand or wrist, with graft, including harvest of graft (if performed)—one pulley (H) (Anaes.) (Assist.)	473.75			355.35	
46414	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Insertion of artificial tendon prosthesis in preparation for grafting of tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	614.1			460.6	
46417	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Transfer of tendon of hand or wrist, for restoration of hand or digit motion, including harvest of donor motor unit (if performed)—one transfer (H) (Anaes.) (Assist.)	570.3			427.75	
46420	Joint reconstructions	Type B Non-band specific	01.12.1991	3	T8	N	Primary repair of extensor tendon of hand or wrist—one tendon (Anaes.) (Assist.)	238.65			179	202.9
46423	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Delayed repair of extensor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies that is performed at the same site (Anaes.) (Assist.)	381.7			286.3	324.45
46426	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Primary repair of flexor tendon of hand or wrist, proximal to A1 pulley—one tendon (H) (Anaes.) (Assist.)	394.8			296.1	
46432	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Primary repair of flexor tendon of hand, distal to A1 pulley, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure—one tendon (H) (Anaes.) (Assist.)	658.25			493.7	

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% ($)
46434	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Delayed repair of flexor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	567.1			425.35	
46438	Joint reconstructions	Type B Non-band specific	01.12.1991	3	T8	N	Closed pin fixation of mallet finger (Anaes.)	157.95			118.5	134.3
46441	Joint reconstructions	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Open reduction of mallet finger, including any of the following (if performed): (a) joint release; (b) pin fixation; (c) tenolysis (Anaes.) (Assist.)	381.7			286.3	324.45
46442	Joint reconstructions	Type A Surgical	01.11.1994	3	T8	N	MALLET FINGER with intra articular fracture involving more than one third of base of terminal phalanx - open reduction (Anaes.) (Assist.)	327.7			245.8	
46444	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Reconstruction of Boutonniere or swan neck deformity of hand, including either or both of the following (if performed): (a) tendon graft harvest; (b) tendon transfer —one joint (H) (Anaes.) (Assist.)	570.3			427.75	
46450	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Tenolysis of extensor tendon of hand or wrist, following tendon injury or graft, other than a service: (a) for acute, traumatic injury; or (b) associated with a service to which item 30023 applies that is performed at the same site; —one ray (H) (Anaes.)	263.3			197.5	
46453	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Tenolysis of flexor tendon of hand or wrist, following tendon injury, repair or graft, other than a service: (a) for acute, traumatic injury; or (b) associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	438.75			329.1	
46456	Joint reconstructions	Unlisted	01.12.1991	3	T8	N	Percutaneous tenotomy of digit of hand (Anaes.)	114.05			85.55	96.95
46464	Bone, joint and muscle	Unlisted	01.11.1994	3	T8	N	Amputation of a supernumerary complete digit of hand (H) (Anaes.) (Assist.)	263.3			197.5	
46465	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —one ray (H) (Anaes.) (Assist.)	263.3			197.5	
46468	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —2 rays (H) (Anaes.) (Assist.)	460.6			345.45	
46471	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —3 rays (H) (Anaes.) (Assist.)	658			493.5	
46474	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —4 rays (H) (Anaes.) (Assist.)	855.5			641.65	
46477	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —5 rays (H) (Anaes.) (Assist.)	1052.95			789.75	
46480	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Amputation of ray of hand, proximal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) recontouring; (c) resection of bone; (d) skin cover with local flaps —one ray (H) (Anaes.) (Assist.)	438.75			329.1	
46483	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Revision of amputation stump of hand to provide adequate cover, including any of the following (if performed): (a) bone shortening; (b) excision of nail bed remnants; (c) excision of neuroma (H) (Anaes.) (Assist.)	350.9			263.2	
46486	Skin	Type B Non-band specific	01.12.1991	3	T8	N	Accurate reconstruction of acute nail bed laceration using magnification (H) (Anaes.)	263.3			197.5	
46489	Skin	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Secondary reconstruction of nail bed deformity using magnification, including removal of nail (if performed), other than a service associated with a service to which item 46513 or 45451 applies (H) (Anaes.) (Assist.)	307.15			230.4	
46492	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Surgical correction of contracture of joint of hand, flexor or extensor tendon, involving tissues deeper than skin and subcutaneous tissue—one joint (H) (Anaes.) (Assist.)	421.2			315.9	
46493	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Resection of boss of metacarpal base of hand, including either or both of the following (if performed): (a) excision of ganglion; (b) synovectomy (H) (Anaes.) (Assist.)	384.45			288.35	
46495	Joint reconstructions	Type B Non-band specific	01.12.1991	3	T8	N	Complete excision of one or more ganglia or mucous cysts of interphalangeal, metacarpophalangeal or carpometacarpal joint of hand, including any of the following (if performed): (a) arthrotomy; (b) osteophyte resections (c) synovectomy other than a service associated with a service to which item 30107 or 46336 applies—one joint (H) (Anaes.) (Assist.)	237.05			177.8	
46498	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Excision of ganglion of flexor tendon sheath of hand, including any of the following (if performed): (a) flexor tenosynovectomy; (b) sheath excision; (c) skin closure by any method; other than a service associated with: (d) a service to which item 30107 applies; or (e) a service to which item 46363 applies that is performed on the same ray (Anaes.) (Assist.)	256.5			192.4	218.05
46500	Joint reconstructions	Type A Surgical	01.11.1994	3	T8	N	Excision of ganglion of dorsal wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy other than a service associated with a service to which item 30107 applies (Anaes.) (Assist.)	307.15			230.4	261.1
46501	Joint reconstructions	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Excision of ganglion of volar wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy; other than a service associated with a service to which item 30107 or 46325 applies (Anaes.) (Assist.)	384.05			288.05	326.45
46502	Joint reconstructions	Type A Surgical	01.11.1994	3	T8	N	Excision of recurrent ganglion of dorsal wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy (H) (Anaes.) (Assist.)	460.65			345.5	

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% ($)
46503	Joint reconstructions	Type A Surgical	01.11.1994	3	T8	N	Excision of recurrent ganglion of volar wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy; other than a service associated with a service to which item 30107 applies (H) (Anaes.) (Assist.)	441.4			331.05	
46504	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	Neurovascular island flap, heterodigital, for pulp re-innervation and soft tissue cover (H) (Anaes.) (Assist.)	1289.7			967.3	
46507	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	Transposition or transfer of digit or ray on vascular pedicle of hand, including any of the following (if performed): (a) nerve transfer; (b) skin closure, by any means; (c) rebalancing procedures (H) (Anaes.) (Assist.)	1749.8			1312.35	
46510	Joint reconstructions	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Surgical reduction of enlarged elements resulting from macrodactyly, including any of the following (if performed): (a) nerve transfer; (b) skin closure, by any means; (c) rebalancing procedures —one digit (H) (Anaes.) (Assist.)	409.4			307.05	
46513	Skin	Unlisted	01.11.1994	3	T8	N	Removal of nail of finger or thumb—one nail (Anaes.)	65.9			49.45	56.05
46519	Common list	Unlisted	01.11.1994	3	T8	N	Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand, excluding aftercare (Anaes.) (Assist.)	164.7			123.55	140
46522	Bone, joint and muscle	Type A Surgical	01.11.1994	3	T8	N	Open operation and drainage of infection for flexor tendon sheath of finger or thumb, including either or both of the following (if performed): (a) synovectomy; (b) tenolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—one digit (H) (Anaes.) (Assist.)	491.35			368.55	
46525	Common list	Type B Non-band specific	01.11.1994	3	T8	N	Incision for pulp space infection of hand: (a) other than a service: (i) to which another item in this Group applies; or (ii) associated with a service to which item 30023 applies that is performed at the same site; and (b) excluding aftercare (H) (Anaes.)	65.9			49.45	
46528	Skin	Unlisted	01.11.1994	3	T8	N	Wedge resection for ingrowing nail of finger or thumb: (a) including each of the following: (i) excision and partial ablation of germinal matrix; (ii) removal of segment of nail; (iii) removal of ungual fold; and (b) including phenolisation (if performed) (Anaes.)	197.75			148.35	168.1
46531	Skin	Unlisted	01.11.1994	3	T8	N	Partial resection of ingrowing nail of finger or thumb, including phenolisation (Anaes.)	99.35			74.55	84.45
46534	Skin	Unlisted	01.11.1994	3	T8	N	Complete ablation of nail germinal matrix (H) (Anaes.) (Assist.)	274.7			206.05	
47000	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Mandible, treatment of dislocation of, by closed reduction, requiring general anaesthesia or intravenous sedation, if performed in the operating theatre of a hospital (H) (Anaes.)	82.5			61.9	
47003	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of clavicle, by closed reduction (Anaes.)	98.9			74.2	84.1
47007	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Repair of acromioclavicular or sternoclavicular joint dislocation (acute or chronic), by open, mini-open or arthroscopic technique, including either or both of the following (if performed): (a) ligament augmentation; (b) tendon transfers (H) (Anaes.) (Assist.)	411.9			308.95	
47009	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of shoulder, requiring general anaesthesia, other than a service to which item 47012 applies (H) (Anaes.)	197.75			148.35	
47012	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of dislocation of shoulder, requiring general anaesthesia, by open reduction (H) (Anaes.) (Assist.)	395.25			296.45	
47015	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of shoulder, not requiring general anaesthesia	98.9			74.2	84.1
47018	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of elbow, by closed reduction (Anaes.)	230.5			172.9	195.95
47021	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of dislocation of elbow, by open reduction (H) (Anaes.) (Assist.)	307.5			230.65	
47024	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of distal or proximal radioulnar joint, by closed reduction, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.)	230.5			172.9	195.95
47027	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of dislocation of distal or proximal radioulnar joint, by open reduction, including either or both of the following (if performed): (a) styloid fracture; (b) triangular fibrocartilage complex repair; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (H) (Anaes.) (Assist.)	757.95			568.5	
47030	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by closed reduction (Anaes.)	230.5			172.9	195.95
47033	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by open reduction, including ligament repair (if performed) (H) (Anaes.) (Assist.)	757.95			568.5	
47042	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by closed reduction (Anaes.)	131.65			98.75	111.95
47045	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) ligament repair; (d) volar plate repair (Anaes.) (Assist.)	491.65			368.75	417.95
47047	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Treatment of dislocation of prosthetic hip, by closed reduction (Anaes.) (Assist.)	378.9			284.2	322.1
47049	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Treatment of dislocation of prosthetic hip, by open reduction (H) (Anaes.) (Assist.)	505.1			378.85	
47052	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Treatment of dislocation of native hip, by closed reduction (Anaes.) (Assist.)	492.55			369.45	418.7
47053	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Treatment of dislocation of native hip, by open reduction, with internal fixation (if performed) (H) (Anaes.) (Assist.)	656.6			492.45	
47054	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of dislocation of knee, by closed reduction, including application of external fixator (if performed) (H) (Anaes.) (Assist.)	378.9			284.2	
47057	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of patella, by closed reduction (Anaes.)	148.2			111.15	126
47060	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of patella, by open reduction (H) (Anaes.) (Assist.)	197.75			148.35	
47063	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of dislocation of ankle or tarsus, by closed reduction (Anaes.) (Assist.)	296.5			222.4	252.05

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% ($)
47066	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of dislocation of ankle or tarsus, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint (H) (Anaes.) (Assist.)	395.25			296.45	
47069	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of dislocation of toe, by closed reduction—one toe (Anaes.)	82.5			61.9	70.15
47301	Bone, joint and muscle	Unlisted	01.05.2016	3	T8	N	Treatment of fracture of middle or proximal phalanx, by closed reduction, requiring anaesthesia—one bone (Anaes.)	101.25			75.95	86.1
47304	Bone, joint and muscle	Unlisted	01.05.2016	3	T8	N	Treatment of fracture of metacarpal, by closed reduction, requiring anaesthesia—one bone (H) (Anaes.)	115.35			86.55	
47307	Bone, joint and muscle	Unlisted	01.05.2016	3	T8	N	Treatment of fracture of phalanx or metacarpal, by closed reduction, including percutaneous K-wire fixation (if performed)—one bone (H) (Anaes.) (Assist.)	233.3			175	
47310	Bone, joint and muscle	Type A Surgical	01.05.2016	3	T8	N	Treatment of fracture of phalanx or metacarpal, by open reduction, with internal fixation (H) (Anaes.) (Assist.)	384.95			288.75	
47313	Bone, joint and muscle	Type A Surgical	01.05.2016	3	T8	N	Treatment of intra-articular fracture of phalanx or metacarpal, by closed reduction, including: (a) percutaneous K-wire fixation; and (b) external or dynamic fixation (if performed) (H) (Anaes.) (Assist.)	373.35			280.05	
47316	Bone, joint and muscle	Type A Surgical	01.05.2016	3	T8	N	Treatment of intra-articular fracture of phalanx or metacarpal, by open reduction with fixation, other than a service provided on the same occasion as a service to which item 47319 applies (H) (Anaes.) (Assist.)	740.75			555.6	
47319	Bone, joint and muscle	Type A Surgical	01.05.2016	3	T8	N	Treatment of intra-articular fracture of proximal end of middle phalanx, by open reduction, with fixation, other than a service provided on the same occasion as a service to which item 47316 applies (H) (Anaes.) (Assist.)	758.25			568.7	
47348	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of carpus (excluding scaphoid), by cast immobilisation, other than a service associated with a service to which item 47351 applies (Anaes.)	109.6			82.2	93.2
47351	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of carpus (excluding scaphoid), by open reduction, with internal fixation (H) (Anaes.) (Assist.)	274.7			206.05	
47354	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of carpal scaphoid, by cast immobilisation, other than a service associated with a service to which item 47357 applies (Anaes.)	197.75			148.35	168.1
47357	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of carpal scaphoid, by reduction, with fixation by any means (H) (Anaes.) (Assist.)	439.25			329.45	
47361	Bone, joint and muscle	Unlisted	01.05.2016	3	T8	N	Treatment of fracture of distal end of radius or ulna (or both), by cast immobilisation, other than a service associated with a service to which item 47362, 47364, 47367, 47370 or 47373 applies	153.75			115.35	130.7
47362	Bone, joint and muscle	Unlisted	01.05.2016	3	T8	N	Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, requiring general or major regional anaesthesia, but excluding local infiltration, other than a service associated with a service to which item 47361, 47364, 47367, 47370 or 47373 applies (Anaes.)	230.5			172.9	195.95
47364	Bone, joint and muscle	Type A Surgical	01.05.2016	3	T8	N	Treatment of fracture of distal end of radius or ulna (not involving joint surface), by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.)	326.65			245	
47367	Bone, joint and muscle	Unlisted	01.05.2016	3	T8	N	Treatment of fracture of distal end of radius, by closed reduction with percutaneous fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.)	260.8			195.6	
47370	Bone, joint and muscle	Type A Surgical	01.05.2016	3	T8	N	Treatment of intra-articular fracture of distal end of radius, by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.)	473.6			355.2	
47373	Bone, joint and muscle	Type A Surgical	01.05.2016	3	T8	N	Treatment of intra-articular fracture of distal end of ulna, by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.)	338.35			253.8	
47381	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of shaft of radius or ulna, by closed reduction (H) (Anaes.)	296.5			222.4	
47384	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of shaft of radius or ulna, by open reduction with internal fixation (H) (Anaes.) (Assist.)	395.25			296.45	
47385	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of: (a) fracture of shaft of radius or ulna; and (b) dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury); by closed reduction (H) (Anaes.) (Assist.)	340.35			255.3	
47386	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of: (a) fracture of shaft of radius or ulna; and (b) dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury); by open reduction, with internal fixation, including reduction of dislocation (if performed) (H) (Anaes.) (Assist.)	549.1			411.85	
47387	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of distal or shaft of radius or ulna (or both), by cast immobilisation, other than a service to which item 47390 or 47393 applies (Anaes.) (Assist.)	318.4			238.8	270.65
47390	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of shafts of radius and ulna, by closed reduction (H) (Anaes.)	477.8			358.35	
47393	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of shafts of radius and ulna, by open reduction, with internal fixation (H) (Anaes.) (Assist.)	637			477.75	
47396	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of olecranon, by closed reduction (Anaes.)	219.55			164.7	186.65
47399	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of olecranon, by open reduction (H) (Anaes.) (Assist.)	439.25			329.45	
47402	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of olecranon, with excision of olecranon fragment and reimplantation of tendon (H) (Anaes.) (Assist.)	329.35			247.05	
47405	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of head or neck of radius, by closed reduction (Anaes.)	219.55			164.7	186.65
47408	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of head or neck of radius, by open reduction, including internal fixation and excision (if performed) (H) (Anaes.) (Assist.)	439.25			329.45	
47411	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of tuberosity of humerus, other than a service to which item 47417 applies (Anaes.)	131.65			98.75	111.95

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% ($)
47414	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of tuberosity of humerus, by open reduction (H) (Anaes.)	263.65			197.75	
47417	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	307.5			230.65	261.4
47420	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	604.05			453.05	
47423	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Humerus, proximal, treatment of fracture of, other than a service to which item 47426, 47429 or 47432 applies (Anaes.)	252.55			189.45	214.7
47426	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, proximal, treatment of fracture of, by closed reduction (H) (Anaes.)	378.9			284.2	
47429	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, proximal, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	505.1			378.85	
47432	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, proximal, treatment of intra-articular fracture of, by open reduction (H) (Anaes.) (Assist.)	631.4			473.55	
47435	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (H) (Anaes.) (Assist.)	483.25			362.45	
47438	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	768.9			576.7	
47441	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	960.95			720.75	
47444	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Humerus, shaft of, treatment of fracture of, other than a service to which item 47447 or 47450 applies (Anaes.)	263.65			197.75	224.15
47447	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, shaft of, treatment of fracture of, by closed reduction (H) (Anaes.)	395.25			296.45	
47450	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, shaft of, treatment of fracture of, by internal or external fixation (H) (Anaes.) (Assist.)	527.2			395.4	
47451	Bone, joint and muscle	Type A Surgical	01.11.1996	3	T8	N	Humerus, shaft of, treatment of fracture of, by intramedullary fixation (H) (Anaes.) (Assist.)	635.55			476.7	
47453	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, distal, (supracondylar or condylar), treatment of fracture of, other than a service to which item 47456 or 47459 applies (Anaes.) (Assist.)	307.5			230.65	261.4
47456	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction (H) (Anaes.) (Assist.)	461.4			346.05	
47459	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	615.1			461.35	
47462	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Clavicle, treatment of fracture of, other than a service to which item 47465 applies (Anaes.)	131.65			98.75	111.95
47465	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Clavicle, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	604.05			453.05	
47466	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Sternum, treatment of fracture of, other than a service to which item 47467 applies (Anaes.)	131.65			98.75	111.95
47467	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Sternum, treatment of fracture of, by open reduction (H) (Anaes.)	263.65			197.75	
47468	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Scapula, neck or glenoid region of, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	505.1			378.85	
47471	Bone, joint and muscle	Type C	01.12.1991	3	T8	N	RIBS (one or more), treatment of fracture of - each attendance	50.2			37.65	42.7
47474	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	PELVIC RING, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	219.55			164.7	186.65
47477	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Pelvic ring, treatment of fracture of, with disruption of pelvic ring or acetabulum (H)	274.7			206.05	
47480	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	PELVIC RING, treatment of fracture of, requiring traction (H) (Anaes.) (Assist.)	549.1			411.85	
47483	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	PELVIC RING, treatment of fracture of, requiring control by external fixation (H) (Anaes.) (Assist.)	658.95			494.25	
47486	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Treatment of fracture of anterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.)	1098.25			823.7	
47489	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Treatment of fracture of posterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.)	1647.4			1235.55	
47491	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Combined anterior and posterior pelvic ring disruption, including sacroiliac joint disruption, treatment of fracture by open reduction and internal fixation of both anterior and posterior ring segments (H) (Anaes.) (Assist.)	1812.05			1359.05	
47495	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of acetabulum and associated dislocation of hip, including the application and management of traction (if performed), excluding aftercare (H) (Anaes.) (Assist.)	549.1			411.85	
47498	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of isolated posterior wall fracture of acetabulum and associated dislocation of hip, by open reduction, with internal fixation, including the application and management of traction (if performed) (H) (Anaes.) (Assist.)	823.6			617.7	
47501	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Treatment of anterior or posterior column fracture of acetabulum, by open reduction, with internal fixation, including any of the following (if performed): (a) capsular stabilisation; (b) capsulotomy; (c) osteotomy (H) (Anaes.) (Assist.)	1098.25			823.7	
47511	Bone, joint and muscle	Type A advanced surgical	01.07.2021	3	T8	N	Treatment of combined column T-Type, transverse, anterior column or posterior hemitransverse fractures of acetabulum, by open reduction, with internal fixation, performed through single or dual approach (including fixation of the posterior wall fracture), including any of the following (if performed): (a) capsular stabilisation; (b) capsulotomy; (c) osteotomy (H) (Anaes.) (Assist.)	1647.4			1235.55	
47514	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Treatment of posterior wall fracture of acetabulum and associated femoral head fracture, by open reduction, with internal fixation (H) (Anaes.) (Assist.)	960.95			720.75	
47516	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	FEMUR, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)	505.1			378.85	429.35
47519	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMUR, treatment of trochanteric or subcapital fracture of, by internal fixation (H) (Anaes.) (Assist.)	1010.45			757.85	
47528	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	FEMUR, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.)	878.7			659.05	
47531	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	FEMUR, treatment of fracture of shaft, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.)	1120.2			840.15	
47534	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of one or more osteochondral fragments (H) (Anaes.) (Assist.)	1263			947.25	

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47537	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Femur, condylar region of, treatment of fracture of, requiring internal fixation of one or more osteochondral fragments, other than a service associated with a service to which item 47534 applies (H) (Anaes.) (Assist.)	505.1			378.85	
47540	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Hip spica or shoulder spica, application of, as an independent procedure (H) (Anaes.)	252.55			189.45	
47543	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Tibia, plateau of, treatment of medial or lateral fracture of, other than a service to which item 47546 or 47549 applies (Anaes.)	263.65			197.75	224.15
47546	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction (H) (Anaes.)	395.25			296.45	
47549	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of medial or lateral fracture of plateau of tibia, by open reduction, with internal fixation, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) meniscal repair (H) (Anaes.) (Assist.)	627.9			470.95	
47552	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Tibia, plateau of, treatment of both medial and lateral fractures of, other than a service to which item 47555 or 47558 applies (H) (Anaes.) (Assist.)	439.25			329.45	
47555	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction (H) (Anaes.)	658.95			494.25	
47558	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Treatment of medial and lateral fractures of tibia, by open reduction, with internal fixation, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) meniscal repair (H) (Anaes.) (Assist.)	1164.2			873.15	
47559	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Treatment of medial or lateral (or both) fracture of plateau of tibia, with application of a bridging external fixator to the plateau (H) (Anaes.) (Assist.)	891.6			668.7	
47561	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of shaft of tibia, by cast immobilisation, other than a service to which item 47570 or 47573 applies (Anaes.)	318.4			238.8	270.65
47565	Bone, joint and muscle	Type A Surgical	01.05.1994	3	T8	N	Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.)	831.05			623.3	
47566	Bone, joint and muscle	Type A Advanced Surgical	01.05.1994	3	T8	N	Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.)	1059.35			794.55	
47568	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Closed reduction of proximal tibia, distal tibia or shaft of tibia, with or without treatment of fibular fracture (H) (Anaes.) (Assist.)	477.8			358.35	
47570	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (H) (Anaes.) (Assist.)	637			477.75	
47573	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of proximal or distal intra-articular fracture of shaft of tibia, by open reduction, with or without treatment of fibular fracture, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) capsule repair; (d) removal of intervening soft tissue; (e) removal of loose fragments; (f) washout of joint; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of treating a medial malleolus fracture of the distal tibia (H) (Anaes.) (Assist.)	796.25			597.2	
47577	Bone, joint and muscle	Type A Surgical	01.03.2024	3	T8	N	Treatment of fracture of fibula proximal to ankle, by open reduction, with internal fixation, including any of the following (if performed): (a) internal fixation; (b) arthrotomy; (c) capsule repair; (d) removal of loose fragments or intervening soft tissue; (e) washout of joint (H) (Anaes.) (Assist.)	658.95			494.25	
47579	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of patella, other than a service to which item 47582 or 47585 applies (Anaes.)	186.75			140.1	158.75
47582	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of patella, with internal fixation, including bone grafting (if performed), other than a service associated with a service to which item 47579 or 47585 applies (H) (Anaes.) (Assist.)	494.4			370.8	
47585	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of proximal or distal fracture of patella, by open reduction, with internal fixation, including any of the following (if performed): (a) arthrotomy; (b) excision of patellar pole, with reattachment of tendon; (c) removal of loose fragments; (d) repair of quadriceps or patellar tendon (or both); (e) stabilisation of patello-femoral joint (H) (Anaes.) (Assist.)	511.1			383.35	
47588	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of one or more ligaments (H) (Anaes.) (Assist.)	1537.35			1153.05	
47591	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of one or more ligaments (H) (Anaes.) (Assist.)	1867.2			1400.4	
47592	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral or proximal tibial articular surfaces of the knee, when chondral or osteochondral implants or transfers are utilised (H) (Anaes.) (Assist.)	380.3			285.25	
47593	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral and proximal tibial articular surfaces of the knee, using chondral or osteochondral implants or transfers (H) (Anaes.) (Assist.)	930.85			698.15	
47595	Bone, joint and muscle	Unlisted	01.07.2021	3	T8	N	Treatment of fracture of ankle joint, hindfoot, midfoot, metatarsals or toes, by non-surgical management—one leg (Anaes.)	187.95			141	159.8
47597	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of ankle joint, by closed reduction (Anaes.) (Assist.)	378.9			284.2	322.1
47600	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of ankle joint: (a) by internal fixation of the malleolus, fibula or diastasis; and (b) including any of the following (if performed): (i) arthrotomy; (ii) capsule repair; (iii) removal of loose fragments or intervening soft tissue; (iv) washout of joint (H) (Anaes.) (Assist.)	658.95			494.25	

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47603	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of ankle joint: (a) by internal fixation of 2 or more of the malleolus, fibula, diastasis and medial tissue interposition; and (b) including any of the following (if performed): (i) arthrotomy; (ii) capsule repair; (iii) removal of loose fragments or intervening soft tissue; (iv) washout of joint (H) (Anaes.) (Assist.)	831.05			623.3	
47612	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of intra-articular fracture of hindfoot, by closed reduction, with or without dislocation—one foot (H) (Anaes.) (Assist.)	477.8			358.35	
47615	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint; —one hindfoot bone (H) (Anaes.) (Assist.)	549.1			411.85	
47618	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of intra-articular fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint —one hindfoot bone (H) (Anaes.) (Assist.)	686.4			514.8	
47621	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of intra-articular fracture of midfoot, by closed reduction, with or without dislocation—one foot (H) (Anaes.) (Assist.)	477.8			358.35	
47624	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of tarso-metatarsal, by open reduction, with or without dislocation, including any of the following (if performed): (a) arthrotomy; (b) capsule or ligament repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint —one joint (H) (Anaes.) (Assist.)	658.95			494.25	
47630	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of cuneiform, by open reduction, with or without dislocation, including any of the following (if performed): (a) arthrotomy; (b) capsule or ligament repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint; —one bone (H) (Anaes.) (Assist.)	395.25			296.45	
47637	Bone, joint and muscle	Unlisted	01.07.2021	3	T8	N	Treatment of fractures of metatarsal, by closed reduction—one or more metatarsals of one foot (Anaes.) (Assist.)	223.8			167.85	190.25
47639	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—one metatarsal of one foot (H) (Anaes.) (Assist.)	263.65			197.75	
47648	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—2 metatarsals of one foot (H) (Anaes.) (Assist.)	351.2			263.4	
47657	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—3 or more metatarsals of one foot (H) (Anaes.) (Assist.)	549.1			411.85	
47663	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture of phalanx of toe, by closed reduction—one toe (Anaes.)	164.7			123.55	140
47666	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture or dislocation of phalanx of great toe, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; (e) washout of joint; — one great toe (H) (Anaes.)	274.7			206.05	
47672	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture or dislocation of phalanx of toe, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; (e) washout of joint —one toe (other than great toe) of one foot (Anaes.)	131.65			98.75	111.95
47678	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Treatment of fracture or dislocation of phalanx of toe, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; (e) washout of joint; —2 or more toes (other than great toe) of one foot (H) (Anaes.)	197.75			148.35	
47735	Ear, nose and throat	Type C	01.12.1991	3	T8	N	Nasal bones, treatment of fracture of, other than a service to which item 47738 or 47741 applies—each attendance	50.25			37.7	42.75
47738	Ear, nose and throat	Type B Non-band specific	01.12.1991	3	T8	N	Nasal bones, treatment of fracture of, by reduction (Anaes.)	274.7			206.05	233.5
47741	Ear, nose and throat	Type A Surgical	01.12.1991	3	T8	N	Nasal bones, treatment of fracture of, by open reduction involving osteotomies (H) (Anaes.) (Assist.)	560.4			420.3	
47753	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Maxilla or mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)	474.3			355.75	
47762	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Zygomatic arch, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	278.6			208.95	
47765	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Zygomaticomaxillary complex/malar, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one or more sites (H) (Anaes.) (Assist.)	524.15			393.15	
47766	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.07.2023	3	T8	N	Naso-orbital-ethmoidal complex, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one or more sites (H) (Anaes.) (Assist.)	701.1			525.85	
47786	Bone, joint and muscle	Type A Surgical	01.03.1992	3	T8	N	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving one or more plates (H) (Anaes.) (Assist.)	838.45			628.85	
47789	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving one or more plates (H) (Anaes.) (Assist.)	838.45			628.85	
47790	Bone, joint and muscle	Type A Surgical	01.11.2022	3	T8	N	Tendon, large, lengthening of, as an independent procedure (H) (Anaes.) (Assist.)	329.35			247.05	
47791	Bone, joint and muscle	Type A Surgical	01.11.2022	3	T8	N	Tenosynovectomy, not being a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	307.5			230.65	

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% ($)
47792	Joint reconstructions	Type A Surgical	01.11.2022	3	T8	N	Joint stabilisation procedure of acromioclavicular joint or sternoclavicular joint, including any of the following (if performed): (a) arthrotomy; (b) osteotomy, with or without fixation; (c) local tendon transfer; (d) local tendon lengthening or release; (e) ligament repair; (f) joint debridement; not being a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	549.1			411.85	
47795	Joint reconstructions	Type A Surgical	01.03.2024	3	T8	N	Joint stabilisation procedure of scapulothoracic joint, other than a service associated with a service to which another item in this Group (other than item 38828 or 48406) applies (H) (Anaes.) (Assist.)	549.1			411.85	
47900	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Injection into, or aspiration of, unicameral bone cyst (Anaes.)	197.75			148.35	168.1
47903	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Epicondylitis, open operation for (H) (Anaes.)	274.7			206.05	
47904	Skin	Type C	01.12.1991	3	T8	N	Digital nail of toe, removal of, not being a service to which item 47906 applies (Anaes.)	65.9			49.45	56.05
47906	Skin	Type B Non-band specific	01.12.1991	3	T8	N	Digital nail of toe, removal of, in the operating theatre of a hospital (H) (Anaes.)	131.65			98.75	
47915	Skin	Type B Non-band specific	01.12.1991	3	T8	N	Wedge resection for ingrowing nail of toe: (a) including each of the following: (i) removal of segment of nail; (ii) removal of ungual fold; (iii) excision and partial ablation of germinal matrix and portion of nail bed; and (b) including phenolisation (if performed) (Anaes.) (Assist.)	197.75			148.35	168.1
47916	Skin	Type C	01.07.1993	3	T8	N	Partial resection for ingrowing nail of toe, including phenolisation (Anaes.)	99.35			74.55	84.45
47918	Skin	Type B Non-band specific	01.12.1991	3	T8	N	Complete ablation of nail germinal matrix: (a) including each of the following: (i) removal of segment of nail; (ii) removal of ungual fold; (iii) excision and ablation of germinal matrix and portion of nail bed; and (b) including phenolisation (if performed) (Anaes.) (Assist.)	274.7			206.05	233.5
47921	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Orthopaedic pin or wire, insertion of, as an independent procedure (Anaes.)	131.65			98.75	111.95
47924	Bone, joint and muscle	Type C	01.12.1991	3	T8	N	Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes), with incision, other than a service associated with a service to which item 47927 or 47929 applies—one bone (Anaes.)	43.95			33	37.4
47927	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes)—one bone (H) (Anaes.)	164.7			123.55	
47929	Bone, joint and muscle	Unlisted	01.07.2021	3	T8	N	Removal of fixation elements (including plate, rod or nail and associated wires, pins, screws or external fixation), other than a service associated with a service to which item 47924 or 47927 applies—one bone (H) (Anaes.) (Assist.)	439.25			329.45	
47953	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Repair of distal biceps brachii tendon, by any method, performed as an independent procedure (H) (Anaes.) (Assist.)	505.1			378.85	
47954	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Repair of traumatic tear or rupture of tendon, other than a service associated with: (a) a service to which item 39330 applies; or (b) a service to which another item in this Schedule applies if the service described in the other item is for the purpose of repairing peripheral nerve items in the same region (Anaes.) (Assist.)	439.25			329.45	373.4
47955	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Repair of gluteal or rectus femoris tendon, by open or arthroscopic means, when performed as an independent procedure, including either or both of the following (if performed): (a) bursectomy; (b) preparation of greater trochanter; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.)	760.15			570.15	
47956	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Repair of proximal hamstring tendon, performed as an independent procedure, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.)	1140.2			855.15	
47960	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	TENOTOMY, SUBCUTANEOUS, not being a service to which another item in this Group applies (Anaes.)	153.75			115.35	130.7
47964	Bone, joint and muscle	Unlisted	01.07.2021	3	T8	N	Iliopsoas tenotomy, by open or arthroscopic means, when performed as an independent procedure, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.)	252.55			189.45	
47967	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Restoration of shoulder or elbow function by major muscle tendon transfer, including associated dissection of neurovascular pedicle, excluding micro-anastomosis and biceps tenodesis—one transfer (H) (Anaes.) (Assist.)	505.1			378.85	
47968	Bone, joint and muscle	Unlisted	01.03.2024	3	T8	N	Open tenotomy of one or more tendons of shoulder, with or without tenoplasty, to restore shoulder function, other than a service to which another item in this Group applies—applicable once per joint per occasion on which this service is performed (Anaes.)	252.55			189.45	214.7
47970	Bone, joint and muscle	Unlisted	01.03.2024	3	T8	N	Open tenotomy of one or more tendons of scapula, with or without tenoplasty, to restore scapula function, other than a service to which another item in this Group applies—applicable once per joint per occasion on which this service is performed (Anaes.)	252.55			189.45	214.7
47973	Bone, joint and muscle	Unlisted	01.03.2024	3	T8	N	Open tenotomy of one or more tendons of elbow, with or without tenoplasty, to restore elbow function, other than a service to which another item in this Group applies—applicable once per joint per occasion on which this service is performed (Anaes.)	252.55			189.45	214.7
47975	Bone, joint and muscle	Type A Surgical	01.07.1993	3	T8	N	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue (H) (Anaes.) (Assist.)	430.65			323	
47978	Bone, joint and muscle	Unlisted	01.07.1993	3	T8	N	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue (H) (Anaes.)	261.65			196.25	
47981	Bone, joint and muscle	Unlisted	01.07.1993	3	T8	N	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, other than a service to which another item in this Group applies (Anaes.)	175.6			131.7	149.3
47982	Bone, joint and muscle	Type A Surgical	01.05.1997	3	T8	N	Forage (Drill decompression), of neck or head of femur, or both (H) (Anaes.) (Assist.)	425.75			319.35	

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47983	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Stabilisation of slipped capital femoral epiphysis, by internal fixation (H) (Anaes.) (Assist.)	1010.45			757.85	
47984	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Open subcapital realignment of slipped capital femoral epiphysis, other than a service associated with a service to which item 48427 applies (H) (Anaes.) (Assist.)	1010.45			757.85	
48245	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Harvesting and insertion of bone graft (autograft) via separate incisions and at separate surgical fields (H) (Anaes.) (Assist.)	364.85			273.65	
48248	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Harvesting and insertion of bone graft (autograft) via separate incisions, including internal fixation of the graft or fusion fixation (or both) (H) (Anaes.) (Assist.)	565.05			423.8	
48251	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Harvesting and insertion of osteochondral graft (autograft) via separate incisions at the same joint or joint complex (H) (Anaes.) (Assist.)	465			348.75	
48254	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Harvesting and insertion of pedicled bone flap (autograft), including internal fixation of the bone flap (if performed), other than a service associated with a service to which item 45562, 45504 or 45505 applies (H) (Anaes.) (Assist.)	1065.35			799.05	
48257	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Preparation and insertion of metallic, cortical or other graft substitute (allograft), where substitute is structural cortico-cancellous bone or structural bone (or both), including internal fixation (if performed) (H) (Anaes.) (Assist.)	465			348.75	
48400	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Operation on foot: (a) with either or both of the following: (i) osteotomy of phalanx or metatarsal for correction of deformity; (ii) excision of accessory bone or sesamoid bone; and (b) including any of the following (if performed): (i) removal of bone; (ii) excision of surrounding osteophytes; (iii) synovectomy; (iv) joint release; —one bone (H) (Anaes.) (Assist.)	384.45			288.35	
48403	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Osteotomy of phalanx of first toe or metatarsal, for correction of deformity, with internal fixation, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.)	604.05			453.05	
48406	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.)	384.45			288.35	
48409	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, with internal fixation, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.)	604.05			453.05	
48412	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Osteotomy of humerus, without internal fixation (H) (Anaes.) (Assist.)	735.7			551.8	
48415	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Osteotomy of humerus, with internal fixation (H) (Anaes.) (Assist.)	933.55			700.2	
48419	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Osteotomy of distal tibia, for correction of deformity, without internal or external fixation, including any of the following (if performed): (a) excision of surrounding osteophytes; (b) release of joint; (c) removal of bone; (d) synovectomy; —one bone (H) (Anaes.) (Assist.)	735.7			551.8	
48420	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Osteotomy of distal tibia, for correction of deformity, with internal or external fixation by any method, including any of the following (if performed): (a) excision of surrounding osteophytes; (b) release of joint; (c) removal of bone; (d) synovectomy; —one bone (H) (Anaes.) (Assist.)	933.55			700.2	
48421	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Osteotomy of proximal tibia, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.)	1072.2			804.15	
48422	Bone, joint and muscle	Type A advanced surgical	01.07.2021	3	T8	N	Osteotomy of distal femur, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.)	1065.35			799.05	
48423	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Osteotomy of pelvis, in a patient aged 18 years or over, including any of the following (if performed): (a) associated intra-articular procedures; (b) bone grafting; (c) internal fixation (H) (Anaes.) (Assist.)	878.7			659.05	
48424	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Osteotomy of pelvis, in a patient aged less than 18 years, with application of hip spica, including internal fixation (if performed), other than a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	878.7			659.05	
48426	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Osteotomy of femur, in a patient aged 18 years or over, including either or both of the following (if performed): (a) bone grafting; (b) internal fixation (H) (Anaes.) (Assist.)	1065.35			799.05	
48427	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Osteotomy of femur, in a patient aged less than 18 years, including internal fixation (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1065.35			799.05	
48430	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Excision of one or more osteophytes of the foot or ankle, or simple removal of bunion, including any of the following (if performed): (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; —each incision (H) (Anaes.) (Assist.)	313			234.75	
48433	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Treatment of non-union or malunion, with preservation of the joint, for ankle or hindfoot fracture, with internal or external fixation by any method, including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) excision of surrounding osteophytes; (d) osteotomy; (e) release of joint; (f) removal of bone; (g) removal of hardware; (h) synovectomy; —one bone (H) (Anaes.) (Assist.)	1246.55			934.95	
48435	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Treatment of non-union or malunion, with preservation of the joint, for midfoot or forefoot fracture, with internal or external fixation by any method, including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) excision of surrounding osteophytes; (d) osteotomy; (e) release of joint; (f) removal of bone; (g) removal of hardware; (h) synovectomy; —one bone (H) (Anaes.) (Assist.)	658.95			494.25	

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48436	Bone, joint and muscle	Type B Non-band specific	01.03.2024	3	T8	N	Excision of one or more exostoses of the hand, distal to the wrist, including any of the following (if performed): (a) excision of surrounding osteophytes; (b) release of ligaments; (c) removal of one or more associated bursae or ganglia; (d) removal of bone; (e) synovectomy; other than a service associated with a service to which another item in this Schedule applies that: (f) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (g) is performed on the same joint or bone; —each incision (H) (Anaes.) (Assist.)	313			234.75	
48438	Bone, joint and muscle	Type B Non-band specific	01.03.2024	3	T8	N	Excision of one or more exostoses in the wrist including any of the following (if performed): (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; other than: (g) a service to which 48436 applies; or (h) a service associated with a service to which another item in this Schedule applies that: (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (ii) is performed on the same joint or bone; —each incision (H) (Anaes.) (Assist.)	313			234.75	
48440	Bone, joint and muscle	Type B Non-band specific	01.03.2024	3	T8	N	Excision of one or more exostoses in the arm or shoulder, including the radius, ulna, humerus, acromion, clavicle, or scapula, including any of the following (if performed): (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; other than: (g) a service to which 48438 applies; or (h) a service associated with a service to which another item in this Schedule applies that: (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (ii) is performed on the same joint or bone; —each incision (H) (Anaes.) (Assist.)	313			234.75	
48442	Bone, joint and muscle	Type A Surgical	01.03.2024	3	T8	N	Excision of one or more exostoses in the hip, including pelvis and femur, including any of following (if performed): (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; other than: (g) a service to which 48444 applies; or (h) a service associated with a service to which another item in this Schedule applies that: (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (ii) is performed on the same joint or bone; —each incision (H) (Anaes.) (Assist.)	313			234.75	
48444	Bone, joint and muscle	Type A Surgical	01.03.2024	3	T8	N	Excision of one or more exostoses in the knee, tibia or fibula, including any of following (if performed): (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; other than: (g) a service to which item 48430 applies; or (h) a service associated with a service to which another item in this Schedule applies that: (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (ii) is performed on the same joint or bone; —each incision (H) (Anaes.) (Assist.)	313			234.75	
48446	Bone, joint and muscle	Type A Advanced Surgical	01.03.2024	3	T8	N	Treatment of non-union or malunion of fracture of pelvis, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	1407.7			1055.8	
48448	Bone, joint and muscle	Type A Advanced Surgical	01.03.2024	3	T8	N	Treatment of non-union or malunion of fracture of femur, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	1407.7			1055.8	
48450	Bone, joint and muscle	Type A Advanced Surgical	01.03.2024	3	T8	N	Treatment of non-union or malunion of fracture of tibia or fibula, proximal to ankle, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	1275.85			956.9	
48452	Bone, joint and muscle	Type A Advanced Surgical	01.03.2024	3	T8	N	Treatment of non-union or malunion of fracture of humerus, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	1275.85			956.9	
48454	Bone, joint and muscle	Type A Surgical	01.03.2024	3	T8	N	Treatment of non-union or malunion of fracture of radius, ulna, or carpus including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	946.35			709.8	
48456	Bone, joint and muscle	Type A Surgical	01.03.2024	3	T8	N	Treatment of non-union or malunion of fracture of hand, distal to wrist, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	946.35			709.8	
48507	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Epiphysiodesis of a long bone, in a patient less than 18 years of age (H) (Anaes.) (Assist.)	427.2			320.4	
48509	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Hemiepiphysiodesis, partial growth plate arrest using internal fixation, in a patient less than 18 years of age (H) (Anaes.) (Assist.)	384.45			288.35	

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48512	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Epiphysiolysis, release of focal growth plate closure, in a patient less than 18 years of age (H) (Anaes.) (Assist.)	1043.4			782.55	
48900	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (H) (Anaes.) (Assist.)	329.35			247.05	
48903	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Shoulder, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination (H) (Anaes.) (Assist.)	658.95			494.25	
48906	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both—other than a service associated with a service to which item 48900 applies (H) (Anaes.) (Assist.)	658.95			494.25	
48909	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Shoulder, repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination, other than a service associated with a service to which item 48903 applies (H) (Anaes.) (Assist.)	878.7			659.05	
48915	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Shoulder, hemi-arthroplasty of (H) (Anaes.) (Assist.)	878.7			659.05	
48918	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Anatomic or reverse total shoulder replacement, including any of the following (if performed): (a) associated rotator cuff repair; (b) biceps tenodesis; (c) tuberosity osteotomy; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by open or arthroscopic means (H) (Anaes.) (Assist.)	1757.45			1318.1	
48919	Joint replacements	Type A Advanced Surgical	01.03.2024	3	T8	N	Anatomic or reverse total shoulder replacement with bone graft, including any of the following (if performed): (a) associated rotator cuff repair; (b) biceps tenodesis; (c) tuberosity osteotomy; other than a service associated with: (d) a service to which another item in this Schedule applies that is performed on the shoulder region by open or arthroscopic means; or (e) a service to which item 48245, 48248, 48251, 48254 or 48257 applies that is performed on the same joint (H) (Anaes.) (Assist.)	1989.95			1492.5	
48921	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Shoulder, total replacement arthroplasty, revision of (H) (Anaes.) (Assist.)	1812.05			1359.05	
48924	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Revision of total shoulder replacement, including either or both of the following (if performed): (a) bone graft to humerus; (b) bone graft to scapula (H) (Anaes.) (Assist.)	2086.8			1565.1	
48925	Joint replacements	Type A Surgical	01.03.2024	3	T8	N	Arthroplasty of shoulder, other than: (a) a service to which another item applies; or (b) a service associated with a service to which any of items 48900 to 48909, 48948, 48951, or 48960 applies that is performed on the same joint (H) (Anaes.) (Assist.)	819.5			614.65	
48927	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Shoulder prosthesis, removal of (H) (Anaes.) (Assist.)	428.15			321.15	
48932	Joint replacements	Type A Surgical	01.03.2024	3	T8	N	Arthroplasty of acromioclavicular joint or sternoclavicular joint, other than: (a) a service to which another item applies; or (b) a service associated with a service to which another item in this Schedule applies that is performed on the same joint by arthroscopic means —one joint (H) (Anaes.) (Assist.)	819.5			614.65	
48939	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	Shoulder, arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.)	1263			947.25	
48942	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Arthrodesis of shoulder, with bone grafting or internal fixation, including either or both of the following (if performed): (a) removal of prosthesis; (b) synovectomy; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1647.4			1235.55	
48943	Bone, joint and muscle	Type A Surgical	01.03.2024	3	T8	N	Arthrodesis of acromioclavicular or sternoclavicular joint, including either or both of the following (if performed): (a) joint debridement; (b) synovectomy; —one joint (H) (Anaes.) (Assist.)	549.1			411.85	
48944	Bone, joint and muscle	Type A Surgical	01.03.2024	3	T8	N	Arthrodesis of scapulothoracic joint, including either or both of the following (if performed): (a) joint debridement; (b) synovectomy; —one joint (H) (Anaes.) (Assist.)	549.1			411.85	
48945	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	SHOULDER, diagnostic arthroscopy of (including biopsy) - not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	318.4			238.8	
48948	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	SHOULDER, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty - not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	713.95			535.5	
48951	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	SHOULDER, arthroscopic division of coraco-acromial ligament including acromioplasty - not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	1043.4			782.55	
48952	Joint reconstructions	Type A Surgical	01.03.2024	3	T8	N	Surgery of acromioclavicular joint or sternoclavicular joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; other than a service associated with a service to which another item in this Group applies that is performed on the same joint by arthroscopic means (H) (Anaes.) (Assist.)	713.95			535.5	
48953	Joint reconstructions	Type A Surgical	01.03.2024	3	T8	N	Surgery of scapulothoracic joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; other than a service associated with a service to which another item in this Group applies that is performed on the same joint by arthroscopic means (H) (Anaes.) (Assist.)	713.95			535.5	
48954	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Synovectomy of shoulder, performed as an independent procedure, including release of contracture (if performed), other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.)	1098.25			823.7	

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% ($)
48958	Joint reconstructions	Type A Advanced surgical	01.07.2021	3	T8	N	Joint stabilisation procedure for multi-directional instability of shoulder, anterior or posterior repair, by open or arthroscopic means, including labral repair or reattachment (if performed), excluding bone grafting and removal of hardware, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.)	1263			947.25	
48959	Joint reconstructions	Type A Advanced Surgical	01.03.2024	3	T8	N	Latarjet procedure by open or arthroscopic means, including any of the following (if performed) but excluding removal of hardware: (a) labral repair or reattachment; (b) bone grafting; (c) tendon transfer; other than a service associated with a service to which another item in this Schedule applies that is performed on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.)	1763.75			1322.85	
48960	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	SHOULDER, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed - not being a service associated with any other procedure of the shoulder region (H) (Anaes.) (Assist.)	1098.25			823.7	
48972	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Tenodesis of biceps, by open or arthroscopic means, performed as an independent procedure (H) (Anaes.) (Assist.)	505.1			378.85	
48980	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the shoulder girdle (H) (Anaes.) (Assist.)	933.55			700.2	
48983	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the elbow (H) (Anaes.) (Assist.)	684.6			513.45	
48986	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the forearm (H) (Anaes.) (Assist.)	933.55			700.2	
49100	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	ELBOW, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture (H) (Anaes.) (Assist.)	384.45			288.35	
49104	Joint reconstructions	Type A Surgical	01.07.2021	3	T8	N	Repair of one or more ligaments of the elbow, for acute instability—within 6 weeks after the time of injury (H) (Anaes.) (Assist.)	617.75			463.35	
49105	Joint reconstructions	Type A Surgical	01.07.2021	3	T8	N	Stabilisation of one or more ligaments of the elbow, for chronic instability, including harvesting of tendon graft—6 weeks or more after the time of injury (H) (Anaes.) (Assist.)	906.05			679.55	
49106	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Elbow, arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.)	1098.25			823.7	
49109	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	ELBOW, total synovectomy of (H) (Anaes.) (Assist.)	823.6			617.7	
49112	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Radial head replacement of elbow, other than a service associated with a service to which item 49115 applies (H) (Anaes.) (Assist.)	823.6			617.7	
49113	Joint replacements	Type A Surgical	01.03.2024	3	T8	N	Removal of radial head prosthesis (H) (Anaes.) (Assist.)	819.5			614.65	
49114	Joint replacements	Type A Surgical	01.03.2024	3	T8	N	Revision of radial head replacement (H) (Anaes.) (Assist.)	819.5			614.65	
49115	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Total or hemi humeral arthroplasty of elbow, excluding isolated radial head replacement and ligament stabilisation procedures, other than a service associated with a service to which item 49112 applies (H) (Anaes.) (Assist.)	1317.8			988.35	
49116	Joint replacements	Type A Advanced Surgical	01.11.2006	3	T8	N	ELBOW, total replacement arthroplasty of, revision procedure, including removal of prosthesis (H) (Anaes.) (Assist.)	1739.45			1304.6	
49117	Joint replacements	Type A Advanced Surgical	01.11.2006	3	T8	N	Revision of total replacement arthroplasty of elbow, including bone grafting and removal of prosthesis (H) (Anaes.) (Assist.)	2087.4			1565.55	
49118	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	ELBOW, diagnostic arthroscopy of, including biopsy and lavage, not being a service associated with any other arthroscopic procedure of the elbow (H) (Anaes.) (Assist.)	318.4			238.8	
49121	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Surgery of the elbow, by arthroscopic means, including any of the following (if performed): (a) chondroplasty; (b) drilling of defect; (c) osteoplasty; (d) removal of loose bodies; (e) release of contracture or adhesions; (f) treatment of epicondylitis; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of an arthroscopic procedure of the elbow (H) (Anaes.) (Assist.)	713.95			535.5	
49124	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Excision of olecranon bursa, including bony prominence, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of an arthroscopic procedure of the elbow (H) (Anaes.) (Assist.)	433.4			325.05	
49127	Joint replacements	Type A Surgical	01.03.2024	3	T8	N	Elbow joint, arthroplasty of, other than a service to which another item applies (H) (Anaes.) (Assist.)	819.5			614.65	
49200	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Wrist, arthrodesis of, with synovectomy if performed, with or without internal fixation of the radiocarpal joint (H) (Anaes.) (Assist.)	955.4			716.55	
49203	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Limited fusion of wrist, with or without bone graft, including each of the following: (a) ligament or tendon transfers; (b) partial or total excision of one or more carpal bones; (c) rebalancing procedures; (d) synovectomy (H) (Anaes.) (Assist.)	904.95			678.75	
49206	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Proximal row carpectomy of wrist, including either or both of the following (if performed): (a) styloidectomy; (b) synovectomy (H) (Anaes.) (Assist.)	658.95			494.25	
49209	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Prosthetic replacement of wrist or distal radioulnar joint, including either or both of the following (if performed): (a) ligament realignment; (b) tendon realignment (H) (Anaes.) (Assist.)	878.7			659.05	
49210	Joint replacements	Type A Advanced Surgical	01.11.2006	3	T8	N	Revision of total replacement arthroplasty of wrist or distal radioulnar joint, including any of the following (if performed): (a) ligament rebalancing; (b) removal of prosthesis; (c) tendon rebalancing (H) (Anaes.) (Assist.)	1159.95			870	
49212	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Arthrotomy of wrist or distal radioulnar joint, including any of the following (if performed): (a) joint debridement; (b) removal of loose bodies; (c) synovectomy (H) (Anaes.) (Assist.)	274.7			206.05	

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% ($)
49213	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Sauve-Kapandji procedure of distal radioulnar joint, including any of the following (if performed): a) radioulnar fusion; b) osteotomy; c) soft tissue reconstruction (H) (Anaes.) (Assist.)	982.85			737.15	
49215	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Reconstruction of single or multiple ligaments or capsules of wrist, including any of the following (if performed): (a) arthrotomy; (b) ligament harvesting and grafting; (c) synovectomy; (d) tendon harvesting and grafting; (e) insertion of synthetic ligament substitute (H) (Anaes.) (Assist.)	757.95			568.5	
49218	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	01.12.1991	3	T8	N	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy)—other than a service associated with another arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)	318.4			238.8	
49219	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Diagnosis of carpometacarpal joint of thumb or joint of digit, by arthroscopic means, including biopsy (if performed) (H) (Anaes.) (Assist.)	318.4			238.8	
49220	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Treatment of carpometacarpal joint of thumb or joint of digit, by arthroscopic means—one joint (H) (Anaes.) (Assist.)	713.95			535.5	
49221	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Treatment of wrist, by arthroscopic means, including any of the following (if performed): (a) drilling of defect; (b) removal of loose bodies; (c) release of adhesions; (d) synovectomy; (e) debridement; (f) resection of dorsal or volar ganglia; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)	713.95			535.5	
49224	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Osteoplasty of wrist, by arthroscopic means, including either or both of the following (if performed): (a) excision of the distal ulna; (b) total synovectomy; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint—2 or more distinct areas (H) (Anaes.) (Assist.)	823.6			617.7	
49227	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Treatment of wrist by one of the following: (a) pinning of osteochondral fragment, by arthroscopic means; (b) stabilisation procedure for ligamentous disruption; (c) partial wrist fusion or carpectomy, by arthroscopic means; (d) fracture management; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)	823.6			617.7	
49230	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Total, hemi or interpositional prosthetic replacement of carpal bone of wrist, including any of the following (if performed): (a) ligament and tendon rebalancing procedures; (b) limited wrist fusions; (c) limited bone grafting (H) (Anaes.) (Assist.)	1074.7			806.05	
49233	Joint reconstructions	Type A Surgical	01.07.2021	3	T8	N	Excisional arthroplasty of single (or part of) carpal bone of wrist, when transfers of ligaments or tendons, or rebalancing procedures, are not required, including any of the following (if performed): (a) radial styloidectomy; (b) ulnar styloidectomy; (c) proximal hamate; (d) partial scaphoid; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a distal radioulnar joint reconstruction, a proximal row carpectomy or a limited wrist fusion—applicable once for a single operation (H) (Anaes.) (Assist.)	452.45			339.35	
49236	Joint reconstructions	Type A Surgical	01.07.2021	3	T8	N	Stabilisation of soft tissue of distal radioulnar joint, with or without ligament or tendon grafting, including either or both of the following (if performed): (a) graft harvest; (b) triangular fibrocartilage complex repair or reconstruction (H) (Anaes.) (Assist.)	682.2			511.65	
49239	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Excision of pisiform or hook of hamate or sesamoid bone of hand, including release of ulnar nerve (if performed) (H) (Anaes.) (Assist.)	339.35			254.55	
49300	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Sacro-iliac joint—arthrodesis of (H) (Anaes.) (Assist.)	608.15			456.15	
49303	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Arthrotomy of hip, by open procedure, including any of the following (if performed): (a) lavage; (b) drainage; (c) biopsy (H) (Anaes.) (Assist.)	637			477.75	
49306	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Hip, arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.)	1263			947.25	
49309	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Arthrectomy or excision arthroplasty (Girdlestone) of hip, other than a service performed: (a) for the purpose of implant removal; or (b) as stage 1 of a 2-stage procedure (H) (Anaes.) (Assist.)	878.7			659.05	
49315	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Hip, arthroplasty of, unipolar or bipolar (H) (Anaes.) (Assist.)	988.45			741.35	
49318	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Total arthroplasty of hip, including minor bone grafting (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1537.35			1153.05	
49319	Joint replacements	Type A Advanced Surgical	01.11.1996	3	T8	N	Bilateral total arthroplasty of hip, including minor bone grafting (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2701			2025.75	
49321	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Complex primary arthroplasty of hip, with internal fixation, including either or both of the following (if performed): (a) structural bone graft; (b) insertion of synthetic substitutes or metal augments; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1867.2			1400.4	
49360	Bone, joint and muscle	Type A Surgical	01.05.1994	3	T8	N	Diagnostic arthroscopy of hip, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure of the hip joint by arthroscopic means (H) (Anaes.) (Assist.)	401.3			301	
49363	Bone, joint and muscle	Type A Surgical	01.05.1994	3	T8	N	Diagnostic arthroscopy of hip, with synovial biopsy, other than a service associated with a service to which another item in this Schedule applies that is performed on the hip joint by arthroscopic means (H) (Anaes.) (Assist.)	483.15			362.4	

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49366	Bone, joint and muscle	Type A Surgical	01.05.1994	3	T8	N	Treatment of hip, by arthroscopic means, including any procedures to treat bone or soft tissue in the same area (if performed), other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing: (a) a procedure of the hip joint by arthroscopic means; or (b) surgery for femoroacetabular impingement (H) (Anaes.) (Assist.)	713.95			535.5	
49372	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, with exchange of head or liner (or both) (H) (Anaes.) (Assist.)	1076.05			807.05	
49374	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, with exchange of head and acetabular shell or cup, including minor bone grafting (if performed) (H) (Anaes.) (Assist.)	1998.5			1498.9	
49376	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, with exchange of head and acetabular shell or cup, including major bone grafting (if performed) (H) (Anaes.) (Assist.)	2459.75			1844.85	
49378	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, with revision of femoral component (if there is no requirement for femoral osteotomy), including minor bone grafting (if performed) (H) (Anaes.) (Assist.)	2152.1			1614.1	
49380	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, with revision of femoral and acetabular components (if femoral osteotomy is not required), including minor bone grafting (if performed) (H) (Anaes.) (Assist.)	2613.4			1960.05	
49382	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, with revision of femoral and acetabular components (if femoral osteotomy is not required), including major bone grafting (H) (Anaes.) (Assist.)	3382.1			2536.6	
49384	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, for pelvic discontinuity, with revision of acetabular component (H) (Anaes.) (Assist.)	3997			2997.75	
49386	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, with revision of femoral component with femoral osteotomy, including minor bone grafting (if performed) (H) (Anaes.) (Assist.)	2767.2			2075.4	
49388	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, including: (a) revision of both of the following: (i) femoral component with femoral osteotomy; (ii) acetabular component; and (b) minor bone grafting (if performed) (H) (Anaes.) (Assist.)	3228.35			2421.3	
49390	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, including: (a) revision of both of the following: (i) femoral component with femoral osteotomy; (ii) acetabular component; and (b) major bone grafting (H) (Anaes.) (Assist.)	3843.3			2882.5	
49392	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, including: (a) either: (i) revision of femoral component with femoral osteotomy; or (ii) proximal femoral replacement; and (b) revision of acetabular component for pelvic discontinuity (H) (Anaes.) (Assist.)	5380.6			4035.45	
49394	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, including: (a) replacement of proximal femur; and (b) revision of the acetabular component; and (c) bone grafting (if performed) (H) (Anaes.) (Assist.)	4611.9			3458.95	
49396	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, including: (a) removal of prosthesis as stage 1 of a 2-stage revision arthroplasty or as a definitive stage procedure; and (b) insertion of temporary prosthesis (if performed) (H) (Anaes.) (Assist.)	3074.6			2305.95	
49398	Joint replacements	Type A Advanced surgical	01.07.2021	3	T8	N	Revision arthroplasty of hip, including: (a) revision of femoral component for periprosthetic fracture; and (b) internal fixation; and (c) bone grafting (if performed) (H) (Anaes.) (Assist.)	2306			1729.5	
49500	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Knee, arthrotomy of, involving one or more of capsular release, biopsy or lavage, or removal of loose body or foreign body (H) (Anaes.) (Assist.)	439.25			329.45	
49503	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Arthrotomy of knee, including one of the following: (a) meniscal surgery; (b) repair of collateral or cruciate ligament; (c) patellectomy; (d) single transfer of ligament or tendon; (e) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement); other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	571.15			428.4	
49506	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Arthrotomy of knee, including 2 or more of the following: (a) meniscal surgery; (b) repair of collateral or cruciate ligament; (c) patellectomy; (d) single transfer of ligament or tendon; (e) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement); other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	856.75			642.6	
49509	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Total synovectomy of knee, by open procedure, other than a service performed in association with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroplasty (H) (Anaes.) (Assist.)	878.7			659.05	
49512	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Primary or revision arthrodesis of knee, including arthrodesis (H) (Anaes.) (Assist.)	1537.35			1153.05	
49515	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Removal of cemented or uncemented knee prosthesis, performed as the first stage of a 2-stage procedure; including: (a) removal of associated cement; and (b) insertion of spacer (if required) (H) (Anaes.) (Assist.)	988.45			741.35	
49516	Joint replacements	Type A advanced surgical	01.07.2021	3	T8	N	Bilateral unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.)	2462.75			1847.1	
49517	Joint replacements	Type A Advanced Surgical	01.07.1993	3	T8	N	Unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.)	1407.3			1055.5	
49518	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Total arthroplasty of knee, including either or both of the following (if performed): (a) revision of patello-femoral joint replacement to total knee replacement; (b) patellar resurfacing; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1537.35			1153.05	
49519	Joint replacements	Type A Advanced Surgical	01.11.1996	3	T8	N	Bilateral total arthroplasty of knee, including patellar resurfacing, other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2701			2025.75	

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% ($)
49521	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Complex primary arthroplasty of knee, using revision femoral or tibial components, including either or both of the following (if performed): (a) ligament reconstruction; (b) patellar resurfacing; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1867.2			1400.4	
49524	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Complex primary arthroplasty of knee: (a) using revision femoral and tibial components; or (b) using revision femoral or tibial components including anatomic specific allograft of femur or tibia; including either or both of the following (if performed): (c) ligament reconstruction; (d) patellar resurfacing; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2196.65			1647.5	
49525	Joint replacements	Type A advanced surgical	01.07.2021	3	T8	N	Revision of uni-compartmental arthroplasty of the knee, with femoral or tibial components (or both) with uni-compartmental implants, other than a service associated with a service to which: (a) item 48245, 48248, 48251, 48254 or 48257 applies; or (b) another item in this Group applies if the service described in the other item is for the purpose of performing surgery on a knee (H) (Anaes.) (Assist.)	1867.2			1400.4	
49527	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Minor revision of total or partial arthroplasty of knee, including either or both of the following: (a) exchange of polyethylene component (including uni); (b) insertion of patellar component; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1537.35			1153.05	
49530	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Revision of total or partial arthroplasty of knee, with exchange of femoral or tibial component: (a) excluding revision of unicompartmental with unicompartmental implants; and (b) including patellar resurfacing (if performed); other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2306.55			1729.95	
49533	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Revision of total or partial arthroplasty of knee, with exchange of femoral and tibial components, excluding revision of unicompartmental with unicompartmental implants, including patellar resurfacing (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2966			2224.5	
49534	Joint replacements	Type A Surgical	01.11.1996	3	T8	N	Arthroplasty of patella and trochlea of patello-femoral joint of knee, performed as a primary procedure (H) (Anaes.) (Assist.)	848.45			636.35	
49536	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	Either: (a) repair of cruciate ligaments of knee; or (b) repair or reconstruction of collateral ligaments of knee; by open or arthroscopic means, including either or both of the following (if performed): (c) graft harvest; (d) intraarticular knee surgery; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	1098.25			823.7	
49542	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	Reconstruction of anterior or posterior cruciate ligament of knee, by open or arthroscopic means, including any of the following (if performed): (a) graft harvest; (b) donor site repair; (c) meniscal repair; (d) collateral ligament repair; (e) extra-articular tenodesis; (f) any other associated intra-articular surgery; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	1537.35			1153.05	
49544	Joint reconstructions	Type A advanced surgical	01.07.2021	3	T8	N	Reconstruction of 2 or more cruciate or collateral ligaments of knee, by open or arthroscopic means, including any of the following (if performed): (a) ligament repair; (b) graft harvest donor site repair; (c) meniscal repair; (d) any other associated intra-articular surgery; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	1789.85			1342.4	
49548	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	Knee, revision of patello-femoral stabilisation (H) (Anaes.) (Assist.)	1098.25			823.7	
49551	Joint reconstructions	Type A Advanced Surgical	01.12.1991	3	T8	N	Knee, revision of procedures to which item 49536 or 49542 applies (H) (Anaes.) (Assist.)	1537.35			1153.05	
49554	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Revision of total replacement of knee, by anatomic specific allograft of tibia or femur, other than a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2196.65			1647.5	
49564	Joint reconstructions	Type A Advanced Surgical	01.05.2000	3	T8	N	Stabilisation of patellofemoral joint of knee, by combined open and arthroscopic means, including either or both of the following (if performed): (a) medial soft tissue reconstruction and tendon transfer; (b) tibial tuberosity transfer with bone graft and internal fixation; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	1072.2			804.15	
49565	Joint reconstructions	Type A advanced surgical	01.07.2021	3	T8	N	Reconstruction of patellofemoral joint of knee, by combined open and arthroscopic means, including: (a) both of the following: (i) medial soft tissue reconstruction; (ii) tibial tuberosity transfer; and (b) any of the following (if performed): (i) bone graft; (ii) internal fixation; (iii) trochleoplasty; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	1538.8			1154.1	
49569	Bone, joint and muscle	Type A Surgical	01.05.1994	3	T8	N	Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty) (H) (Anaes.) (Assist.)	878.7			659.05	
49570	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Diagnosis of knee, by arthroscopic means, when the pre-procedure diagnosis is undetermined, including either or both of the following (if performed): (a) biopsy; (b) lavage (H) (Anaes.) (Assist.)	318.4			238.8	

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49572	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Partial meniscectomy of knee, by arthroscopic means, for atraumatic meniscus tear, other than a service to which another item of this Schedule applies if the service described in the other item is for the purpose of treating osteoarthritis (H) (Anaes.) (Assist.)	774.9			581.2	
49574	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Removal of loose bodies of knee, by arthroscopic means—one or more bodies (H) (Anaes.) (Assist.)	774.9			581.2	
49576	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Repair of chondral lesion of knee, by arthroscopic means, including either or both of the following (if performed): (a) microfracture; (b) microdrilling; other than a service performed in combination with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing chondral or osteochondral grafts (H) (Anaes.) (Assist.)	774.9			581.2	
49578	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Release of soft tissue, lateral release or osteoplasty of knee, by arthroscopic means, other than a service performed in combination with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of stabilising the patellofemoral joint of the knee (H) (Anaes.) (Assist.)	774.9			581.2	
49580	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Partial meniscectomy of knee, by arthroscopic means, for traumatic meniscus tear (H) (Anaes.) (Assist.)	774.9			581.2	
49582	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Meniscal repair of knee, by arthroscopic means (H) (Anaes.) (Assist.)	904.8			678.6	
49584	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Chondral, osteochondral or meniscal graft of knee, by arthroscopic means (H) (Anaes.) (Assist.)	904.8			678.6	
49586	Joint reconstructions	Type A surgical	01.07.2021	3	T8	N	Synovectomy of knee, by arthroscopic means, for neoplasia or inflammatory arthropathy, other than a service to which another item of this Schedule applies if the service described in the other item is for the purpose of treating uncomplicated osteoarthritis (H) (Anaes.) (Assist.)	904.8			678.6	
49590	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Excision of ganglion, cyst or bursa of knee, by open or arthroscopic means, performed as an independent procedure, other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	433.4			325.05	
49592	Bone, joint and muscle	Type A Advanced Surgical	01.03.2024	3	T8	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the hip, including pelvis and proximal femur (H) (Anaes.) (Assist.)	1331.7			998.8	
49594	Bone, joint and muscle	Type A Advanced Surgical	01.03.2024	3	T8	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the knee, including distal femur, proximal fibula and proximal tibia (H) (Anaes.) (Assist.)	1065.35			799.05	
49596	Bone, joint and muscle	Type A Surgical	01.03.2024	3	T8	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the lower leg, other than a service to which item 49594 applies (H) (Anaes.) (Assist.)	799.05			599.3	
49703	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Surgery of ankle joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; other than a service associated with a service to which another item in this Group applies if the service described in the other item is for the purpose of performing a procedure on the ankle by arthroscopic means (H) (Anaes.) (Assist.)	713.95			535.5	
49706	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Arthrotomy of joint of ankle, including removal of loose bodies and joint debridement, including release of joint contracture (if performed) (H) (Anaes.) (Assist.)	384.45			288.35	
49709	Joint reconstructions	Type A Surgical	01.12.1991	3	T8	N	Stabilisation of ligament of ankle or subtalar joint (or both), including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) joint debridement; —one ligament complex, each incision (H) (Anaes.) (Assist.)	823.6			617.7	
49712	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	1098.25			823.7	
49715	Joint replacements	Type A Advanced Surgical	01.12.1991	3	T8	N	Total replacement of ankle, with prosthetic replacement of ankle joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	1317.8			988.35	
49716	Joint replacements	Type A Advanced Surgical	01.11.2006	3	T8	N	Revision of total ankle replacement: (a) including either: (i) exchange of tibial or talar components (or both) or plastic inserts; or (ii) removal of tibial or talar components (or both) and plastic inserts; and (b) including any of the following (if performed): (i) insertion of cement spacer for infection; (ii) capsulotomy; (iii) joint release; (iv) neurolysis; (v) debridement of cysts; (vi) synovectomy; (vii) joint debridement other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.)	1739.45			1304.6	
49717	Joint replacements	Type A Advanced Surgical	01.11.2006	3	T8	N	Revision of total ankle replacement: (a) including either: (i) exchange of tibial and talar components; or (ii) removal of tibial and talar components and conversion to ankle arthrodesis; and (b) including both of the following (iii) internal or external fixation, by any means; (iv) major bone grafting; and (c) including any of the following (if performed): (i) capsulotomy; (ii) joint release; (iii) neurolysis; (iv) debridement and extensive grafting of cysts; (v) synovectomy; (vi) joint debridement; other than a service associated with a service to which item 30023, 48245, 48248, 48251, 48254 or 48257 applies that is performed at the same site (H) (Anaes.) (Assist.)	2087.4			1565.55	
49718	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Primary repair of major tendon of ankle, by any method, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy —one tendon (H) (Anaes.) (Assist.)	439.25			329.45	
49724	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Reconstruction of major tendon of ankle, by any method, including any of the following (if performed): (a) synovial biopsy; (b) synovectomy; (c) adjacent tendon transfer; (d) turn down flaps; other than a service associated with a service to which item 49718 applies (H) (Anaes.) (Assist.)	768.9			576.7	
49727	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Lengthening of major tendon of ankle, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy (H) (Anaes.) (Assist.)	329.35			247.05	

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49728	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Lengthening of Achilles' tendon, by any method, with gastro-soleus lengthening for the correction of equinous deformity, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; other than a service associated with a service to which item 49727 applies (H) (Anaes.) (Assist.)	658.8			494.1	
49730	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Surgery of joint of hindfoot (other than ankle) or first metatarsophalangeal joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the ankle by arthroscopic means—one joint (H) (Anaes.) (Assist.)	713.95			535.5	
49732	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Endoscopy of large tendons of foot, including any of the following (if performed): (a) debridement of tendon and sheath; (b) removal of loose bodies; (c) synovectomy; (d) excision of tendon impingement; other than a service associated with a service to which item 49718 or 49724 applies (H) (Anaes.) (Assist.)	713.95			535.5	
49734	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthrotomy of hindfoot, midfoot or metatarsophalangeal joint, including: (a) removal of loose bodies; and (b) either or both of the following: (i) joint debridement; (ii) release of joint contracture; —each incision (H) (Anaes.) (Assist.)	384.45			288.35	
49736	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Transfer of major tendon of foot and ankle, including: (a) split or whole transfer to contralateral side of foot; and (b) passage of posterior or anterior tendon to, or through, interosseous membrane; and (c) any of the following (if performed): (i) synovial biopsy; (ii) synovectomy; (iii) tendon lengthening; (iv) insetting of tendon (H) (Anaes.) (Assist.)	768.9			576.7	
49738	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Stabilisation of ligament of talonavicular or metatarsophalangeal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement (H) (Anaes.) (Assist.)	549.1			411.85	
49740	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Revision of arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; (e) removal of hardware; (f) neurolysis; (g) osteotomy of non-union or malunion; other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	1647.5			1235.65	
49742	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	1555.25			1166.45	
49744	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Revision of arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; (e) removal of hardware; (f) neurolysis; (g) osteotomy of non-union or malunion; other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	2332.95			1749.75	
49760	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthroereisis of subtalar joint, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) joint debridement (H) (Anaes.) (Assist.)	411.9			308.95	
49761	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Stabilisation of metatarsophalangeal joint at metatarsal, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —one metatarsal (H) (Anaes.) (Assist.)	604.05			453.05	
49762	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —2 metatarsals (H) (Anaes.) (Assist.)	906.05			679.55	
49763	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —3 metatarsals (H) (Anaes.) (Assist.)	1057.1			792.85	
49764	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —4 metatarsals (H) (Anaes.) (Assist.)	1208.05			906.05	
49765	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —5 metatarsals (H) (Anaes.) (Assist.)	1359.15			1019.4	
49766	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —6 metatarsals (H) (Anaes.) (Assist.)	1510.1			1132.6	
49767	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —7 metatarsals (H) (Anaes.) (Assist.)	1661.15			1245.9	

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49768	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —8 metatarsals (H) (Anaes.) (Assist.)	1812.1			1359.1	
49769	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Unilateral correction of hallux valgus or varus deformity, by osteotomy of first metatarsal and proximal phalanx of first toe, with internal fixation of both bones, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	1057.1			792.85	
49770	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Bilateral correction of hallux valgus or varus deformity, by osteotomy of first metatarsal and proximal phalanx of first toe, with internal fixation of both bones, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	1757.05			1317.8	
49771	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Synovectomy of major tendon of ankle, for extensive synovitis by any method, including any of the following (if performed): (a) tenolysis; (b) debridement of ligament or tendon (or both); (c) release of ligament or tendon (or both); (d) excision of tubercule or osteophyte; (e) reconstruction of tendon retinaculum; (f) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—each incision (H) (Anaes.) (Assist.)	433.4			325.05	
49772	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Excision of rheumatoid nodules or gouty tophi, excluding aftercare, including any of the following (if performed): (a) capsulotomy; (b) debridement of ligament or tendon (or both); (c) release of ligament or tendon (or both); (d) excision of tubercle or osteophyte; —each incision (H) (Anaes.) (Assist.)	382.5			286.9	
49773	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Revision of excision of intermetatarsal or digital neuroma, including any of the following (if performed): (a) release of tissues; (b) excision of bursae; (c) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—one web space (H) (Anaes.) (Assist.)	474.05			355.55	
49774	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Release of tarsal tunnel, including any of the following (if performed): (a) release of ligaments; (b) synovectomy; (c) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—one foot (H) (Anaes.) (Assist.)	322.85			242.15	
49775	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Revision of release of tarsal tunnel, including any of the following (if performed): (a) release of ligaments; (b) synovectomy; (c) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—one foot (H) (Anaes.) (Assist.)	435.9			326.95	
49776	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Revision of arthrodesis of joint of hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; (e) removal of hardware; (f) neurolysis; (g) osteotomy of non-union or malunion; other than a service associated with a service to which item 30023 applies that is performed at the same site—may only be claimed once per joint (H) (Anaes.) (Assist.)	1371.2			1028.4	
49777	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthrodesis of joint of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; —one joint (H) (Anaes.) (Assist.)	811.9			608.95	
49778	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —2 joints (H) (Anaes.) (Assist.)	1217.85			913.4	
49779	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —3 joints (H) (Anaes.) (Assist.)	1420.75			1065.6	
49780	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —4 joints (H) (Anaes.) (Assist.)	1623.65			1217.75	
49781	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Revision of arthrodesis of joint of midfoot, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of ostephytes at joint; (e) removal of hardware; (f) osteotomy of non-union or malunion; —one joint (H) (Anaes.) (Assist.)	1217.85			913.4	
49782	Joint replacements	Type A Surgical	01.07.2021	3	T8	N	Revision of total ankle replacement, including: (a) bone grafting of perioperative cysts to the tibia or talus (or both); and (b) retention of implants; and (c) any of the following (if performed): (i) capsulotomy; (ii) joint release; (iii) neurolysis; (iv) debridement and grafting of cysts; (v) synovectomy; (vi) joint debridement; other than a service associated with a service to which item 30023 applies that is performed at the same site (H) (Anaes.) (Assist.)	659.6			494.7	
49783	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —3 joints (H) (Anaes.) (Assist.)	884.55			663.45	
49784	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —4 joints (H) (Anaes.) (Assist.)	1010.9			758.2	
49785	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —5 joints (H) (Anaes.) (Assist.)	1137.15			852.9	

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
49786	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —6 joints (H) (Anaes.) (Assist.)	1263.4			947.55	
49787	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —7 joints (H) (Anaes.) (Assist.)	1389.65			1042.25	
49788	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —8 joints (H) (Anaes.) (Assist.)	1515.95			1137	
49789	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Bilateral arthrodesis of first metatarsophalangeal joint, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	1303.9			977.95	
49790	Bone, joint and muscle	Type A Advanced Surgical	01.07.2021	3	T8	N	Revision of arthrodesis of first metatarsophalangeal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of exostosis at joint; (e) removal of hardware; (f) osteotomy of non-union or malunion (H) (Anaes.) (Assist.)	1132.55			849.45	
49791	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthrodesis of hallux interphalangeal or lesser metatarsophalangeal joint, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	513.5			385.15	
49792	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —one or 2 toes (H) (Anaes.) (Assist.)	576.75			432.6	
49793	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —3 toes (H) (Anaes.) (Assist.)	672.85			504.65	
49794	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —4 toes (H) (Anaes.) (Assist.)	768.95			576.75	
49795	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —5 toes (H) (Anaes.) (Assist.)	865.1			648.85	
49796	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —6 toes (H) (Anaes.) (Assist.)	961.25			720.95	
49797	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —7 toes (H) (Anaes.) (Assist.)	1057.35			793.05	
49798	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —8 toes (H) (Anaes.) (Assist.)	1153.5			865.15	
49800	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Primary repair of flexor or extensor tendon of foot, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (Anaes.) (Assist.)	153.75			115.35	130.7
49803	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Secondary repair of flexor or extensor tendon of foot, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (H) (Anaes.) (Assist.)	197.75			148.35	
49806	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Subcutaneous tenotomy of foot, by small percutaneous incisions—one or more tendons (Anaes.)	153.75			115.35	130.7
49809	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Open tenotomy or lengthening of foot, by open incision, with or without tenoplasty, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (H) (Anaes.) (Assist.)	252.55			189.45	
49812	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Advancement of tendon or ligament transfer of foot, including: (a) side to side transfer, harvesting and transfer for ligament or minor foot tendon reconstruction; and (b) either or both of the following (if performed): (i) synovial biopsy; (ii) synovectomy; —one major tendon or toe (H) (Anaes.) (Assist.)	505.1			378.85	
49814	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Reconstruction of major tendon of ankle, by any method, including: (a) osteotomy of hindfoot, with internal fixation; and (b) lengthening of major tendon of ankle; and (c) any of the following (if performed): (i) synovial biopsy; (ii) synovectomy; (iii) adjacent tendon transfer; (iv) turn down flaps; other than a service associated with a service to which item 49718 applies (H) (Anaes.) (Assist.)	1153.35			865.05	
49815	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Triple arthrodesis of hindfoot joints, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints (H) (Anaes.) (Assist.)	1599.75			1199.85	
49818	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Release of plantar fascia, including excision of calcaneal spur (if performed) (H) (Anaes.) (Assist.)	318.4			238.8	

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% ($)
49821	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement —one joint (H) (Anaes.) (Assist.)	505.1			378.85	
49824	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —2 joints (H) (Anaes.) (Assist.)	884.2			663.15	
49827	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Unilateral correction of hallux valgus or varus deformity of the foot, by local tendon transfer, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	549.1			411.85	
49830	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Bilateral correction of hallux valgus or varus deformity of the foot, by local tendon transfer, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	960.95			720.75	
49833	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Unilateral correction of hallux valgus or varus deformity of the foot, by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	604.05			453.05	
49836	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	1043.4			782.55	
49837	Bone, joint and muscle	Type A Surgical	01.05.2000	3	T8	N	Unilateral correction of hallux valgus or varus deformity of the foot, by osteotomy of first metatarsal, with internal fixation, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	755.1			566.35	
49838	Bone, joint and muscle	Type A Advanced Surgical	01.05.2000	3	T8	N	Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, with internal fixation or arthrodesis of first metatarsophalangeal joint, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	1303.9			977.95	
49839	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Total replacement of first metatarsophalangeal joint, with replacement of both joint surfaces, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) joint debridement (H) (Anaes.) (Assist.)	604.05			453.05	
49845	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Unilateral arthrodesis of first metatarsophalangeal joint, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints (H) (Anaes.) (Assist.)	755.1			566.35	
49851	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal (or both) joints of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) tendon lengthening; (d) joint release; (e) synovectomy; (f) removal of osteophytes at joints; —one toe (H) (Anaes.) (Assist.)	505.1			378.85	
49854	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Radical plantar fasciotomy or fasciectomy, with extensive incision into foot and excision of fascia, including excision of calcaneal spur (if performed), other than a service associated with a service to which 49818 applies (H) (Anaes.) (Assist.)	439.25			329.45	
49857	Joint replacements	Type A Surgical	01.12.1991	3	T8	N	Hemi joint replacement of first or lesser metatarsophalangeal joint, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) joint debridement (H) (Anaes.) (Assist.)	406.3			304.75	
49860	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Synovectomy of metatarsophalangeal joints, including any of the following (if performed): (a) capsulotomy; (b) debridement; (c) release of ligament or tendon (or both); —one or more joints on one foot (H) (Anaes.) (Assist.)	379.5			284.65	
49866	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Excision of intermetatarsal or digital neuroma, including any of the following (if performed): (a) release of metatarsal or digital ligament; (b) excision of bursae; (c) neurolysis; other than a service associated with a service to which item 30023 applies that is performed at the same site—one web space (H) (Anaes.) (Assist.)	351.2			263.4	
49878	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation—each attendance (Anaes.)	65.9			49.45	56.05
49881	Bone, joint and muscle	Type B Non-band specific	01.07.2021	3	T8	N	Complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding tissues; and (b) including any of the following (if performed): (i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) skin closure, by any local method; other than a service associated with a service to which item 30023 applies that is performed at the same site—each incision (H) (Anaes.) (Assist.)	256.5			192.4	
49884	Bone, joint and muscle	Type B Non-band specific	01.07.2021	3	T8	N	Complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of ankle, hindoot or midfoot joint and surrounding tissues; and (b) including any of the following (if performed): (i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) capsular or ligament repair; (vi) skin closure, by any method; other than a service associated with a service to which item 30023 applies that is performed at the same site—each incision (H) (Anaes.) (Assist.)	433.4			325.05	

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49887	Bone, joint and muscle	Type B Non-band specific	01.07.2021	3	T8	N	Revision of complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding tissues; and (b) including any of the following (if performed): (i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) skin closure, by any method; other than a service associated with: (c) a service to which item 49881 applies; or (d) a service to which item 30023 applies that is performed at the same site —each incision (H) (Anaes.) (Assist.)	346.45			259.85	
49890	Bone, joint and muscle	Type B Non-band specific	01.07.2021	3	T8	N	Revision of complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint and surrounding tissues; and (b) including any of the following (if performed): (i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) capsular or ligament repair; (vi) skin closure, by any method; other than a service associated with: (c) a service to which item 49884 applies; or (d) a service to which item 30023 applies that is performed at the same site —each incision (H) (Anaes.) (Assist.)	585			438.75	
50107	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Stabilisation of joint of hip, by open means, including any of the following (if performed): (a) repair of capsule; (b) labrum; (c) capsulorraphy; (d) repair of ligament; (e) internal fixation; other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	549.1			411.85	
50112	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	421.2			315.9	
50115	Bone, joint and muscle	Type B Non-band specific	01.12.1991	3	T8	N	Manipulation of one or more joints, excluding spine, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	166.85			125.15	
50118	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Arthrodesis of joint of hindfoot, by any method, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —one joint (H) (Anaes.) (Assist.)	914.05			685.55	
50130	Bone, joint and muscle	Type A Surgical	01.07.1993	3	T8	N	Joint or joints, application of external fixator to, other than for treatment of fractures (H) (Anaes.) (Assist.)	364.35			273.3	
50200	Bone, joint and muscle	Unlisted	01.12.1991	3	T8	N	Core needle biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.)	219.55			164.7	186.65
50201	Bone, joint and muscle	Type A Surgical	01.11.2004	3	T8	N	Incisional biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.) (Assist.)	384.35			288.3	326.7
50203	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Intralesional or marginal excision of bone or soft tissue tumour (H) (Anaes.) (Assist.)	483.25			362.45	
50206	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Intralesional or marginal excision of bone tumour, with at least one of the following: (a) autograft; (b) allograft; (c) cementation (H) (Anaes.) (Assist.)	713.95			535.5	
50209	Bone, joint and muscle	Type A Surgical	01.12.1991	3	T8	N	Intralesional or marginal excision of bone tumour, with at least 2 of the following: (a) autograft; (b) allograft; (c) cementation (H) (Anaes.) (Assist.)	878.7			659.05	
50212	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), affecting a limb, trunk or scapula (H) (Anaes.) (Assist.)	1921.95			1441.5	
50215	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), with intercalary reconstruction of bone by prosthesis, allograft or autograft (H) (Anaes.) (Assist.)	2416.25			1812.2	
50218	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), with reconstruction, replacement or arthrodesis of adjacent joint, by prosthesis, allograft or autograft (H) (Anaes.) (Assist.)	3185.1			2388.85	
50221	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both) of pelvis, sacrum or spine, without reconstruction (H) (Anaes.) (Assist.)	2965.2			2223.9	
50224	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both) of pelvis, sacrum or spine, with reconstruction of bone defect, or one or more joints, by any technique (H) (Anaes.) (Assist.)	3294.75			2471.1	
50233	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Treatment of malignant or aggressive bone or soft tissue tumour (or both) by hindquarter or forequarter amputation (H) (Anaes.) (Assist.)	2526			1894.5	
50236	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Treatment of malignant or aggressive bone or soft tissue tumour (or both), by hip disarticulation, shoulder disarticulation or amputation through the proximal one third of the femur (H) (Anaes.) (Assist.)	1976.95			1482.75	
50239	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	3	T8	N	Treatment of malignant or aggressive bone or soft tissue tumour (or both), by amputation, other than a service associated with a service to which item 50233 or 50236 applies (H) (Anaes.) (Assist.)	1317.8			988.35	
50242	Bone, joint and muscle	Type A surgical	01.07.2021	3	T8	N	Revision of endoprosthetic replacement, if item 50218 or 50224, or an item that describes a service substantially similar to either of those items, applied to the initial procedure: (a) including any of the following: (i) rebushing; (ii) patella resurfacing; (iii) polyethylene exchange or similar; and (b) excluding removal of prosthetic from bone (H) (Anaes.) (Assist.)	988.45			741.35	
50245	Bone, joint and muscle	Type A advanced surgical	01.07.2021	3	T8	N	Revision of reconstructive procedure, if item 50215, 50218 or 50224, or an item that describes a service substantially similar to any of those items, applied to the initial procedure, by any technique or combination of techniques (H) (Anaes.) (Assist.)	2965.45			2224.1	
50300	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Gradual correction of joint deformity, with application of external fixator (H) (Anaes.) (Assist.)	1350.5			1012.9	
50303	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Limb lengthening, by gradual distraction, with application of external fixator or intra-medullary device (H) (Anaes.) (Assist.)	1843.85			1382.9	
50306	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Bipolar limb lengthening: (a) with application of external fixator or intra-medullary device; and (b) by any of the following: (i) gradual distraction; (ii) bone transport; (iii) fixator extension, to correct for an adjacent joint deformity (H) (Anaes.) (Assist.)	2878.9			2159.2	

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% ($)
50309	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Ring fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia, other than a service to which item 50303 or 50306 applies (H) (Anaes.) (Assist.)	355.9			266.95	
50310	Bone, joint and muscle	Type C	01.07.2021	3	T8	N	Major adjustment of ring fixator or similar device, other than a service associated with a service to which item 50303, 50306, or 50309 applies	50.95			38.25	43.35
50312	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Synovectomy or debridement, and microfracture, of ankle joint for osteochondral large defect greater than 1.5cm2, by arthroscopic or open means, including any of the following (if performed): (a) capsulotomy; (b) debridement or release of ligament; (c) debridement or release of tendon; other than a service associated with a service to which any of the following apply: (d) item 49703; (e) another item in this Schedule if the service described in the other item is for the purpose of performing an arthroscopic procedure of the ankle (H) (Anaes.) (Assist.)	877.5			658.15	
50321	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.)	1083.55			812.7	
50324	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Revision of release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.)	1544.75			1158.6	
50330	Bone, joint and muscle	Unlisted	01.07.1995	3	T8	N	Post-operative manipulation, and change of plaster, of vertical, congenital talipes equinovarus or talus, other than a service to which item 50321 or 50324 applies (H) (Anaes.)	266.75			200.1	
50333	Joint reconstructions	Type A Surgical	01.07.1995	3	T8	N	Excision of tarsal coalition, with interposition of muscle, fat graft or similar graft, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) excision of osteophytes; —one coalition (H) (Anaes.) (Assist.)	719.5			539.65	
50335	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Treatment of vertical, congenital talus, by percutaneous or open stabilisation of talonavicular joint and Achilles' tenotomy (H) (Anaes.) (Assist.)	719.5			539.65	
50336	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Talus, vertical, congenital, combined anterior and posterior reconstruction (H) (Anaes.) (Assist.)	1075.6			806.7	
50339	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Tibialis anterior or tibialis posterior tendon transfer (split or whole) (H) (Anaes.) (Assist.)	688.85			516.65	
50345	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Hyperextension deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (H) (Anaes.) (Assist.)	404.4			303.3	
50348	Bone, joint and muscle	Unlisted	01.07.1995	3	T8	N	Knee, deformity of, post-operative manipulation and change of plaster, performed under general anaesthesia (H) (Anaes.)	266.75			200.1	
50351	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Treatment of developmental dislocation of hip, by open reduction, including application of hip spica (H) (Anaes.) (Assist.)	1863.3			1397.5	
50352	Bone, joint and muscle	Type B Non-band specific	01.05.2001	3	T8	N	Treatment of developmental dysplasia of hip, including supervision of initial application of splint, harness or cast, other than a service to which another item in this Group applies (Anaes.)	65.9			49.45	56.05
50354	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Resection and fixation of congenital pseudarthrosis of tibia (H) (Anaes.) (Assist.)	1528.25			1146.2	
50357	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Transfer of tendon of rectus femoris or medial or lateral hamstring (H) (Anaes.) (Assist.)	655.05			491.3	
50360	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Combined medial and lateral hamstring tendon transfer (H) (Anaes.) (Assist.)	760.15			570.15	
50369	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Unilateral posterior release of knee contracture, with multiple tendon lengthening or tenotomies, including release of joint capsule (if performed), other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.)	760.15			570.15	
50372	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Bilateral posterior release of knee contracture, with multiple tendon lengthening or tenotomies, including release of joint capsule (if performed), other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.)	1334.3			1000.75	
50375	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Unilateral medial release of hip contracture, with lengthening or division of the adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.)	582.25			436.7	
50378	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Bilateral medial release of hip contracture, with lengthening or division of adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.)	1019			764.25	
50381	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Unilateral anterior release of hip contracture, with lengthening or division of hip flexors and psoas, including division of joint capsule (if performed) (H) (Anaes.) (Assist.)	760.15			570.15	
50384	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Bilateral anterior release of hip contracture, with lengthening or division of hip flexors and psoas, including division of joint capsule (if performed) (H) (Anaes.) (Assist.)	1334.3			1000.75	
50390	Bone, joint and muscle	Unlisted	01.07.1995	3	T8	N	Application of cast under general anaesthesia, for patient with perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees (H) (Anaes.)	266.75			200.1	
50393	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Acetabular shelf procedure, other than a service associated with a service to which another item of this Schedule applies if the service in the other item is for the purpose of performing arthroplasty on the hip (H) (Anaes.) (Assist.)	986.55			739.95	
50394	Bone, joint and muscle	Type A Advanced Surgical	01.07.1998	3	T8	N	Multiple peri-acetabular osteotomy, including internal fixation (if performed) (H) (Anaes.) (Assist.)	3240			2430	
50395	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Osteotomy and distillation of greater trochanter, with internal fixation (H) (Anaes.) (Assist.)	1065.35			799.05	
50396	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Amputation of congenital abnormalities or duplication of digits of the hand or foot, including any of the following (if performed): (a) splitting of phalanx or phalanges; (b) ligament reconstruction; (c) joint reconstruction (H) (Anaes.) (Assist.)	542			406.5	
50399	Bone, joint and muscle	Type A Advanced Surgical	01.07.1995	3	T8	N	Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of (H) (Anaes.) (Assist.)	1075.6			806.7	

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50411	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.1995	3	T8	N	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion (H) (Anaes.) (Assist.)	1528.25			1146.2	
50414	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.1995	3	T8	N	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty (H) (Anaes.) (Assist.)	2062.1			1546.6	
50417	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.1995	3	T8	N	Lower limb deficiency, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, and repair of quadriceps mechanism (H) (Anaes.) (Assist.)	1528.25			1146.2	
50420	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.1995	3	T8	N	Patella, congenital dislocation of, reconstruction of the quadriceps (H) (Anaes.) (Assist.)	1261.45			946.1	
50423	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.07.1995	3	T8	N	Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (H) (Anaes.) (Assist.)	1164.45			873.35	
50426	Bone, joint and muscle	Type A Surgical	01.07.1995	3	T8	N	Removal of one or more lesions from bone, for osteochondroma occurring solitary or in association with hereditary multiple exotoses, with histological examination—one approach (H) (Anaes.) (Assist.)	542			406.5	
50428	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Percutaneous drilling of osteochondritis dessicans or other osteochondral lesion, for a patient: (a) with open growth plates; or (b) less than 18 years of age (H) (Anaes.) (Assist.)	904.8			678.6	
50450	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Unilateral single event multilevel surgery, for a patient less than 18 years of age with hemiplegic cerebral palsy, comprising 3 or more of the following: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; (b) correction of muscle imbalance by transfer of a tendon or tendons; (c) correction of femoral torsion by rotational osteotomy of the femur; (d) correction of tibial torsion by rotational osteotomy of the tibia; (e) correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis with synovectomy if performed, or os calcis lengthening; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	1431.3			1073.5	
50451	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Unilateral single event multilevel surgery, for a patient less than 18 years of age with hemiplegic cerebral palsy, comprising 3 or more of the following: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; (b) correction of muscle imbalance by transfer of a tendon or tendons; (c) correction of femoral torsion by rotational osteotomy of the femur; (d) correction of tibial torsion by rotational osteotomy of the tibia; (e) correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis with synovectomy if performed, or os calcis lengthening; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	1431.3			1073.5	
50455	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	1620.9			1215.7	
50456	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	1620.9			1215.7	
50460	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery and bilateral femoral osteotomies, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of torsional abnormality of the femur by rotational osteotomy and internal fixation; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	2419.95			1815	
50461	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery and bilateral femoral osteotomies, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of torsional abnormality of the femur by rotational osteotomy and internal fixation; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	2419.95			1815	

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50465	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	3408.5			2556.4	
50466	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	3408.5			2556.4	
50470	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; and (e) correction of bilateral pes valgus by os calcis lengthening or subtalar fusion; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	4322.8			3242.1	
50471	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; and (e) correction of bilateral pes valgus by os calcis lengthening or subtalar fusion; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	4322.8			3242.1	
50475	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, for the correction of crouch gait, including: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation; and (d) correction of patella alta and quadriceps insufficiency by patella tendon shortening or reconstruction; and (e) correction of tibial torsion by rotational osteotomy of the tibia with internal fixation; and (f) correction of foot instability by os calcis lengthening or subtalar fusion; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	4988.1			3741.1	
50476	Bone, joint and muscle	Type A Advanced Surgical	01.11.2006	3	T8	N	Single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, for the correction of crouch gait including: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation; and (d) correction of patella alta and quadriceps insufficiency by patella tendon shortening or reconstruction; and (e) correction of tibial torsion by rotational osteotomy of the tibia with internal fixation; and (f) correction of foot instability by os calcis lengthening or subtalar fusion; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	4988.1			3741.1	
50508	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, for a patient with open growth plates (Anaes.)	461			345.75	391.85
50512	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Treatment of fracture of distal end of radius or ulna (or both), by open or closed reduction, with internal fixation, for a patient with open growth plates (H) (Anaes.) (Assist.)	615.15			461.4	
50524	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction (H) (Anaes.) (Assist.)	476.6			357.45	
50528	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	768.75			576.6	
50532	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Treatment of fracture of shafts of radius or ulna (or both), by closed reduction, for a patient with open growth plate (H) (Anaes.)	668.9			501.7	
50536	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Treatment of fracture of shafts of radius or ulna (or both), by open or closed reduction, with internal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)	891.8			668.85	

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50540	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Olecranon, with open growth plate, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	615.15			461.4	
50544	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Radius, with open growth plate, treatment of fracture of head or neck of, by closed reduction of (H) (Anaes.)	307.5			230.65	
50548	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Radius, with open growth plate, treatment of fracture of head or neck of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	615.15			461.4	
50552	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Humerus, proximal, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.)	530.5			397.9	
50556	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Treatment of fracture of proximal humerus, by open or closed reduction, with internal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)	707.15			530.4	
50560	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Humerus, shaft of, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.)	553.45			415.1	
50564	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Treatment of fracture of shaft of humerus, by open or closed reduction, with internal or external fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)	738			553.5	
50568	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by closed reduction (H) (Anaes.)	645.85			484.4	
50572	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	861.1			645.85	
50576	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Treatment of fracture of femur, by closed reduction or traction, including application of hip spica (if performed), for a patient with open growth plate (H) (Anaes.) (Assist.)	707.15			530.4	
50580	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Tibia, with open growth plate, plateau or condyles, medial or lateral, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	738			553.5	
50584	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Tibia, distal, with open growth plate, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	707.15			530.4	
50588	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Tibia and fibula, with open growth plates, treatment of fracture of, by internal fixation (H) (Anaes.) (Assist.)	922.4			691.8	
50592	Bone, joint and muscle	Type A Advanced surgical	01.07.2021	3	T8	N	Treatment of fracture of shaft of femur, by open or closed reduction, with internal or external fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)	1120.2			840.15	
50596	Bone, joint and muscle	Type A Surgical	01.07.2021	3	T8	N	Treatment of fracture of shaft of tibia, by open or closed reduction, including casting, for a patient with open growth plate (H) (Anaes.) (Assist.)	350.15			262.65	
50600	Back, neck and spine	Type A Surgical	01.11.2006	3	T8	N	Scoliosis or kyphosis, in a child, manipulation of deformity and application of a localiser cast, under general anaesthesia, in a hospital (H) (Anaes.) (Assist.)	507.15			380.4	
50604	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis or kyphosis, in a child or adolescent, spinal fusion for (without instrumentation) (H) (Anaes.) (Assist.)	2152.3			1614.25	
50608	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis or kyphosis, in a child or adolescent, treatment by segmental instrumentation and fusion of the spine, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	3997.75			2998.35	
50612	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis or kyphosis, in a child or adolescent, with spinal deformity, treatment by segmental instrumentation, utilising separate anterior and posterior approaches, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	5686.5			4264.9	
50616	Back, neck and spine	Type A Surgical	01.11.2006	3	T8	N	Scoliosis, in a child or adolescent, re-exploration for adjustment or removal of segmental instrumentation used for correction of spine deformity (H) (Anaes.) (Assist.)	722.5			541.9	
50620	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis, in a child or adolescent, revision of failed scoliosis surgery, involving more than one of osteotomy, fusion, removal of instrumentation or instrumentation, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	3997.75			2998.35	
50624	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - not more than 4 levels (H) (Anaes.) (Assist.)	3997.75			2998.35	
50628	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar)—more than 4 levels (H) (Anaes.) (Assist.)	4938.4			3703.8	
50632	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis or kyphosis, in a child or adolescent, requiring segmental instrumentation and fusion of the spine down to and including the pelvis or sacrum, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	4151.5			3113.65	
50636	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis, in a child or adolescent, requiring anterior decompression of the spinal cord with vertebral resection and instrumentation in the presence of spinal cord involvement, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	4612.75			3459.6	
50640	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Scoliosis, in a child or adolescent, congenital, resection and fusion of abnormal vertebra via an anterior or posterior approach, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	2549.85			1912.4	
50644	Back, neck and spine	Type A Advanced Surgical	01.11.2006	3	T8	N	Spine, bone graft to, for a child or adolescent, associated with surgery for correction of scoliosis or kyphosis or both (H) (Anaes.) (Assist.)	2460.2			1845.15	
50654	Bone, joint and muscle	Type A Surgical	01.11.2006	3	T8	N	Examination or closed reduction (or both) of hip under anaesthesia for a patient under the age of 18 years, including any of the following (if performed): (a) diagnostic injection; (b) arthrography; (c) application or reapplication of a hip spica (H) (Anaes.) (Assist.)	579.35			434.55	
50950	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.05.2004	3	T8	N	Unresectable primary malignant tumour of the liver, destruction of, by percutaneous ablation (including any associated imaging services), other than a service associated with a service to which item 30419 or 50952 applies (H) (Anaes.)	953.2			714.9	

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% ($)
50952	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	01.05.2004	3	T8	N	Unresectable primary malignant tumour of the liver, destruction of, by open or laparoscopic ablation (including any associated imaging services), if a multi-disciplinary team has assessed that percutaneous ablation cannot be performed or is not practical because of one or more of the following clinical circumstances: (a) percutaneous access cannot be achieved; (b) vital organs or tissues are at risk of damage from the percutaneous ablation procedure; (c) resection of one part of the liver is possible, however there is at least one primary liver tumour in an unresectable portion of the liver that is suitable for ablation; other than a service associated with a service to which item 30419 or 50950 applies (H) (Anaes.)	953.2			714.9	
51011	Brain and nervous system	Type A Advanced Surgical	01.11.2018	3	T8	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, one motion segment, not being a service associated with a service to which item 51012, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.)	1674.6			1255.95	
51012	Brain and nervous system	Type A Advanced Surgical	01.11.2018	3	T8	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 2 motion segments, not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.)	2232.6			1674.45	
51013	Brain and nervous system	Type A Advanced Surgical	01.11.2018	3	T8	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 3 motion segments, not being a service associated with a service to which item 51011, 51012, 51014 or 51015 applies (H) (Anaes.) (Assist.)	2790.75			2093.1	
51014	Brain and nervous system	Type A Advanced Surgical	01.11.2018	3	T8	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51015 applies (H) (Anaes.) (Assist.)	3348.9			2511.7	
51015	Brain and nervous system	Type A Advanced Surgical	01.11.2018	3	T8	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, more than 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51014 applies (H) (Anaes.) (Assist.)	3907.05			2930.3	
51020	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Simple fixation of part of one vertebra (not motion segment) including pars interarticularis, spinous process or pedicle, or simple interspinous wiring between 2 adjacent vertebral levels, not being a service associated with: (a) interspinous dynamic stabilisation devices; or (b) a service to which item 51021, 51022, 51023, 51024, 51025 or 51026 applies (Anaes.) (Assist.)	893			669.75	
51021	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, one motion segment, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51022, 51023, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.)	1494.65			1121	
51022	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 2 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51023, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.)	1859.25			1394.45	
51023	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 3 or 4 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51022, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.)	2212.55			1659.45	
51024	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 5 or 6 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51025 or 51026 applies (H) (Anaes.) (Assist.)	2554.3			1915.75	
51025	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 7 to 12 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51026 applies (H) (Anaes.) (Assist.)	2985.45			2239.1	
51026	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than 12 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51025 applies (H) (Anaes.) (Assist.)	3268.65			2451.5	
51031	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spine, posterior and/or posterolateral bone graft to, one motion segment, not being a service associated with a service to which item 51032, 51033, 51034, 51035 or 51036 applies (Anaes.) (Assist.)	1098.25			823.7	
51032	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spine, posterior and/or posterolateral bone graft to, 2 motion segments, not being a service associated with a service to which item 51031, 51033, 51034, 51035 or 51036 applies (Anaes.) (Assist.)	1317.95			988.5	
51033	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spine, posterior and/or posterolateral bone graft to, 3 motion segments, not being a service associated with a service to which item 51031, 51032, 51034, 51035 or 51036 applies (Anaes.) (Assist.)	1537.65			1153.25	
51034	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spine, posterior and/or posterolateral bone graft to, 4 to 7 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51035 or 51036 applies (Anaes.) (Assist.)	1647.4			1235.55	
51035	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spine, posterior and/or posterolateral bone graft to, 8 to 11 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51036 applies (Anaes.) (Assist.)	1757.3			1318	

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51036	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spine, posterior and/or posterolateral bone graft to, 12 or more motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51035 applies (Anaes.) (Assist.)	1867.05			1400.3	
51041	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), one motion segment, not being a service associated with a service to which item 51042, 51043, 51044 or 51045 applies (Anaes.) (Assist.)	1263			947.25	
51042	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 2 motion segments, not being a service associated with a service to which item 51041, 51043, 51044 or 51045 applies (Anaes.) (Assist.)	1768.3			1326.25	
51043	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 3 motion segments, not being a service associated with a service to which item 51041, 51042, 51044 or 51045 applies (Anaes.) (Assist.)	2210.4			1657.8	
51044	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 4 motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51045 applies (Anaes.) (Assist.)	2399.8			1799.85	
51045	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 5 or more motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51044 applies (Anaes.) (Assist.)	2526.05			1894.55	
51051	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Pedicle subtraction osteotomy, one vertebra, not being a service associated with a service to which item 51052, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2158.15			1618.65	
51052	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Pedicle subtraction osteotomy, 2 vertebrae, not being a service associated with a service to which item 51051, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2624.8			1968.6	
51053	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Vertebral column resection osteotomy performed through single posterior approach, one vertebra, not being a service associated with a service to which item 51051, 51052, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2986.35			2239.8	
51054	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), one vertebra, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	1592.3			1194.25	
51055	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 2 vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2388.55			1791.45	
51056	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 3 or more vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2786.55			2089.95	
51057	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Vertebral body, en bloc excision of (complete spondylectomy), one vertebra, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51058 or 51059 applies (Anaes.) (Assist.)	2799.75			2099.85	
51058	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Vertebral body, en bloc excision of (complete spondylectomy), 2 vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51059 applies (Anaes.) (Assist.)	3150.3			2362.75	
51059	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Vertebral body, en bloc excision of (complete spondylectomy), 3 or more vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51058 applies (Anaes.) (Assist.)	3849.75			2887.35	
51061	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior and posterior, including spinal instrumentation at one motion segment, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51062, 51063, 51064, 51065 or 51066 applies (Anaes.) (Assist.)	3306.8			2480.1	
51062	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 2 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51063, 51064, 51065 or 51066 applies (Anaes.) (Assist.)	4286.35			3214.8	
51063	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 3 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51064, 51065 or 51066 applies (Anaes.) (Assist.)	5191.6			3893.7	
51064	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 4 to 7 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51065 or 51066 applies (Anaes.) (Assist.)	5777.8			4333.35	
51065	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 8 to 11 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51066 applies (Anaes.) (Assist.)	6390.3			4792.75	

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51066	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 12 or more motion segments, posterior and/or posterolateral bone graft, and anterior column fusion not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51065 applies (Anaes.) (Assist.)	6728.25			5046.2	
51071	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Removal of intradural lesion, or primary extradural tumour or lesion, where the pathology is confirmed by histology - not including removal of synovial or juxtafacet cyst and not being a service associated with a service to which item 51072 or 51073 applies (H) (Anaes.) (Assist.)	2916.4			2187.3	
51072	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Craniocervical junction lesion, transoral approach for, not being a service associated with a service to which item 51071 or 51073 applies (Anaes.) (Assist.)	3033.1			2274.85	
51073	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Removal of intramedullary tumour or arteriovenous malformation, not being a service associated with a service to which item 51071 or 51072 applies (Anaes.) (Assist.)	3849.75			2887.35	
51102	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Thoracoplasty in combination with thoracic scoliosis correction—3 or more ribs (Anaes.) (Assist.)	1380.6			1035.45	
51103	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Odontoid screw fixation (Anaes.) (Assist.)	2426.15			1819.65	
51110	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Spine, treatment of fracture, dislocation or fracture-dislocation, with immobilisation by calipers or halo, not including application of skull tongs or calipers as part of operative positioning (H) (Anaes.)	878.7			659.05	
51111	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Skull calipers or halo, insertion of, as an independent procedure (Anaes.)	373.5			280.15	
51112	Back, neck and spine	Type B Non-band specific	01.11.2018	3	T8	N	Plaster jacket, application of, as an independent procedure (Anaes.)	252.55			189.45	214.7
51113	Back, neck and spine	Type B Non-band specific	01.11.2018	3	T8	N	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)	280.05			210.05	
51114	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Halo thoracic orthosis—application of both halo and thoracic jacket (Anaes.)	494.4			370.8	
51115	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Halo-femoral traction, as an independent procedure (H) (Anaes.)	494.4			370.8	
51120	Back, neck and spine	Type B Non-band specific	01.11.2018	3	T8	N	Bone graft, harvesting of autogenous graft, via separate incision or via subcutaneous approach, in conjunction with spinal fusion, other than for the purposes of bone graft obtained from the cervical, thoracic, lumbar or sacral spine (Anaes.)	274.7			206.05	
51130	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Lumbar artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes: (a) for a patient who: (i) has not had prior spinal fusion surgery at the same lumbar level; and (ii) does not have vertebral osteoporosis; and (iii) has failed conservative therapy; and (b) not being a service associated with a service to which item 51011, 51012, 51013, 51014 or 51015 applies (Anaes.) (Assist.)	2092.4			1569.3	
51131	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Cervical artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes, for a patient who: (a) has not had prior spinal surgery at the same cervical level; and (b) is skeletally mature; and (c) has symptomatic degenerative disc disease with radiculopathy; and (d) does not have vertebral osteoporosis; and (e) has failed conservative therapy (Anaes.) (Assist.)	1263			947.25	
51140	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Previous spinal fusion, re-exploration for, involving adjustment or removal of instrumentation up to 3 motion segments, not being a service associated with a service to which item 51141 applies (Anaes.) (Assist.)	516.15			387.15	
51141	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Previous spinal fusion, re-exploration for, involving adjustment or removal of instrumentation more than 3 motion segments, not being a service associated with a service to which item 51140 applies (Anaes.) (Assist.)	954.95			716.25	
51145	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Wound debridement or excision for post operative infection or haematoma following spinal surgery (Anaes.) (Assist.)	516.15			387.15	
51150	Back, neck and spine	Type A Surgical	01.11.2018	3	T8	N	Coccyx, excision of (Anaes.) (Assist.)	519.65			389.75	
51160	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Anterior exposure of thoracic or lumbar spine, one motion segment, not being a service to which item 51165 applies (Anaes.) (Assist.)	1341.55			1006.2	
51165	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Anterior exposure of thoracic or lumbar spine, more than one motion segment, excluding vertebral body tethering for the treatment of scoliosis and not being a service to which item 51160 applies (H) (Anaes.) (Assist.)	1691.55			1268.7	
51170	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Syringomyelia or hydromyelia, craniotomy for, with or without duraplasty, intradural dissection, plugging of obex or local cerebrospinal fluid shunt (Anaes.) (Assist.)	2548.5			1911.4	
51171	Back, neck and spine	Type A Advanced Surgical	01.11.2018	3	T8	N	Syringomyelia or hydromyelia, treatment by direct cerebrospinal fluid shunt (for example, syringosubarachnoid shunt, syringopleural shunt or syringoperitoneal shunt) (Anaes.) (Assist.)	1070.2			802.65	
51300	Support list	Unlisted	01.12.1991	3	T9	N	Assistance at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee does not exceed $651.30 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate fee does not exceed $651.30	100.65			75.5	85.6
51303	Support list	Unlisted	01.12.1991	3	T9	N	Assistance at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee exceeds $651.30 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate fee exceeds $651.30		one fifth of the established fee for the operation or combination of operations			
51306	Support list	Unlisted	01.12.1991	3	T9	N	Assistance at a birth involving Caesarean section (H)	145.45			109.1	

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% ($)
51309	Support list	Unlisted	01.12.1991	3	T9	N	Assistance at a series or combination of operations that include "(Assist.)" and assistance at a birth involving Caesarean section (H)		one fifth of the established fee for the operation or combination of operations (the fee for item 16520 being the Schedule fee for the Caesarean section component in the calculation of the established fee)			
51312	Support list	Unlisted	01.07.1995	3	T9	N	Assistance at any interventional obstetric procedure covered by items 16606, 16609, 16612, 16615 and 16627 (H)		One fifth of the established fee for the procedure or combination of procedures			
51315	Support list	Unlisted	01.05.1997	3	T9	N	Assistance at cataract and intraocular lens surgery covered by item 42698, 42701, 42702, 42704 or 42707, when performed in association with services covered by item 42551 to 42569, 42653, 42656, 42725, 42746, 42749, 42752, 42776 or 42779 (H)	317.8			238.35	
51318	Support list	Unlisted	01.05.1997	3	T9	N	Assistance at cataract and intraocular lens surgery, if patient has: (a) total loss of vision, including no potential for central vision, in the fellow eye; or (b) one of the following in the fellow eye: (i) vitreous loss; (ii) rupture of posterior capsule; (iii) loss of nuclear material into the vitreous; (iv) intraocular haemorrhage; (v) intraocular infection (endophthalmitis); (vi) cystoid macular oedema; (vii) corneal decompensation; (viii) retinal detachment; or (c) pseudo exfoliation, subluxed lens, iridodonesis, phacodonesis, retinal detachment, corneal scarring, pre-existing uveitis, bound down miosed pupil, nanophthalmos, spherophakia, Marfan's syndrome, homocysteinuria or previous blunt trauma causing intraocular damage (H)	209.75			157.35	
51700	Common list	Type C	01.12.1991	4	O1	N	APPROVED DENTAL PRACTITIONER, REFERRED CONSULTATION - SURGERY, HOSPITAL OR RESIDENTIAL AGED CARE FACILITY Professional attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner, at consulting rooms, hospital or residential aged care facility where the patient is referred to him or her	99.75			74.85	84.8
51703	Common list	Type C	01.12.1991	4	O1	N	Professional attendance by an approved dental practitioner, each attendance subsequent to the first in a single course of treatment at consulting rooms, hospital or residential aged care facility where the patient is referred to him or her	50.2			37.65	42.7
51800	Support list	Unlisted	01.12.1991	4	O2	N	Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation mentioned in an item that includes "(Assist.)" for which the fee does not exceed $651.30 or at a series or combination of operations mentioned in an item in Groups O3 to O9 that include "(Assist.)" for which the aggregate fee does not exceed $651.30 (H)	100.65			75.5	
51803	Support list	Unlisted	01.12.1991	4	O2	N	Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation mentioned in an item that includes "(Assist.)" for which the fee exceeds $651.30 or at a series or combination of operations mentioned in an item that include "(Assist.)" if the aggregate fee exceeds $651.30		one fifth of the established fee for the operation or combination of operations			
51900	Ear, nose and throat	Type A Surgical	01.11.2000	4	O3	N	WOUND OF SOFT TISSUE, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	380.35			285.3	323.3
51902	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O3	N	Wounds of the oral and maxillofacial region, dressing of, under general anaesthesia, with or without removal of sutures, other than a service associated with a service to which another item in Groups O3 to O9 applies (H) (Anaes.)	86.25			64.7	
51904	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O3	N	LIPECTOMY - wedge excision of skin or fat - 1 EXCISION (Anaes.) (Assist.)	530.6			397.95	451.05
51906	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O3	N	LIPECTOMY - wedge excision of skin or fat - 2 OR MORE EXCISIONS (Anaes.) (Assist.)	806.9			605.2	704.5
52000	Skin	Unlisted	01.12.1991	4	O3	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CM LONG), superficial (Anaes.)	96.2			72.15	81.8
52003	Skin	Unlisted	01.12.1991	4	O3	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)	137.15			102.9	116.6
52006	Skin	Unlisted	01.12.1991	4	O3	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CM LONG), superficial (Anaes.)	137.15			102.9	116.6
52009	Skin	Unlisted	01.12.1991	4	O3	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)	216.45			162.35	184
52010	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.11.2000	4	O3	N	FULL THICKNESS LACERATION OF EAR, EYELID, NOSE OR LIP, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	296.3			222.25	251.9
52012	Common list	Unlisted	01.12.1991	4	O3	N	SUPERFICIAL FOREIGN BODY, removal of, as an independent procedure (Anaes.)	27.45			20.6	23.35
52015	Common list	Type B Non-band specific	01.12.1991	4	O3	N	SUBCUTANEOUS FOREIGN BODY, removal of, requiring incision and suture, as an independent procedure (Anaes.)	128.2			96.15	109
52018	Common list	Type A Surgical	01.12.1991	4	O3	N	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure (Anaes.) (Assist.)	322.85			242.15	274.45
52021	Ear, nose and throat	Unlisted	01.12.1991	4	O3	N	ASPIRATION BIOPSY of 1 or MORE JAW CYSTS as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (Anaes.)	34.3			25.75	29.2
52024	Ear, nose and throat	Unlisted	01.12.1991	4	O3	N	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure (Anaes.)	60.95			45.75	51.85

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% ($)
52025	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O3	N	LYMPH NODE OF NECK, biopsy of (Anaes.)	214.55			160.95	182.4
52027	Ear, nose and throat	Unlisted	01.12.1991	4	O3	N	BIOPSY OF LYMPH NODE, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure and not being a service to which item 52025 applies (Anaes.)	174.7			131.05	148.5
52030	Ear, nose and throat	Unlisted	01.12.1991	4	O3	N	SINUS, excision of, involving superficial tissue only (Anaes.)	105			78.75	89.25
52033	Ear, nose and throat	Unlisted	01.12.1991	4	O3	N	SINUS, excision of, involving muscle and deep tissue (Anaes.)	214.55			160.95	182.4
52034	Ear, nose and throat	Type C	01.05.1997	4	O3	N	PREMALIGNANT LESIONS of the oral mucous, treatment by cryotherapy, diathermy or carbon dioxide laser	50.2			37.65	42.7
52035	Ear, nose and throat	Type A Surgical	01.11.2000	4	O3	N	ENDOSCOPIC LASER THERAPY for neoplasia and benign vascular lesions of the oral cavity (Anaes.)	555.35			416.55	472.05
52036	Plastic and reconstructive surgery (medically necessary)	Type C	01.12.1991	4	O3	N	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 52039 applies (Anaes.)	148.1			111.1	125.9
52039	Skin	Type A Surgical and Type C	01.12.1991	4	O3	N	TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.)	380.35			285.3	323.3
52042	Skin	Type B Non-band specific	01.12.1991	4	O3	N	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.)	201.2			150.9	171.05
52045	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	4	O3	N	TUMOUR, CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ULCER OR SCAR (other than a scar removed during the surgical approach at an operation), removal of, not being a service to which another item in Groups O3 to O9 applies, involving muscle, bone, or other deep tissue (Anaes.)	287.6			215.7	244.5
52048	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O3	N	Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or if a tumour or cyst has been proven by positive histopathology), removal of, requiring wide excision, other than a service to which another item in Groups O3 to O9 applies (H) (Anaes.) (Assist.)	433.4			325.05	
52051	Skin	Type A Surgical	01.12.1991	4	O3	N	Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (H) (Anaes.) (Assist.)	585.9			439.45	
52054	Skin	Type A Surgical	01.12.1991	4	O3	N	Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (H) (Anaes.) (Assist.)	685.45			514.1	
52055	Ear, nose and throat	Type C	01.11.1992	4	O3	N	HAEMATOMA, SMALL ABSCESS OR CELLULITIS, not requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding after care)	31.9			23.95	27.15
52056	Bone, joint and muscle	Type C	01.11.2000	4	O3	N	HAEMATOMA, aspiration of (Anaes.)	31.9			23.95	27.15
52057	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O3	N	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion in the oral and maxillofacial region, incision with drainage of (excluding after-care) (H) (Anaes.)	190.1			142.6	
52058	Bone, joint and muscle	Type B Non-band specific	01.11.2000	4	O3	N	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS, using interventional imaging techniques - but not including imaging (Anaes.)	277.15			207.9	235.6
52059	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O3	N	ABSCESS, DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.)	312.25			234.2	265.45
52060	Bone, joint and muscle	Unlisted	01.12.1991	4	O3	N	MUSCLE, excision of (Anaes.)	221			165.75	187.85
52061	Bone, joint and muscle	Type B Non-band specific	01.11.2000	4	O3	N	Muscle, in the oral and maxillofacial region, ruptured, repair of (limited), not associated with external wound (H) (Anaes.)	260.8			195.6	
52062	Bone, joint and muscle	Type B Non-band specific	01.11.2000	4	O3	N	Muscle, in the oral and maxillofacial region, ruptured, repair of (extensive), not associated with external wound (H) (Anaes.) (Assist.)	344.95			258.75	
52063	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O3	N	BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	415.75			311.85	353.4
52064	Bone, joint and muscle	Type B Non-band specific	01.11.2000	4	O3	N	BONE CYST, injection into or aspiration of (Anaes.)	197.75			148.35	168.1
52066	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O3	N	Submandibular gland, extirpation of (H) (Anaes.) (Assist.)	519.65			389.75	
52069	Bone, joint and muscle	Unlisted	01.12.1991	4	O3	N	Sublingual gland, extirpation of (H) (Anaes.)	231.65			173.75	
52072	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O3	N	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.)	68.6			51.45	58.35
52073	Bone, joint and muscle	Type B Non-band specific	01.11.2000	4	O3	N	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF (Anaes.)	174.7			131.05	148.5
52075	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O3	N	SALIVARY GLAND, removal of CALCULUS from duct or meatotomy or marsupialisation, 1 or more such procedures (Anaes.)	174.7			131.05	148.5
52078	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O3	N	Tongue, partial excision of (H) (Anaes.) (Assist.)	344.95			258.75	
52081	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O3	N	TONGUE TIE, division or excision of frenulum (Anaes.)	54.2			40.65	46.1
52084	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O3	N	TONGUE TIE, MANDIBULAR FRENULUM OR MAXILLARY FRENULUM, division or excision of frenulum, in a patient aged not less than 2 years (Anaes.)	139.35			104.55	118.45
52087	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O3	N	RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.)	238.8			179.1	203

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
52090	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O3	N	OPERATION ON MANDIBLE OR MAXILLA (other than alveolar margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.)	415.75			311.85	353.4
52092	Bone, joint and muscle	Type A Surgical	01.11.1992	4	O3	N	Operation on skull for osteomyelitis (H) (Anaes.) (Assist.)	541.95			406.5	
52094	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O3	N	Operation on any combination of adjoining bones in the oral and maxillofacial region, being bones referred to in item 52092 (H) (Anaes.) (Assist.)	685.4			514.05	
52095	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O3	N	Bone growth stimulator in the oral and maxillofacial region, insertion of (H) (Anaes.) (Assist.)	444.25			333.2	
52096	Bone, joint and muscle	Unlisted	01.12.1991	4	O3	N	ORTHOPAEDIC PIN OR WIRE, insertion of, into maxilla or mandible or zygoma, as an independent procedure (Anaes.)	131.65			98.75	111.95
52097	Bone, joint and muscle	Type B Non-band specific	01.11.2000	4	O3	N	EXTERNAL FIXATION, removal of, in the operating theatre of a hospital (Anaes.)	186.75			140.1	
52098	Bone, joint and muscle	Unlisted	01.11.2000	4	O3	N	External fixation in the oral and maxillofacial region, removal of, in conjunction with operations involving internal fixation or bone grafting or both (H) (Anaes.)	219.55			164.7	
52099	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O3	N	BURIED WIRE, PIN or SCREW, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52102 or 52105 applies (Anaes.)	164.7			123.55	140
52102	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O3	N	Buried wire, pin or screw, one or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, if undertaken in the operating theatre of a hospital, per bone (H) (Anaes.)	164.7			123.55	
52105	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O3	N	Plate, one or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, other than a service associated with a service to which item 52099 or 52102 applies (H) (Anaes.) (Assist.)	307.5			230.65	
52106	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.05.1997	4	O3	N	ARCH BARS, 1 or more, which were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia where undertaken in the operating theatre of a hospital (Anaes.)	127.05			95.3	
52108	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O3	N	LIP, full thickness wedge excision of, with repair by direct sutures (Anaes.) (Assist.)	380.35			285.3	323.3
52111	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O3	N	VERMILIONECTOMY (Anaes.) (Assist.)	380.35			285.3	323.3
52114	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O3	N	Mandible or maxilla, segmental resection of, for tumours or cysts (H) (Anaes.) (Assist.)	685.45			514.1	
52117	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O3	N	Mandible, including lower border, or maxilla, sub-total resection of (H) (Anaes.) (Assist.)	815.95			612	
52120	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O3	N	Mandible, hemimandiblectomy of, including condylectomy, if performed (H) (Anaes.) (Assist.)	965.1			723.85	
52122	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1992	4	O3	N	Mandible, hemi-mandibular reconstruction of, or maxilla reconstruction of, with bone graft, plate, tray or alloplast, other than a service associated with a service to which item 52123 applies (H) (Anaes.) (Assist.)	965.1			723.85	
52123	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O3	N	Mandible, total resection of both sides, including condylectomies if performed (H) (Anaes.) (Assist.)	1092.6			819.45	
52126	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O3	N	Maxilla, total resection of (H) (Anaes.) (Assist.)	1050.4			787.8	
52129	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O3	N	Maxilla, total resection of both maxillae (H) (Anaes.) (Assist.)	1406.15			1054.65	
52130	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O3	N	Bone graft in the oral and maxillofacial region, other than a service to which another item in Groups O3 to O9 applies (H) (Anaes.) (Assist.)	516.15			387.15	
52131	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O3	N	Bone graft with internal fixation, in the oral and maxillofacial region, other than a service to which another item in the range 51900 to 52186, or the range 52303 to 53460, applies (H) (Anaes.) (Assist.)	713.95			535.5	
52132	Ear, nose and throat	Unlisted	01.12.1991	4	O3	N	TRACHEOSTOMY (Anaes.)	290.45			217.85	246.9
52133	Ear, nose and throat	Type C	01.11.2000	4	O3	N	CRICOTHYROSTOMY by direct stab or Seldinger technique, using Minitrach or similar device (Anaes.)	106.2			79.65	90.3
52135	Ear, nose and throat	Unlisted	01.12.1991	4	O3	N	POST-OPERATIVE or POST-NASAL HAEMORRHAGE, or both, control of, where undertaken in the operating theatre of a hospital (Anaes.)	168.4			126.3	
52138	Ear, nose and throat	Type A Surgical	01.12.1991	4	O3	N	Maxillary artery, ligation of (H) (Anaes.) (Assist.)	523.25			392.45	
52141	Ear, nose and throat	Type A Surgical	01.12.1991	4	O3	N	Facial, mandibular or lingual artery or vein or artery and vein, ligation of, other than a service to which item 52138 applies (H) (Anaes.) (Assist.)	517.65			388.25	
52144	Common list	Type A Surgical	01.12.1991	4	O3	N	Foreign body, deep, removal of using interventional imaging techniques (H) (Anaes.) (Assist.)	482.45			361.85	
52147	Ear, nose and throat	Type A Surgical	01.12.1991	4	O3	N	Duct of major salivary gland, transposition of (H) (Anaes.) (Assist.)	455.25			341.45	
52148	Ear, nose and throat	Type A Surgical	01.11.1992	4	O3	N	Parotid duct, repair of, using micro-surgical techniques (H) (Anaes.) (Assist.)	804.75			603.6	
52158	Ear, nose and throat	Type A Advanced Surgical	01.11.2000	4	O3	N	Submandibular ducts, relocation of, for surgical control of drooling (H) (Anaes.) (Assist.)	1295.65			971.75	
52180	Bone, joint and muscle	Type B Non-band specific	01.11.2000	4	O3	N	MALIGNANT DISEASE AGGRESSIVE OR POTENTIALLY MALIGNANT BONE OR DEEP SOFT TISSUE TUMOUR, biopsy of (not including aftercare) (Anaes.)	219.55			164.7	186.65

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% ($)
52182	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O3	N	Bone or malignant deep soft tissue tumour in the oral and maxillofacial region, lesional or marginal excision of (H) (Anaes.) (Assist.)	483.25			362.45	
52184	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O3	N	Bone tumour in the oral and maxillofacial region, lesional or marginal excision of, combined with any one of liquid nitrogen freezing, autograft, allograft or cementation (H) (Anaes.) (Assist.)	713.95			535.5	
52186	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O3	N	Bone tumour in the oral and maxillofacial region, lesional or marginal excision of, combined with any 2 or more of liquid nitrogen freezing, autograft, allograft or cementation (H) (Anaes.) (Assist.)	878.7			659.05	
52300	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, with skin or mucosa (Anaes.) (Assist.)	331.7			248.8	281.95
52303	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	Single-stage local flap, if indicated, repair to one defect, with buccal pad of fat (H) (Anaes.) (Assist.)	473.65			355.25	
52306	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	Single-stage local flap, if indicated, repair to one defect, using temporalis muscle (H) (Anaes.) (Assist.)	702.85			527.15	
52309	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	4	O4	N	FREE GRAFTING (mucosa or split skin) of a granulating area (Anaes.)	238.8			179.1	203
52312	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	FREE GRAFTING (mucosa, split skin or connective tissue) to 1 defect, including elective dissection (Anaes.) (Assist.)	331.7			248.8	281.95
52315	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	FREE GRAFTING, FULL THICKNESS, to 1 defect (mucosa or skin) (Anaes.) (Assist.)	552.7			414.55	469.8
52318	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	4	O4	N	Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies—Autogenous, small quantity (H) (Anaes.)	164.7			123.55	
52319	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.04.1992	4	O4	N	Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies—Autogenous, large quantity (H) (Anaes.)	274.7			206.05	
52321	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	01.12.1991	4	O4	N	Foreign implant (non-biological), insertion of, for contour reconstruction of pathological deformity, other than a service associated with a service to which item 52624 applies (H) (Anaes.) (Assist.)	552.7			414.55	
52324	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	Direct flap repair, using tongue, first stage (H) (Anaes.) (Assist.)	552.7			414.55	
52327	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	4	O4	N	Direct flap repair, using tongue, second stage (H) (Anaes.)	274.25			205.7	
52330	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	Palatal defect (oro-nasal fistula), plastic closure of, including services to which item 52300, 52303, 52306 or 52324 applies (H) (Anaes.) (Assist.)	912.15			684.15	
52333	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	Cleft palate, primary repair (H) (Anaes.) (Assist.)	912.15			684.15	
52336	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	Cleft palate, secondary repair, closure of fistula using local flaps (H) (Anaes.) (Assist.)	570.2			427.65	
52337	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.05.1997	4	O4	N	Alveolar cleft (congenital) unilateral, grafting of, including plastic closure of associated oro-nasal fistulae and ridge augmentation (H) (Anaes.) (Assist.)	1247.2			935.4	
52339	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	Cleft palate, secondary repair, lengthening procedure (H) (Anaes.) (Assist.)	649.3			487	
52342	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE or MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1127.85			845.9	
52345	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE or MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1271.9			953.95	
52348	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE or MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1437.3			1078	
52351	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE or MAXILLA, bilateral osteotomy of osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1614.2			1210.65	
52354	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE or MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1636.4			1227.3	

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52357	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE or MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1842.25			1381.7	
52360	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE and MAXILLA, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1879.35			1409.55	
52363	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE and MAXILLA, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	2114.15			1585.65	
52366	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	2067.5			1550.65	
52369	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	2324.65			1743.5	
52372	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	2255.65			1691.75	
52375	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.12.1991	4	O4	N	MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	2526.45			1894.85	
52378	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O4	N	Genioplasty including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	873.35			655.05	
52379	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.1992	4	O4	N	Face, contour reconstruction of one region, using autogenous bone or cartilage graft (H) (Anaes.) (Assist.)	1492.55			1119.45	
52380	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.1992	4	O4	N	Midfacial osteotomies—Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	2541.45			1906.1	
52382	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.1992	4	O4	N	Midfacial osteotomies—Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	3046.65			2285	
52420	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.11.1992	4	O4	N	Mandible, fixation by intermaxillary wiring, excluding wiring for obesity (H)	281.3			211	
52424	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Dermis, dermofat or fascia graft (excluding transfer of fat by injection) in the oral and maxillofacial region (H) (Anaes.) (Assist.)	552.6			414.45	
52430	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.2000	4	O4	N	Microvascular repair of the oral and maxillofacial region using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (H) (Anaes.) (Assist.)	1271.9			953.95	
52440	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Cleft lip, unilateral—primary repair, one stage, without anterior palate repair (H) (Anaes.) (Assist.)	631.45			473.6	
52442	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Cleft lip, unilateral—primary repair, one stage, with anterior palate repair (H) (Anaes.) (Assist.)	789.5			592.15	
52444	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Cleft lip, bilateral—primary repair, one stage, without anterior palate repair (H) (Anaes.) (Assist.)	877.05			657.8	
52446	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	01.11.2000	4	O4	N	Cleft lip, bilateral—primary repair, one stage, with anterior palate repair (H) (Anaes.) (Assist.)	1035.4			776.55	
52450	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (H) (Anaes.)	350.85			263.15	
52452	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (H) (Anaes.) (Assist.)	570.2			427.65	
52456	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Cleft lip reconstruction using full thickness flap (Abbe or similar), first stage (H) (Anaes.) (Assist.)	965.1			723.85	

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52458	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (H) (Anaes.)	350.85			263.15	
52460	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Velo-pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for (H) (Anaes.)	912.15			684.15	
52480	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Composite graft (chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (H) (Anaes.) (Assist.)	585.9			439.45	
52482	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Macrocheilia or macroglossia, operation for (H) (Anaes.) (Assist.)	563.75			422.85	
52484	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O4	N	Macrostomia, operation for (H) (Anaes.) (Assist.)	671.15			503.4	
52600	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.)	394.75			296.1	335.55
52603	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	Mylohyoid ridge, reduction of (H) (Anaes.) (Assist.)	377.25			282.95	
52606	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	4	O5	N	MAXILLARY TUBEROSITY, reduction of (Anaes.)	287.8			215.85	244.65
52609	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than 5 lesions (Anaes.) (Assist.)	377.25			282.95	320.7
52612	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	Papillary hyperplasia of the palate, removal of—5 to 20 lesions (H) (Anaes.) (Assist.)	473.65			355.25	
52615	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	Papillary hyperplasia of the palate, removal of—more than 20 lesions (H) (Anaes.) (Assist.)	587.85			440.9	
52618	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	VESTIBULOPLASTY, submucosal or open, including excision of muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.)	684.2			513.15	581.8
52621	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	FLOOR OF MOUTH LOWERING (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed - unilateral (Anaes.) (Assist.)	684.2			513.15	581.8
52624	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.)	552.6			414.45	469.75
52626	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1992	4	O5	N	Alveolar ridge augmentation—unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (H) (Anaes.) (Assist.)	338.95			254.25	
52627	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.12.1991	4	O5	N	OSSEO-INTEGRATION PROCEDURE - in the practice of oral and maxillofacial surgery, extra oral implantation of titanium fixture (Anaes.) (Assist.)	587.85			440.9	499.7
52630	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	4	O5	N	OSSEO-INTEGRATION PROCEDURE - in the practice of oral and maxillofacial surgery, fixation of transcutaneous abutment (Anaes.)	217.6			163.2	185
52633	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.05.1997	4	O5	N	OSSEO-INTEGRATION PROCEDURE - intra-oral implantation of titanium fixture to facilitate restoration of the dentition following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	587.85			440.9	499.7
52636	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.05.1997	4	O5	N	OSSEO-INTEGRATION PROCEDURE - fixation of transmucosal abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	217.6			163.2	185
52800	Brain and nervous system	Type A Surgical	01.12.1991	4	O6	N	Neurolysis by open operation, without transposition, other than a service associated with a service to which item 52803 applies (H) (Anaes.) (Assist.)	322.85			242.15	
52803	Brain and nervous system	Type A Surgical	01.12.1991	4	O6	N	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques (H) (Anaes.) (Assist.)	464.95			348.75	
52806	Brain and nervous system	Type A Surgical	01.12.1991	4	O6	N	NEURECTOMY, NEUROTOMY or REMOVAL OF TUMOUR from superficial peripheral nerve (Anaes.) (Assist.)	322.85			242.15	274.45
52809	Brain and nervous system	Type A Surgical	01.12.1991	4	O6	N	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve (H) (Anaes.) (Assist.)	552.7			414.55	
52812	Brain and nervous system	Type A Surgical	01.12.1991	4	O6	N	Nerve trunk, primary repair of, using microsurgical techniques (H) (Anaes.) (Assist.)	789.5			592.15	
52815	Brain and nervous system	Type A Surgical	01.12.1991	4	O6	N	Nerve trunk, secondary repair of, using microsurgical techniques (H) (Anaes.) (Assist.)	833.4			625.05	

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52818	Brain and nervous system	Type A Surgical	01.12.1991	4	O6	N	Nerve, transposition of (H) (Anaes.) (Assist.)	552.7			414.55	
52821	Brain and nervous system	Type A Advanced Surgical	01.12.1991	4	O6	N	Nerve graft to nerve trunk (cable graft) including harvesting of nerve graft using microsurgical techniques (H) (Anaes.) (Assist.)	1201.8			901.35	
52824	Brain and nervous system	Type A Surgical	01.12.1991	4	O6	N	PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.)	517.65			388.25	440.05
52826	Brain and nervous system	Type B Non-band specific	01.11.2000	4	O6	N	INJECTION OF PRIMARY BRANCH OF TRIGEMINAL NERVE with alcohol, cortisone, phenol, or similar substance (Anaes.)	277.15			207.9	235.6
52828	Brain and nervous system	Type A Surgical	01.11.2000	4	O6	N	Cutaneous nerve, primary repair of, using microsurgical techniques (H) (Anaes.) (Assist.)	412.25			309.2	
52830	Brain and nervous system	Type A Surgical	01.11.2000	4	O6	N	Cutaneous nerve, secondary repair of, using microsurgical techniques (H) (Anaes.) (Assist.)	543.75			407.85	
52832	Brain and nervous system	Type A Surgical	01.11.2000	4	O6	N	CUTANEOUS NERVE, nerve graft to, using microsurgical techniques (Anaes.) (Assist.)	745.8			559.35	643.4
53000	Ear, nose and throat	Type C	01.12.1991	4	O7	N	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (Anaes.)	38			28.5	32.3
53003	Ear, nose and throat	Type B Non-band specific	01.12.1991	4	O7	N	Maxillary antrum, proof puncture and lavage of, under general anaesthesia, other than a service associated with a service to which another item in Groups O3 to O9 applies (H) (Anaes.)	107.2			80.4	
53004	Ear, nose and throat	Type C	01.11.2000	4	O7	N	MAXILLARY ANTRUM, LAVAGE OF - each attendance at which the procedure is performed, including any associated consultation (Anaes.)	41.5			31.15	35.3
53006	Ear, nose and throat	Type B Non-band specific	01.12.1991	4	O7	N	Antrostomy (radical) (H) (Anaes.) (Assist.)	608.15			456.15	
53009	Ear, nose and throat	Type A Surgical and Type B Non-band specific	01.12.1991	4	O7	N	ANTRUM, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.)	344.95			258.75	293.25
53012	Ear, nose and throat	Unlisted	01.12.1991	4	O7	N	ANTRUM, drainage of, through tooth socket (Anaes.)	137.15			102.9	116.6
53015	Ear, nose and throat	Type A Surgical	01.12.1991	4	O7	N	Oro-antral fistula, plastic closure of (H) (Anaes.) (Assist.)	685.45			514.1	
53016	Ear, nose and throat	Type A Surgical	01.05.1997	4	O7	N	Nasal septum, septoplasty, submucous resection or closure of septal perforation (H) (Anaes.) (Assist.)	563.75			422.85	
53017	Ear, nose and throat	Type A Surgical	01.11.2000	4	O7	N	Nasal septum, reconstruction of (H) (Anaes.) (Assist.)	703.35			527.55	
53019	Ear, nose and throat	Type A Surgical	01.11.1992	4	O7	N	Maxillary sinus, bone graft to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), unilateral (H) (Anaes.) (Assist.)	677.7			508.3	
53052	Ear, nose and throat	Type C	01.11.2000	4	O7	N	POST-NASAL SPACE, direct examination of, with or without biopsy (Anaes.)	143.25			107.45	121.8
53054	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O7	N	NASENDOSCOPY or SINOSCOPY or FIBREOPTIC EXAMINATION of NASOPHARYNX one or more of these procedures (Anaes.)	143.25			107.45	121.8
53056	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O7	N	Examination of nasal cavity or post-nasal space, or nasal cavity and post-nasal space, under general anaesthesia, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	83.9			62.95	
53058	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O7	N	NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)	143.25			107.45	121.8
53060	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O7	N	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum or turbinates for obstruction or haemorrhage secondary to surgery (or trauma)—one or more of these procedures (including any consultation on the same occasion) other than a service associated with another operation on the nose (H) (Anaes.)	117.2			87.9	
53062	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O7	N	POST SURGICAL NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	105			78.75	89.25
53064	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O7	N	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage (Anaes.)	190.1			142.6	161.6
53068	Ear, nose and throat	Unlisted	01.11.2000	4	O7	N	Turbinectomy or turbinectomies, partial or total, unilateral (H) (Anaes.)	159.25			119.45	
53070	Ear, nose and throat	Type B Non-band specific	01.11.2000	4	O7	N	Turbinates, submucous resection of, unilateral (H) (Anaes.)	207.65			155.75	
53200	Bone, joint and muscle	Unlisted	01.12.1991	4	O8	N	MANDIBLE, treatment of a dislocation of, not requiring open reduction (Anaes.)	82.5			61.9	70.15
53203	Bone, joint and muscle	Unlisted	01.12.1991	4	O8	N	Mandible, treatment of a dislocation of, requiring open reduction (H) (Anaes.)	138.45			103.85	
53206	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O8	N	TEMPOROMANDIBULAR JOINT, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)	166.85			125.15	
53209	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O8	N	Glenoid fossa, zygomatic arch and temporal bone, reconstruction of (Obwegeser technique) (H) (Anaes.) (Assist.)	1923.85			1442.9	
53212	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O8	N	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (H) (Anaes.) (Assist.)	1039.25			779.45	
53215	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O8	N	Temporomandibular joint, arthroscopy of, with or without biopsy, other than a service associated with another arthroscopic procedure of that joint (H) (Anaes.) (Assist.)	476.85			357.65	
53218	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O8	N	Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions—one or more of such procedures (H) (Anaes.) (Assist.)	762.75			572.1	
53220	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O8	N	Temporomandibular joint, arthrotomy of, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	384.45			288.35	
53221	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O8	N	Temporomandibular joint, open surgical exploration of, with or without microsurgical techniques (H) (Anaes.) (Assist.)	1017.6			763.2	

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% ($)
53224	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O8	N	Temporomandibular joint, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (H) (Anaes.) (Assist.)	1128.05			846.05	
53225	Bone, joint and muscle	Type B Non-band specific	01.11.1992	4	O8	N	Arthrocentesis, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space (H) (Anaes.) (Assist.)	338.95			254.25	
53226	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O8	N	Temporomandibular joint, synovectomy of, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	364.35			273.3	
53227	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O8	N	Temporomandibular joint, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (H) (Anaes.) (Assist.)	1386.1			1039.6	
53230	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O8	N	Temporomandibular joint, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (H) (Anaes.) (Assist.)	1561.4			1171.05	
53233	Bone, joint and muscle	Type A Advanced Surgical	01.12.1991	4	O8	N	Temporomandibular joint, surgery of, involving procedures to which item 53224, 53226, 53227 or 53230 applies and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (H) (Anaes.) (Assist.)	1754.55			1315.95	
53236	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O8	N	Temporomandibular joint, stabilisation of, involving one or more of: repair of capsule, repair of ligament or internal fixation, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	549.1			411.85	
53239	Bone, joint and muscle	Type A Surgical	01.11.2000	4	O8	N	Temporomandibular joint, arthrodesis of, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	549.1			411.85	
53242	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.2000	4	O8	N	Temporomandibular joint or joints, application of external fixator to, other than for treatment of fractures (H) (Anaes.) (Assist.)	364.35			273.3	
53400	Bone, joint and muscle	Unlisted	01.12.1991	4	O9	N	MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting	150.7			113.05	128.1
53403	Bone, joint and muscle	Unlisted	01.12.1991	4	O9	N	MANDIBLE, treatment of fracture of, not requiring splinting	184.15			138.15	156.55
53406	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)	474.3			355.75	
53409	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)	474.3			355.75	
53410	Bone, joint and muscle	Type B Non-band specific	01.12.1991	4	O9	N	ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction	99.9			74.95	84.95
53411	Bone, joint and muscle	Unlisted	01.12.1991	4	O9	N	Zygomatic bone, treatment of fracture of, requiring surgical reduction, by temporal, intra-oral or other approach (H) (Anaes.)	278.6			208.95	
53412	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one site (H) (Anaes.) (Assist.)	457.4			343.05	
53413	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (H) (Anaes.) (Assist.)	560.4			420.3	
53414	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Zygomatic bone, treatment of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (H) (Anaes.) (Assist.)	643.75			482.85	
53415	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Maxilla, treatment of fracture of, requiring open reduction (H) (Anaes.) (Assist.)	508.25			381.2	
53416	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Mandible, treatment of fracture of, requiring open reduction (H) (Anaes.) (Assist.)	508.25			381.2	
53418	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving a plate (H) (Anaes.) (Assist.)	660.7			495.55	
53419	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving a plate (H) (Anaes.) (Assist.)	660.7			495.55	
53422	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving a plate (H) (Anaes.) (Assist.)	838.45			628.85	
53423	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving a plate (H) (Anaes.) (Assist.)	838.45			628.85	
53424	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving a plate (H) (Anaes.) (Assist.)	719.3			539.5	
53425	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving a plate (H) (Anaes.) (Assist.)	719.3			539.5	
53427	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of a plate (H) (Anaes.) (Assist.)	982.55			736.95	
53429	Bone, joint and muscle	Type A Surgical	01.12.1991	4	O9	N	Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of a plate (H) (Anaes.) (Assist.)	982.55			736.95	
53439	Bone, joint and muscle	Unlisted	01.12.1991	4	O9	N	MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.)	278.6			208.95	236.85
53453	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1992	4	O9	N	Orbital cavity, reconstruction of a wall or floor with or without foreign implant (H) (Anaes.) (Assist.)	563.75			422.85	
53455	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	01.11.1992	4	O9	N	Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (H) (Anaes.) (Assist.)	662.15			496.65	
53458	Ear, nose and throat	Type C	01.05.1997	4	O9	N	NASAL BONES, treatment of fracture of, not being a service to which item 53459 or 53460 applies	50.25			37.7	42.75
53459	Ear, nose and throat	Type B Non-band specific	01.05.1997	4	O9	N	NASAL BONES, treatment of fracture of, by reduction (Anaes.)	274.7			206.05	233.5
53460	Ear, nose and throat	Type A Surgical	01.05.1997	4	O9	N	Nasal bones, treatment of fractures of, by open reduction involving osteotomies (H) (Anaes.) (Assist.)	560.4			420.3	

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53700	Support list	Unlisted	01.11.2000	4	O11	N	(Note. Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure, benefits will be paid only under the anaesthetic item relevant to the operation. The items in this Group are to be used in the practice of oral and maxillofacial surgery and are not to be used for dental procedures (eg. restorative dentistry or dental extraction.)) TRIGEMINAL NERVE, primary division of, injection of an anaesthetic agent	145.65			109.25	123.85
53702	Support list	Unlisted	01.11.2000	4	O11	N	TRIGEMINAL NERVE, peripheral branch of, injection of an anaesthetic agent	72.95			54.75	62.05
53704	Support list	Unlisted	01.11.2000	4	O11	N	FACIAL NERVE, injection of an anaesthetic agent	43.95			33	37.4
53706	Support list	Unlisted	01.11.2000	4	O11	N	NERVE BRANCH, destruction by a neurolytic agent, not being a service to which any other item in this Group applies	145.65			109.25	123.85
54001	N/A (Not hospital treatment)	N/A (Not hospital treatment)	22.05.2020	4	O1	N	Video attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner in the practice of oral and maxillofacial surgery, if the patient is referred to the approved dental practitioner	99.75				84.8
54002	N/A (Not hospital treatment)	N/A (Not hospital treatment)	22.05.2020	4	O1	N	Video attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to the approved dental practitioner	50.2				42.7
54004	N/A (Not hospital treatment)	N/A (Not hospital treatment)	22.05.2020	4	O1	N	Phone attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to the approved dental practitioner	50.2				42.7
55028	Support list (DI)	Type C	01.07.1993	5	I1	N	Head, ultrasound scan of (R)	125.35			94.05	106.55
55029	Support list (DI)	Type C	01.07.1993	5	I1	N	Head, ultrasound scan of (NR)	43.4			32.55	36.9
55030	Support list (DI)	Type C	01.07.1993	5	I1	N	Orbital contents, ultrasound scan of (R)	125.35			94.05	106.55
55031	Support list (DI)	Type C	01.07.1993	5	I1	N	Orbital contents, ultrasound scan of (NR)	43.4			32.55	36.9
55032	Support list (DI)	Type C	01.07.1993	5	I1	N	Neck, one or more structures of, ultrasound scan of (R)	125.35			94.05	106.55
55033	Support list (DI)	Type C	01.07.1993	5	I1	N	Neck, one or more structures of, ultrasound scan of (NR)	43.4			32.55	36.9
55036	Support list (DI)	Type C	01.07.1993	5	I1	N	Abdomen, ultrasound scan of (including scan of urinary tract when performed), for morphological assessment, if: (a) the service is not solely a transrectal ultrasonic examination of any of the following:(i) prostate gland;(ii) bladder base;(iii) urethra; and(b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)	127.7			95.8	108.55
55037	Support list (DI)	Type C	01.07.1993	5	I1	N	Abdomen, ultrasound scan of (including scan of urinary tract when performed), for morphological assessment, if the service is not solely a transrectal ultrasonic examination of any of the following:(i) prostate gland;(ii) bladder base;(iii) urethra (NR)	43.4			32.55	36.9
55038	Support list (DI)	Type C	01.07.1993	5	I1	N	Urinary tract, ultrasound scan of, if: (a) the service is not solely a transrectal ultrasonic examination of any of the following: (i) prostate gland; (ii) bladder base; (iii) urethra; and (b) within 24 hours of the service, a service mentioned in item 55036 or 55065 is not performed on the same patient by the providing practitioner (R)	125.35			94.05	106.55
55039	Support list (DI)	Type C	01.07.1993	5	I1	N	Urinary tract, ultrasound scan of, if the service is not solely a transrectal ultrasonic examination of any of the following: (a) prostate gland; (b) bladder base; (c) urethra (NR)	43.4			32.55	36.9
55048	Support list (DI)	Type C	01.07.1993	5	I1	N	Scrotum, ultrasound scan of (R)	125.75			94.35	106.9
55049	Support list (DI)	Type C	01.07.1993	5	I1	N	Scrotum, ultrasound scan of (NR)	43.4			32.55	36.9
55054	Support list (DI)	Type C	01.07.1993	5	I1	N	Ultrasonic cross-sectional echography, in conjunction with a surgical procedure (other than a procedure to which item 55848 or 55850 applies) using interventional techniques, not being a service associated with a service to which any other item in this Group applies (R)	125.35			94.05	106.55
55065	Support list (DI)	Type C	01.07.2014	5	I1	N	Pelvis, ultrasound scan of, by any or all approaches, if:(a) the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following: prostate gland; bladder base; urethra; and (b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)	112.85			84.65	95.95
55066	Support list (DI)	Type C	01.05.2020	5	I1	N	Breasts, both, ultrasound scan, in conjunction with a surgical procedure using interventional techniques, if:(a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and(b) the service is not performed in conjunction with any other item in this Group (R)	250.5			187.9	212.95
55068	Support list (DI)	Type C	01.07.2014	5	I1	N	Pelvis, ultrasound scan of, by any or all approaches, if the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following:(i) prostate gland;(ii) bladder base;(iii) urethra (NR)	40.1			30.1	34.1
55070	Support list (DI)	Type C	01.02.2000	5	I1	N	Breast, one, ultrasound scan of (R)	112.85			84.65	95.95
55071	Support list (DI)	Type C	01.05.2020	5	I1	N	Breast, one, ultrasound scan, in conjunction with a surgical procedure using interventional techniques, if:(a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and(b) the service is not performed in conjunction with any other item in this group (R)	238.05			178.55	202.35
55073	Support list (DI)	Type C	01.02.2000	5	I1	N	Breast, one, ultrasound scan of (NR)	39.05			29.3	33.2
55076	Support list (DI)	Type C	01.02.2000	5	I1	N	Breasts, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance (R)	125.35			94.05	106.55
55079	Support list (DI)	Type C	01.02.2000	5	I1	N	Breasts, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance (NR)	43.4			32.55	36.9
55084	Support list (DI)	Unlisted	01.05.2004	5	I1	N	Urinary bladder, ultrasound scan of, by any or all approaches, if within 24 hours of the service, a service mentioned in item 11917, 55036, 55038, 55065, 55600 or 55603 is not performed on the same patient by the providing practitioner (R)	112.85			84.65	95.95

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55085	Support list (DI)	Unlisted	01.05.2004	5	I1	N	Urinary bladder, ultrasound scan of, by any or all approaches, if within 24 hours of the service, a service mentioned in item 11917, 55037, 55039, 55068, 55600 or 55603 is not performed on the same patient by the providing practitioner (NR)	39.05			29.3	33.2
55118	Support list (DI)	Type B Non-band specific	01.11.1992	5	I1	N	Heart, two-dimensional or three-dimensional real time transoesophageal examination of, from at least 2 levels, and in more than one plane at each level, if: (a) the service includes: (i) real time colour flow mapping and, if indicated, pulsed wave Doppler examination; and (ii) recordings on digital media; and (b) the service is not: (i) an intra-operative service; or (ii) a service associated with a service to which an item in Subgroup 3 of this Group applies (R) (H) (Anaes.)	316.3			237.25	
55126	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Initial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of any of the following: (i) symptoms or signs of cardiac failure; (ii) suspected or known ventricular hypertrophy or dysfunction; (iii) pulmonary hypertension; (iv) valvular, aortic, pericardial, thrombotic or embolic disease; (v) heart tumour; (vi) symptoms or signs of congenital heart disease; (vii) other rare indications; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	264.9			198.7	225.2
55127	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of known valvular dysfunction; and (b) is requested by a specialist or consultant physician; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	264.9			198.7	225.2
55128	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of known valvular dysfunction; and (b) is requested by a medical practitioner (other than a specialist or consultant physician) at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	264.9			198.7	225.2
55129	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if: (a) valvular dysfunction is not the primary issue for the patient (although it may be a secondary issue); and (b) the service is for the investigation of any of the following: (i) symptoms or signs of cardiac failure; (ii) suspected or known ventricular hypertrophy or dysfunction; (iii) pulmonary hypertension; (iv) aortic, thrombotic, embolic disease or pericardial disease (excluding isolated pericardial effusion or pericarditis); (v) heart tumour; (vi) structural heart disease; (vii) other rare indications; and (c) the service is requested by a specialist or consultant physician; and (d) the service is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	264.9			198.7	225.2
55130	Support list (DI)	Unlisted	01.11.1992	5	I1	N	Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography, if the service: (a) includes Doppler techniques with colour flow mapping and recordings on digital media; and (b) is performed during cardiac surgery; and (c) incorporates sequential assessment of cardiac function before and after the surgical procedure; and (d) is not associated with a service to which item 55135, or an item in Subgroup 3, applies (R) (H) (Anaes.)	195.15			146.4	
55132	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a patient who: (i) is under 17 years of age; or (ii) has complex congenital heart disease; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	264.9			198.7	225.2

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55133	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2 Frequent repetition serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a patient who: (i) has an isolated pericardial effusion or pericarditis; or (ii) has a normal baseline study, and has commenced medication for non-cardiac purposes that has cardiotoxic side effects and is a pharmaceutical benefit (within the meaning of Part VII of the National Health Act 1953) for the writing of a prescription for the supply of which under that Part an echocardiogram is required; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	238.4			178.8	202.65
55134	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2 Repeat real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, for the investigation of rare cardiac pathologies, if the service: (a) is requested by a specialist or consultant physician; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	264.9			198.7	225.2
55135	Support list (DI)	Unlisted	01.05.2004	5	I1	N	Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography, if the service: (a) is provided on the same day as a service to which item 38477, 38484, 38499, 38516 or 38517 applies; and (b) includes Doppler techniques with colour flow mapping and recordings on digital media; and (c) is performed during cardiac valve surgery (replacement or repair); and (d) incorporates sequential assessment of cardiac function and valve competence before and after the surgical procedure; and (e) is not associated with a service to which item 22054, 55130, or an item in Subgroup 3, applies (R) (H) (Anaes.)	406			304.5	
55137	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a fetus with suspected or confirmed: (i) complex congenital heart disease; or (ii) functional heart disease; or (iii) fetal cardiac arrhythmia; or (iv) cardiac structural abnormality requiring confirmation; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology with advanced training and expertise in fetal cardiac imaging; and (c) is not associated with a service to which: (i) an item in Subgroup 2 applies (except items 55118 and 55130); or (ii) an item in Subgroup 3 applies (R)	264.9			198.7	225.2
55141	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 and does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55143, 55145 or 55146 applies has been provided to the patient. Exercise stress echocardiography focused study, other than a service associated with a service to which: (a) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	472.2			354.15	401.4
55143	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1, IR.1.1 and IR.1.2 Repeat pharmacological or exercise stress echocardiography if: (a) a service to which item 55141, 55145, 55146, or this item, applies has been performed on the patient in the previous 24 months; and (b) the patient has symptoms of ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which: (i) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 12 month period (R)	472.2			354.15	401.4
55145	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 Pharmacological stress echocardiography, other than a service associated with a service to which: (a) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R) Note: this item does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55141, 55143 or 55146 applies has been provided to the patient.	547.3			410.5	465.25
55146	Support list (DI)	Type C	01.08.2020	5	I1	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 Pharmacological stress echocardiography if: (a) a service to which item 55141 applies has been performed on the patient in the previous 4 weeks, and the test has failed due to an inadequate heart rate response; and (b) the service is not associated with a service to which: (i) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R) Note: this item does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55143 or 55145 applies has been provided to the patient.	547.3			410.5	465.25

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% ($)
55238	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, not being a service associated with any of the following:(a) a service to which an item in Subgroup 4 applies;(b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	194.65			146	165.5
55244	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, not being a service associated with any of the following:(a) a service to which item 55246 applies;(b) a service to which an item in Subgroup 4 applies;(c) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	194.65			146	165.5
55246	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, not being a service associated with any of the following:(a) a service to which item 55244 applies;(b) a service to which an item in Subgroup 4 applies;(c) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	194.65			146	165.5
55248	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb or of arteries and bypass grafts in the upper limb, not being a service associated with a service to which an item in Subgroup 4 applies (R)	194.65			146	165.5
55252	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, not being a service associated with a service to which an item in Subgroup 4 applies (R).	194.65			146	165.5
55274	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of extra cranial bilateral carotid and vertebral vessels, with or without subclavian and innominate vessels, with or without oculoplethysmography or peri orbital Doppler examination, not being a service associated with a service to which an item in Subgroup 4 applies (R).	194.65			146	165.5
55276	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins or of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, not being a service associated with a service to which an item in Subgroup 4 applies (R)	194.65			146	165.5
55278	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels or of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, not being a service associated with a service to which an item in Subgroup 4 applies (R)	194.65			146	165.5
55280	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra cranial vessels, not being a service associated with a service to which an item in Subgroup 4 applies (R)	194.65			146	165.5
55282	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:(a) by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent; and(b) performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence; and(c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and(d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 4 applies (R)	194.65			146	165.5
55284	Support list (DI)	Type C	01.11.1997	5	I1	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:(a) by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis; and(b) if indicated, assess the progress and management of:(i) priapism; or(ii) fibrosis of any type; or(iii) fracture of the tunica; or(iv) arteriovenous malformations; and(c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and(d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 4 applies (R)	194.65			146	165.5
55292	Support list (DI)	Type C	01.11.2001	5	I1	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of surgically created arteriovenous fistula or surgically created arteriovenous access grafts in the upper or lower limbs, not being a service associated with a service to which an item in Subgroup 4 applies (R)	194.65			146	165.5

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% ($)
55294	Support list (DI)	Type C	01.11.2001	5	I1	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or veins, or both, including any associated skin marking, for mapping of bypass conduit before vascular surgery, not being a service associated with any of the following:(a) a service to which an item in Subgroup 3 or 4 applies; (b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	194.65			146	165.5
55296	Support list (DI)	Type C	01.11.2001	5	I1	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow spectral analysis and marking of veins in the lower limbs below the inguinal ligament before varicose vein surgery, including any associated skin marking, not being a service associated with any of the following:(a) a service to which an item in Subgroup 3 or 4 applies;(b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	127.45			95.6	108.35
55600	Support list (DI)	Type B Band 1	01.11.1998	5	I1	N	Prostate, bladder base and urethra, ultrasound scan of, if performed:(a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in paragraph (c)) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and(b) after a digital rectal examination of the prostate by that medical practitioner; and(c) on a patient who has been assessed by:(i) a specialist in urology, radiation oncology or medical oncology; or(ii) a consultant physician in medical oncology; who has:(iii) examined the patient in the 60 days before the scan; and(iv) recommended the scan for the management of the patient's current prostatic disease(R)	125.35			94.05	106.55
55603	Support list (DI)	Type B Band 1	01.11.1998	5	I1	N	Prostate, bladder base and urethra, ultrasound scan of, if performed:(a) personally by a medical practitioner who made the assessment mentioned in paragraph (c) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and(b) after a digital rectal examination of the prostate by that medical practitioner; and(c) on a patient who has been assessed by:(i) a specialist in urology, radiation oncology or medical oncology; or(ii) a consultant physician in medical oncology; who has:(iii) examined the patient in the 60 days before the scan; and(iv) recommended the scan for the management of the patient's current prostatic disease(R)	125.35			94.05	106.55
55700	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (R)	68.85			51.65	58.55
55703	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (NR)	40.1			30.1	34.1
55704	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	80.4			60.3	68.35
55705	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	40.1			30.1	34.1
55706	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the dating for the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55709; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	114.85			86.15	97.65
55707	Support list (DI)	Type C	01.11.2005	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	80.4			60.3	68.35

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% ($)
55708	Support list (DI)	Type C	01.11.2005	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) the pregnancy (as confirmed by the current ultrasound) is dated by a crown rump length of 45 to 84 mm; and (b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	40.1			30.1	34.1
55709	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55706; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	43.55			32.7	37.05
55712	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the current ultrasound is requested by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (c) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	132			99	112.2
55715	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	45.9			34.45	39.05
55718	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55723; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	114.85			86.15	97.65
55721	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) the current ultrasound is requested by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by current ultrasound) is after 22 weeks of gestation; and (c) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	132			99	112.2
55723	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55718; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	43.55			32.7	37.05
55725	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	45.9			34.45	39.05
55729	Support list (DI)	Type C	01.11.2000	5	I1	N	Duplex scanning, if:(a) the service involves:(i) B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery; and(ii) measured assessment of amniotic fluid volume after the 24th week of gestation; and(b) there is reason to suspect intrauterine growth retardation or a significant risk of fetal death;—examination and report (R)	31.3			23.5	26.65
55736	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R)	145.8			109.35	123.95

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% ($)
55739	Support list (DI)	Type C	01.02.2000	5	I1	N	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR)	65.45			49.1	55.65
55740	Support list (DI)	Type C	01.11.2022	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	119.5			89.65	101.6
55741	Support list (DI)	Type C	01.11.2022	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	59.7			44.8	50.75
55742	Support list (DI)	Type C	01.11.2022	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	119.5			89.65	101.6
55743	Support list (DI)	Type C	01.11.2022	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	59.7			44.8	50.75
55757	Support list (DI)	Type C	01.11.2022	5	I1	N	Pelvis or abdomen, ultrasound (the current ultrasound) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high risk of preterm labour or birth or second trimester fetal loss; (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	56.9			42.7	48.4
55758	Support list (DI)	Type C	01.11.2022	5	I1	N	Pelvis or abdomen, ultrasound (the current ultrasound) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high risk of preterm labour or birth or second trimester fetal loss; (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	21.6			16.2	18.4
55759	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the current ultrasound during the same pregnancy; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	172.2			129.15	146.4
55762	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55759 is not performed in conjunction with the current ultrasound during the same pregnancy; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	68.85			51.65	58.55

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% ($)
55764	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the service is requested by a medical practitioner who: (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (d) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (e) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	183.65			137.75	156.15
55766	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (c) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (d) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	74.6			55.95	63.45
55768	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) an ultrasound confirms a multiple pregnancy; and (c) the service is not performed in the same pregnancy as item 55770; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	172.2			129.15	146.4
55770	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) an ultrasound confirms a multiple pregnancy; and (c) the service is not performed in the same pregnancy as item 55768; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	68.85			51.65	58.55
55772	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) dating of the pregnancy as confirmed by the current ultrasound is after 22 weeks of gestation; and (b) the service is requested by a medical practitioner who: (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (d) the pregnancy as confirmed by an ultrasound is a multiple pregnancy; and (e) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	183.65			137.75	156.15
55774	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: (a) dating of the pregnancy as confirmed by the current ultrasound is after 22 weeks of gestation; and (b) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (c) the pregnancy as confirmed by an ultrasound is a multiple pregnancy; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	74.6			55.95	63.45
55812	Support list (DI)	Type C	01.11.2000	5	I1	N	Chest or abdominal wall, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (R)	125.35			94.05	106.55
55814	Support list (DI)	Type C	01.11.2000	5	I1	N	Chest or abdominal wall, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (NR)	43.4			32.55	36.9

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55844	Support list (DI)	Type C	01.11.2000	5	I1	N	Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of (R)	100.25			75.2	85.25
55846	Support list (DI)	Type C	01.11.2000	5	I1	N	Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of (NR)	43.4			32.55	36.9
55848	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Musculoskeletal ultrasound, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with a service mentioned in item 55054 (R)	156.9			117.7	133.4
55850	Support list (DI)	Unlisted	01.11.2000	5	I1	N	Musculoskeletal ultrasound, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if:(a) the medical practitioner or nurse practitioner has indicated on a request for a musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and(b) the service is not performed in conjunction with a service mentioned in item 55054 or any other item in this Subgroup (R)	207.05			155.3	176
55852	Support list (DI)	Type C	01.05.2001	5	I1	N	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (R)	125.35			94.05	106.55
55854	Support list (DI)	Type C	01.05.2001	5	I1	N	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (NR)	43.4			32.55	36.9
55856	Support list (DI)	Type C	01.05.2020	5	I1	N	Hand or wrist or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55858 (R)	125.35			94.05	106.55
55857	Support list (DI)	Type C	01.05.2020	5	I1	N	Hand or wrist, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55859 (NR)	43.4			32.55	36.9
55858	Support list (DI)	Type C	01.05.2020	5	I1	N	Hand or wrist, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55856 (R)	139.05			104.3	118.2
55859	Support list (DI)	Type C	01.05.2020	5	I1	N	Hand or wrist, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55857 (NR)	48.3			36.25	41.1
55860	Support list (DI)	Type C	01.05.2020	5	I1	N	Forearm or elbow, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55862 (R)	125.35			94.05	106.55
55861	Support list (DI)	Type C	01.05.2020	5	I1	N	Forearm or elbow, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55863 (NR)	43.4			32.55	36.9
55862	Support list (DI)	Type C	01.05.2020	5	I1	N	Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55860 (R)	139.05			104.3	118.2
55863	Support list (DI)	Type C	01.05.2020	5	I1	N	Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55861 (NR)	48.3			36.25	41.1
55864	Support list (DI)	Type C	01.05.2020	5	I1	N	Shoulder or upper arm, or both, left or right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55866 (R)	125.35			94.05	106.55
55865	Support list (DI)	Type C	01.05.2020	5	I1	N	Shoulder or upper arm, or both, left or right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55867 (NR)	43.4			32.55	36.9
55866	Support list (DI)	Type C	01.05.2020	5	I1	N	Shoulder or upper arm, or both, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55864 (R)	139.05			104.3	118.2
55867	Support list (DI)	Type C	01.05.2020	5	I1	N	Shoulder or upper arm, or both, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55865 (NR)	48.3			36.25	41.1
55868	Support list (DI)	Type C	01.05.2020	5	I1	N	Hip or groin, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55870 (R)	125.35			94.05	106.55
55869	Support list (DI)	Type C	01.05.2020	5	I1	N	Hip or groin, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55871 (NR)	43.4			32.55	36.9
55870	Support list (DI)	Type C	01.05.2020	5	I1	N	Hip or groin, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55868 (R)	139.05			104.3	118.2
55871	Support list (DI)	Type C	01.05.2020	5	I1	N	Hip or groin, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55869 (NR)	48.3			36.25	41.1
55872	Support list (DI)	Type C	01.05.2020	5	I1	N	Paediatric hip examination for dysplasia, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55874 (R)	125.35			94.05	106.55

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55873	Support list (DI)	Type C	01.05.2020	5	I1	N	Paediatric hip examination for dysplasia, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55875 (NR)	43.4			32.55	36.9
55874	Support list (DI)	Type C	01.05.2020	5	I1	N	Paediatric hip examination for dysplasia, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55872 (R)	139.05			104.3	118.2
55875	Support list (DI)	Type C	01.05.2020	5	I1	N	Paediatric hip examination for dysplasia, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55873 (NR)	48.3			36.25	41.1
55876	Support list (DI)	Type C	01.05.2020	5	I1	N	Buttock or thigh, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55878 (R)	125.35			94.05	106.55
55877	Support list (DI)	Type C	01.05.2020	5	I1	N	Buttock or thigh or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55879 (NR)	43.4			32.55	36.9
55878	Support list (DI)	Type C	01.05.2020	5	I1	N	Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55876 (R)	139.05			104.3	118.2
55879	Support list (DI)	Type C	01.05.2020	5	I1	N	Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55877 (NR)	48.3			36.25	41.1
55880	Support list (DI)	Type C	01.05.2020	5	I1	N	Knee, left or right, ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and (b) the service is not performed in conjunction with item 55882 (R)	125.35			94.05	106.55
55881	Support list (DI)	Type C	01.05.2020	5	I1	N	Knee, left or right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with item 55883 (NR)	43.4			32.55	36.9
55882	Support list (DI)	Type C	01.05.2020	5	I1	N	Knee, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with a service mentioned in item 55880 (R)	139.05			104.3	118.2
55883	Support list (DI)	Type C	01.05.2020	5	I1	N	Knee, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with item 55881 (NR)	48.3			36.25	41.1
55884	Support list (DI)	Type C	01.05.2020	5	I1	N	Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55886 (R)	125.35			94.05	106.55
55885	Support list (DI)	Type C	01.05.2020	5	I1	N	Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55887 (NR)	43.4			32.55	36.9
55886	Support list (DI)	Type C	01.05.2020	5	I1	N	Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55884 (R)	139.05			104.3	118.2
55887	Support list (DI)	Type C	01.05.2020	5	I1	N	Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55885 (NR)	48.3			36.25	41.1
55888	Support list (DI)	Type C	01.05.2020	5	I1	N	Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55890 (R)	125.35			94.05	106.55
55889	Support list (DI)	Type C	01.05.2020	5	I1	N	Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55891 (NR)	43.4			32.55	36.9
55890	Support list (DI)	Type C	01.05.2020	5	I1	N	Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55888 (R)	139.05			104.3	118.2
55891	Support list (DI)	Type C	01.05.2020	5	I1	N	Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55889 (NR)	48.3			36.25	41.1
55892	Support list (DI)	Type C	01.05.2020	5	I1	N	Mid foot or fore foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55894 (R)	125.35			94.05	106.55
55893	Support list (DI)	Type C	01.05.2020	5	I1	N	Mid foot or fore foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55895 (NR)	43.4			32.55	36.9
55894	Support list (DI)	Type C	01.05.2020	5	I1	N	Mid foot or fore foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55892 (R)	139.05			104.3	118.2
55895	Support list (DI)	Type C	01.05.2020	5	I1	N	Mid foot or fore foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55893 (NR)	48.3			36.25	41.1
56001	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R) (Anaes.)	219.5			164.65	186.6
56007	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of brain with intravenous contrast medium and with any scans of the brain before intravenous contrast injection, when performed, not being a service to which item 57007 applies (R) (Anaes.)	281.35			211.05	239.15
56010	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (Anaes.)	283.7			212.8	241.15
56013	Support list (DI)	Type C	01.11.1996	5	I2	N	COMPUTED TOMOGRAPHY - scan of orbits with or without intravenous contrast medium and with or without brain scan when undertaken (R) (Anaes.)	281.35			211.05	239.15
56016	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (Anaes.)	326.3			244.75	277.4

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56022	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (Anaes.)	253.2			189.9	215.25
56028	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both before intravenous contrast injection, when performed (R) (Anaes.)	378.95			284.25	322.15
56030	Support list (DI)	Type C	01.02.2000	5	I2	N	Computed tomography—scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (Anaes.)	253.2			189.9	215.25
56036	Support list (DI)	Type C	01.02.2000	5	I2	N	Computed tomography—scan of facial bones, para nasal sinuses or both, with scan of brain, with intravenous contrast medium, if:(a) a scan without intravenous contrast medium has been performed; and(b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (Anaes.)	378.95			284.25	322.15
56101	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56801 applies (R) (Anaes.)	258.75			194.1	219.95
56107	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine)—with intravenous contrast medium and with any scans of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) before intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56807 applies (R) (Anaes.)	382.55			286.95	325.2
56219	Support list (DI)	Unlisted	01.11.1996	5	I2	N	Computed tomography—scan of spine, one or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain X rays, not being a service to which item 59724 applies (R) (Anaes.)	367.05			275.3	312
56220	Support list (DI)	Type C	01.11.2001	5	I2	N	Computed tomography—scan of spine, cervical region, without intravenous contrast medium (R) (Anaes.)	270.1			202.6	229.6
56221	Support list (DI)	Type C	01.11.2001	5	I2	N	Computed tomography—scan of spine, thoracic region, without intravenous contrast medium (R) (Anaes.)	270.1			202.6	229.6
56223	Support list (DI)	Type C	01.11.2001	5	I2	N	Computed tomography—scan of spine, lumbosacral region, without intravenous contrast medium (R) (Anaes.)	270.1			202.6	229.6
56224	Support list (DI)	Type C	01.11.2001	5	I2	N	Computed tomography—scan of spine, cervical region, with intravenous contrast medium and with any scans of the cervical region of the spine before intravenous contrast injection when undertaken (R) (Anaes.)	395.3			296.5	336.05
56225	Support list (DI)	Type C	01.11.2001	5	I2	N	Computed tomography—scan of spine, thoracic region, with intravenous contrast medium and with any scans of the thoracic region of the spine before intravenous contrast injection when undertaken (R) (Anaes.)	395.3			296.5	336.05
56226	Support list (DI)	Type C	01.11.2001	5	I2	N	Computed tomography—scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the lumbosacral region of the spine prior to intravenous contrast injection when undertaken (R) (Anaes.)	395.3			296.5	336.05
56233	Support list (DI)	Type C	01.11.2001	5	I2	N	NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Computed tomography—scan of spine, 2 examinations of the kind referred to in items 56220, 56221 and 56223, without intravenous contrast medium (R) (Anaes.)	270.1			202.6	229.6
56234	Support list (DI)	Type C	01.11.2001	5	I2	N	NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Computed tomography—scan of spine, 2 examinations of the kind referred to in items 56224, 56225 and 56226, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (Anaes.)	395.3			296.5	336.05
56237	Support list (DI)	Type C	01.11.2001	5	I2	N	Computed tomography—scan of spine, 3 regions cervical, thoracic and lumbosacral, without intravenous contrast medium (R) (Anaes.)	270.1			202.6	229.6
56238	Support list (DI)	Type C	01.11.2001	5	I2	N	Computed tomography—scan of spine, 3 regions, cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (Anaes.)	395.3			296.5	336.05
56301	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56801 or 57001 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	332			249	282.2
56307	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest, including lungs, mediastinum, chest wall or pleura and upper abdomen before intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	450.1			337.6	382.6
56401	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56301, 56501, 56801 or 57001 applies (R) (Anaes.)	281.35			211.05	239.15
56407	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) before intravenous contrast injection, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (Anaes.)	405.15			303.9	344.4

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% ($)
56409	Support list (DI)	Type C	01.12.1991	5	I2	N	Computed tomography—scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56401 applies (R) (Anaes.)	281.35			211.05	239.15
56412	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) before intravenous contrast injection, when undertaken, not being a service to which item 56407 applies (R) (Anaes.)	405.15			303.9	344.4
56501	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of upper abdomen and pelvis without intravenous contrast medium, not for the purposes of virtual colonoscopy and not being a service to which item 56801 or 57001 applies(R) (Anaes.)	433.1			324.85	368.15
56507	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis before intravenous contrast injection, when performed, not for the purposes of virtual colonoscopy and not being a service to which item 56807 or 57007 applies (R) (Anaes.)	540.2			405.15	459.2
56553	Support list (DI)	Type C	01.09.2015	5	I2	N	Computed tomography—scan of colon for exclusion or diagnosis of colorectal neoplasia in a symptomatic or high risk patient if:(a) one or more of the following applies:(i) the patient has had an incomplete colonoscopy in the 3 months before the scan;(ii) there is a high grade colonic obstruction;(iii) the service is requested by a specialist or consultant physician who performs colonoscopies in the practice of the specialist's or consultant physician's speciality; and(b) the service is not a service to which item 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies (R) (Anaes.)	585.1			438.85	497.35
56620	Support list (DI)	Type C	01.11.2018	5	I2	N	Computed tomography—scan of knee, without intravenous contrast medium, not being a service to which item 56622 or 56629 applies (R) (Anaes.)	247.55			185.7	210.45
56622	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—scan of lower limb, left or right or both, one region (other than knee), or more than one region (which may include knee), without intravenous contrast medium, not being a service to which item 56620 applies (R) (Anaes.)	247.55			185.7	210.45
56623	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—scan of lower limb, left or right or both, one region (other than knee), or more than one region (which may include knee), with intravenous contrast medium and with any scans of the lower limb before intravenous contrast injection, when performed, not being a service to which item 56626 applies (R) (Anaes.)	376.6			282.45	320.15
56626	Support list (DI)	Type C	01.11.2018	5	I2	N	Computed tomography—scan of knee, with intravenous contrast medium and with any scans of the knee before intravenous contrast injection, when performed, not being a service to which items 56623 or 56630 apply (R) (Anaes.)	376.6			282.45	320.15
56627	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—scan of upper limb, left or right or both, any one region, or more than one region, without intravenous contrast medium (R) (Anaes.)	247.55			185.7	210.45
56628	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—scan of upper limb, left or right or both, any one region, or more than one region, with intravenous contrast medium and with any scans of the upper limb before intravenous contrast injection, when performed (R) (Anaes.)	376.6			282.45	320.15
56629	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—scan of upper limb and lower limb, left or right or both, any one region (other than knee), or more than one region (which may include knee) without intravenous contrast medium not being a service to which item 56620 applies (R) (Anaes.)	247.55			185.7	210.45
56630	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—scan of upper limb and lower limb, left or right or both, any one region (other than knee), or more than one region (which may include knee) with intravenous contrast medium with any scans of the limbs before intravenous contrast injection, when performed, not being a service to which item 56626 applies (R) (Anaes.)	376.6			282.45	320.15
56801	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	525			393.75	446.25
56807	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	630.15			472.65	535.65
57001	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	525.1			393.85	446.35
57007	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	638.8			479.1	543
57201	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography—pelvimetry (R) (Anaes.)	174.65			131	148.5
57341	Support list (DI)	Type C	01.11.1996	5	I2	N	Computed tomography, in conjunction with a surgical procedure using interventional techniques (R) (Anaes.)	528.85			396.65	449.55

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% ($)
57352	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the arch of the aorta; or (b) the carotid arteries; or (c) the vertebral arteries and their branches (head and neck); including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (d) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (e) the service is not a service to which another item in this group applies; and (f) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (g) the service is not a study performed to image the coronary arteries (R) (Anaes.)	573.85			430.4	487.8
57353	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the ascending and descending aorta; or (b) the common iliac and abdominal branches including upper limbs (chest, abdomen and upper limbs); including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (c) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (d) the service is not a service to which another item in this group applies; and (e) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (f) the service is not a study performed to image the coronary arteries (R) (Anaes.)	573.85			430.4	487.8
57354	Support list (DI)	Type C	01.05.2020	5	I2	N	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the descending aorta; or (b) the pelvic vessels (aorto-iliac segment) and lower limbs; including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (c) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (d) the service is not a service to which another item in this group applies; and (e) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (f) the service is not a study performed to image the coronary arteries (R) (Anaes.)	573.85			430.4	487.8
57357	Support list (DI)	Type C	01.11.2020	5	I2	N	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of the pulmonary arteries and their branches, including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: the service is not a service to which another item in this group applies; and the service is not a study performed to image the coronary arteries; and the service is:(i) performed for the exclusion of pulmonary arterial stenosis, occlusion, aneurysm or embolism and is requested by a specialist or consultant physician; or(ii) performed for the exclusion of pulmonary arterial stenosis, occlusion or aneurysm and is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; or (iii) for the exclusion of pulmonary embolism and is requested be a medical practitioner (other than a specialist or consultant physician) (R) (Anaes.)	573.85			430.4	487.8
57360	Support list (DI)	Type C	01.07.2011	5	I2	N	Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner if: (a) the request is made by a specialist or consultant physician; and (b) the patient has stable or acute symptoms consistent with coronary ischaemia; and (c) the patient is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia (R) Note: See explanatory note IN.2.2 for claiming restrictions for this item. (Anaes.)	787.6			590.7	685.2
57362	Support list (DI)	Unlisted	01.11.2014	5	I2	N	Cone beam computed tomography—dental and temporo mandibular joint imaging (without contrast medium) for diagnosis and management of any of the following:(a) mandibular and dento alveolar fractures;(b) dental implant planning;(c) orthodontics;(d) endodontic conditions;(e) periodontal conditions;(f) temporo mandibular joint conditionsApplicable once per patient per day, not being for a service to which any of items 57960 to 57969 apply, and not being a service associated with another service in Group I2 (R) (Anaes.)	127.35			95.55	108.25

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% ($)
57364	Support list	Type C	01.07.2021	5	I2	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 (item 38247), TR.8.2 (item 38249) or item 38252 if subclause (iv) applies. Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner, if: (a) the service is requested by a specialist or consultant physician; and (b) at least one of the following apply to the patient: (i) the patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology; (ii) the patient requires exclusion of coronary artery anomaly or fistula; (iii) the patient will be undergoing non-coronary cardiac surgery; (iv) the patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts (R) (Anaes.)	787.6			590.7	685.2
57410	Support list (DI)	Type C	01.07.2025	5	I2	Y	Low-dose computed tomography (low-dose CT) scan of chest for the National Lung Cancer Screening Program, without intravenous contrast medium, where: (a) the request states that the patient's eligibility to participate in the National Lung Cancer Screening Program has been assessed and confirmed; and (b) the service utilises the agreed nodule management protocol for standardised lung nodule identification, classification and reporting; and (c) the service is bulk-billed (R) (Anaes.)	338.75			254.1	287.95
57413	Support list (DI)	Type C	01.07.2025	5	I2	Y	Low-dose computed tomography (low-dose CT) scan of chest for the National Lung Cancer Screening Program, without intravenous contrast medium, where: (a) the service is: (i) performed as a clinical follow-up within 2 years of a screening low-dose CT scan of MBS item 57410; or (ii) performed as a clinical follow-up to a previous interval low-dose CT scan of MBS item 57413 linked to MBS item 57410; and (b) the service utilises the agreed nodule management protocol for standardised lung nodule identification, classification and reporting; and (c) the service is bulk-billed (R) (Anaes.)	338.75			254.1	287.95
57506	Support list	Type C	01.12.1991	5	I3	N	Hand, wrist, forearm, elbow or humerus (NR)	34.15			25.65	29.05
57509	Support list (DI)	Type C	01.12.1991	5	I3	N	Hand, wrist, forearm, elbow or humerus (R)	45.6			34.2	38.8
57512	Support list (DI)	Type C	01.12.1991	5	I3	N	Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR)	46.45			34.85	39.5
57515	Support list (DI)	Type C	01.12.1991	5	I3	N	Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R)	62			46.5	52.7
57518	Support list (DI)	Type C	01.12.1991	5	I3	N	Foot, ankle, leg or femur (NR)	37.4			28.05	31.8
57521	Support list (DI)	Type C	01.12.1991	5	I3	N	Foot, ankle, leg or femur (R)	49.85			37.4	42.4
57522	Support list (DI)	Type C	01.11.2018	5	I3	N	Knee (NR)	37.4			28.05	31.8
57523	Support list (DI)	Type C	01.11.2018	5	I3	N	Knee (R)	49.85			37.4	42.4
57524	Support list (DI)	Type C	01.12.1991	5	I3	N	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR)	56.7			42.55	48.2
57527	Support list (DI)	Type C	01.12.1991	5	I3	N	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R)	75.5			56.65	64.2
57541	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	5	I3	N	Fee for a service rendered using first eligible x-ray procedure carried out during attendance at a residential aged care facility, where the service has been requested by a medical practitioner or a participating nurse practitioner who has attended the patient in person and the request identifies one or more of the following indications: the patient has experienced a fall and one or more of the following items apply to the service 57509, 57515, 57521, 57527, 57703, 57709, 57712, 57715, 58521, 58524, 58527; or pneumonia or heart failure is suspected and item 58503 applies to the service; or acute abdomen or bowel obstruction is suspected and item 58903 applies to the service. This call-out fee can be claimed once only per visit at a residential aged care facility irrespective of the number of patients attended. NOTE: If the service is bulked billed 95% of the fee is payable. The multiple services rule does not apply to this item. (R)	84.55			63.45	71.9
57700	Support list (DI)	Type C	01.12.1991	5	I3	N	Shoulder or scapula (NR)	46.45			34.85	39.5
57703	Support list (DI)	Type C	01.12.1991	5	I3	N	Shoulder or scapula (R)	62			46.5	52.7
57706	Support list (DI)	Type C	01.12.1991	5	I3	N	Clavicle (NR)	37.4			28.05	31.8
57709	Support list (DI)	Type C	01.12.1991	5	I3	N	Clavicle (R)	49.85			37.4	42.4
57712	Support list (DI)	Type C	01.12.1991	5	I3	N	Hip joint (R)	54.1			40.6	46
57715	Support list (DI)	Type C	01.12.1991	5	I3	N	Pelvic girdle (R)	69.95			52.5	59.5
57721	Support list (DI)	Type C	01.12.1991	5	I3	N	Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R)	113.95			85.5	96.9
57901	Support list (DI)	Type C	01.11.1998	5	I3	N	Skull, not in association with item 57902 (R)	74.05			55.55	62.95
57902	Support list (DI)	Type C	01.11.1998	5	I3	N	Cephalometry, not in association with item 57901 (R)	74.05			55.55	62.95
57905	Support list (DI)	Type C	01.05.2020	5	I3	N	Mastoids or petrous temporal bones (R)	74.05			55.55	62.95
57907	Support list (DI)	Type C	01.05.2020	5	I3	N	Sinuses or facial bones – orbit, maxilla or malar, any or all (R)	54.3			40.75	46.2
57915	Support list (DI)	Type C	01.12.1991	5	I3	N	Mandible, not by orthopantomography technique (R)	54.1			40.6	46
57918	Support list (DI)	Type C	01.12.1991	5	I3	N	Salivary calculus (R)	54.1			40.6	46
57921	Support list (DI)	Type C	01.12.1991	5	I3	N	Nose (R)	54.1			40.6	46
57924	Support list (DI)	Type C	01.12.1991	5	I3	N	Eye (R)	54.1			40.6	46
57927	Support list (DI)	Type C	01.12.1991	5	I3	N	Temporo mandibular joints (R)	57			42.75	48.45
57930	Support list (DI)	Type C	01.12.1991	5	I3	N	Teeth—single area (R)	37.85			28.4	32.2
57933	Support list (DI)	Type C	01.12.1991	5	I3	N	Teeth - full mouth (R)	89.8			67.35	76.35
57939	Support list (DI)	Type C	01.12.1991	5	I3	N	Palato pharyngeal studies with fluoroscopic screening (R)	74.05			55.55	62.95
57942	Support list (DI)	Type C	01.12.1991	5	I3	N	Palato pharyngeal studies without fluoroscopic screening (R)	57			42.75	48.45
57945	Support list (DI)	Type C	01.12.1991	5	I3	N	Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R)	49.85			37.4	42.4
57960	Support list (DI)	Type C	01.11.2002	5	I3	N	Orthopantomography for diagnosis or management (or both) of trauma, infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R)	54.5			40.9	46.35

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% ($)
57963	Support list (DI)	Type C	01.11.2002	5	I3	N	Orthopantomography for diagnosis or management (or both) of any of the following conditions, if the signs and symptoms of the condition is present:(a) impacted teeth;(b) caries;(c) periodontal pathology;(d) periapical pathology (R)	54.5			40.9	46.35
57966	Support list (DI)	Type C	01.11.2002	5	I3	N	Orthopantomography for diagnosis or management (or both) of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R)	54.5			40.9	46.35
57969	Support list (DI)	Type C	01.11.2002	5	I3	N	Orthopantomography for diagnosis or management (or both) of temporo mandibular joint arthroses or dysfunction (R)	54.5			40.9	46.35
58100	Support list (DI)	Type C	01.12.1991	5	I3	N	Spine—cervical (R)	77.05			57.8	65.5
58103	Support list (DI)	Type C	01.12.1991	5	I3	N	Spine—thoracic (R)	63.3			47.5	53.85
58106	Support list (DI)	Type C	01.12.1991	5	I3	N	Spine—lumbosacral (R)	88.35			66.3	75.1
58108	Support list (DI)	Type C	01.11.2001	5	I3	N	Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R)	126.25			94.7	107.35
58109	Support list (DI)	Type C	01.12.1991	5	I3	N	Spine—sacrococcygeal (R)	53.95			40.5	45.9
58112	Support list (DI)	Type C	01.12.1991	5	I3	N	NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—2 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)	111.65			83.75	94.95
58115	Support list (DI)	Type C	01.12.1991	5	I3	N	NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)	126.25			94.7	107.35
58120	Support list (DI)	Unlisted	01.01.2010	5	I3	N	Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal, if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year (R)	126.25			94.7	107.35
58121	Support list (DI)	Unlisted	01.01.2010	5	I3	N	NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109, if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year (R)	126.25			94.7	107.35
58300	Support list (DI)	Type C	01.12.1991	5	I3	N	Bone age study (R)	46			34.5	39.1
58306	Support list (DI)	Type C	01.12.1991	5	I3	N	Skeletal survey (R)	102.65			77	87.3
58500	Support list (DI)	Type C	01.12.1991	5	I3	N	Chest (lung fields) by direct radiography (NR)	40.6			30.45	34.55
58503	Support list (DI)	Type C	01.12.1991	5	I3	N	Chest (lung fields) by direct radiography (R)	54.1			40.6	46
58506	Support list (DI)	Type C	01.12.1991	5	I3	N	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	69.8			52.35	59.35
58509	Support list (DI)	Type C	01.12.1991	5	I3	N	Thoracic inlet or trachea (R)	45.6			34.2	38.8
58521	Support list (DI)	Type C	01.12.1991	5	I3	N	Left ribs, right ribs or sternum (R)	49.85			37.4	42.4
58524	Support list (DI)	Type C	01.12.1991	5	I3	N	Left and right ribs, left ribs and sternum, or right ribs and sternum (R)	64.85			48.65	55.15
58527	Support list (DI)	Type C	01.12.1991	5	I3	N	Left ribs, right ribs and sternum (R)	79.7			59.8	67.75
58700	Support list (DI)	Type C	01.12.1991	5	I3	N	Plain renal only (R)	52.85			39.65	44.95
58706	Support list (DI)	Type C	01.12.1991	5	I3	N	Intravenous pyelography, with or without preliminary plain films and with or without tomography (R)	181.3			136	154.15
58715	Support list (DI)	Type C	01.12.1991	5	I3	N	Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, one side (R)	174.05			130.55	147.95
58718	Support list (DI)	Type C	01.12.1991	5	I3	N	Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	144.8			108.6	123.1
58721	Support list (DI)	Type C	01.12.1991	5	I3	N	Retrograde micturating cysto urethrography, with preparation and contrast injection (R) (Anaes.)	158.7			119.05	134.9
58900	Support list (DI)	Type C	01.12.1991	5	I3	N	Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (NR)	41.05			30.8	34.9
58903	Support list (DI)	Type C	01.12.1991	5	I3	N	Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (R)	54.7			41.05	46.5
58909	Support list (DI)	Type C	01.12.1991	5	I3	N	Barium or other opaque meal of one or more of pharynx, oesophagus, stomach or duodenum, with or without preliminary plain films of pharynx, chest or duodenum, not being a service associated with a service to which item 57939, 57942 or 57945 applies (R)	103.2			77.4	87.75
58912	Support list (DI)	Type C	01.12.1991	5	I3	N	Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest and with or without preliminary plain film (R)	126.6			94.95	107.65
58915	Support list (DI)	Type C	01.12.1991	5	I3	N	Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)	90.7			68.05	77.1
58916	Support list (DI)	Type C	01.11.1997	5	I3	N	Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies (R) (Anaes.)	159.05			119.3	135.2
58921	Support list (DI)	Type C	01.12.1991	5	I3	N	Opaque enema, with or without air contrast study and with or without preliminary plain films (R)	155.35			116.55	132.05
58927	Support list (DI)	Type C	01.12.1991	5	I3	N	Cholegraphy direct, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 30439 applies (R)	87.75			65.85	74.6
58933	Support list (DI)	Type C	01.12.1991	5	I3	N	Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R)	236.1			177.1	200.7
58936	Support list (DI)	Type C	01.12.1991	5	I3	N	Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R)	225			168.75	191.25
58939	Support list (DI)	Type B Non-band specific	01.11.1996	5	I3	N	Defaecogram (R)	159.95			120	136
59103	Support list (DI)	Type C	01.12.1991	5	I3	N	Localisation of foreign body, if provided in conjunction with a service described in Subgroups 1 to 12 of Group I3 (R)	24.4			18.3	20.75

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% ($)
59300	Support list (DI)	Type C	01.12.1991	5	I3	N	Mammography of both breasts if there is reason to suspect the presence of malignancy because of:(a) the past occurrence of breast malignancy in the patient; or(b) significant history of breast or ovarian malignancy in the patient's family; or(c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R) (Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients)	102.75			77.1	87.35
59302	Support list (DI)	Type C	01.11.2018	5	I3	N	Three dimensional tomosynthesis of both breasts, if there is reason to suspect the presence of malignancy because of: a) the past occurrence of breast malignancy in the patient; or b) significant history of breast or ovarian malignancy in the patient's family; or c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner Not being a service to which item 59300 applies (R)	231.95			174	197.2
59303	Support list (DI)	Type C	01.12.1991	5	I3	N	Mammography of one breast if: (a) the service is specifically requested for a unilateral mammogram; and(b) there is reason to suspect the presence of malignancy because of:(i) the past occurrence of breast malignancy in the patient; or(ii) significant history of breast or ovarian malignancy in the patient's family; or(iii) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)	61.95			46.5	52.7
59305	Support list (DI)	Type C	01.11.2018	5	I3	N	Three dimensional tomosynthesis of one breast, if there is reason to suspect the presence of malignancy because of: a) the past occurrence of breast malignancy in the patient; or b) significant history of breast or ovarian malignancy in the patient's family; or c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner Not being a service to which item 59303 applies (R)	130.8			98.1	111.2
59312	Support list (DI)	Type C	01.11.1997	5	I3	N	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R)	99.9			74.95	84.95
59314	Support list (DI)	Type C	01.11.1997	5	I3	N	Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R)	60.3			45.25	51.3
59318	Support list (DI)	Type C	01.11.1997	5	I3	N	Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both following pre-operative localisation in conjunction with a service under item 31536 (R)	54			40.5	45.9
59700	Support list (DI)	Type C	01.12.1991	5	I3	N	Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	110.85			83.15	94.25
59703	Support list (DI)	Type C	01.12.1991	5	I3	N	Dacryocystography, one side, with or without preliminary plain film and with preparation and contrast injection (R)	87.2			65.4	74.15
59712	Support list (DI)	Type C	01.12.1991	5	I3	N	Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	130.5			97.9	110.95
59715	Support list (DI)	Type C	01.12.1991	5	I3	N	Bronchography, one side, with or without preliminary plain films and with preparation and contrast injection, on a person under 16 years of age (R) (Anaes.)	164.8			123.6	140.1
59718	Support list (DI)	Type C	01.12.1991	5	I3	N	Phlebography, one side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	154.6			115.95	131.45
59724	Support list (DI)	Type C	01.12.1991	5	I3	N	Myelography, one or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 56219 applies (R) (Anaes.)	260			195	221
59733	Support list (DI)	Type C	01.12.1991	5	I3	N	Sialography, one side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies (R)	123.7			92.8	105.15
59739	Support list (DI)	Type C	01.12.1991	5	I3	N	Sinogram or fistulogram, one or more regions, with or without preliminary plain films and with preparation and contrast injection (R)	84.65			63.5	72
59751	Support list (DI)	Type C	01.12.1991	5	I3	N	Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection (R)	159.8			119.85	135.85
59754	Support list (DI)	Type C	01.12.1991	5	I3	N	Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection (R)	251.85			188.9	214.1
59763	Support list (DI)	Type C	01.11.1996	5	I3	N	Air insufflation during video—fluoroscopic imaging including associated consultation (R)	153.65			115.25	130.65
59970	Support list (DI)	Type B Non-band specific	01.11.1996	5	I3	N	Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition, using a mobile image intensifier, including any preliminary plain films, preparation and contrast injection—one or more regions (R) (H) (Anaes.)	193.25			144.95	
60000	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of head and neck with or without arch aortography—1 to 3 data acquisition runs (R) (H) (Anaes.)	647.65			485.75	
60003	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of head and neck with or without arch aortography—4 to 6 data acquisition runs (R) (H) (Anaes.)	949.65			712.25	
60006	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of head and neck with or without arch aortography—7 to 9 data acquisition runs (R) (H) (Anaes.)	1350.4			1012.8	
60009	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of head and neck with or without arch aortography—10 or more data acquisition runs (R) (H) (Anaes.)	1580.25			1185.2	
60012	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of thorax—1 to 3 data acquisition runs (R) (H) (Anaes.)	647.65			485.75	
60015	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of thorax—4 to 6 data acquisition runs (R) (H) (Anaes.)	949.65			712.25	
60018	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of thorax—7 to 9 data acquisition runs (R) (H) (Anaes.)	1350.4			1012.8	

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% ($)
60021	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of thorax—10 or more data acquisition runs (R) (H) (Anaes.)	1580.25			1185.2	
60024	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of abdomen—1 to 3 data acquisition runs (R) (H) (Anaes.)	647.65			485.75	
60027	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of abdomen—4 to 6 data acquisition runs (R) (H) (Anaes.)	949.65			712.25	
60030	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of abdomen—7 to 9 data acquisition runs (R) (H) (Anaes.)	1350.4			1012.8	
60033	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of abdomen—10 or more data acquisition runs (R) (H) (Anaes.)	1580.25			1185.2	
60036	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of upper limb or limbs—1 to 3 data acquisition runs (R) (H) (Anaes.)	647.65			485.75	
60039	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of upper limb or limbs—4 to 6 data acquisition runs (R) (H) (Anaes.)	949.65			712.25	
60042	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of upper limb or limbs—7 to 9 data acquisition runs (R) (H) (Anaes.)	1350.4			1012.8	
60045	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of upper limb or limbs—10 or more data acquisition runs (R) (H) (Anaes.)	1580.25			1185.2	
60048	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of lower limb or limbs—1 to 3 data acquisition runs (R) (H) (Anaes.)	647.65			485.75	
60051	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of lower limb or limbs—4 to 6 data acquisition runs (R) (H) (Anaes.)	949.65			712.25	
60054	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of lower limb or limbs—7 to 9 data acquisition runs (R) (H) (Anaes.)	1350.4			1012.8	
60057	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of lower limb or limbs—10 or more data acquisition runs (R) (H) (Anaes.)	1580.25			1185.2	
60060	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of aorta and lower limb or limbs—1 to 3 data acquisition runs (R) (H) (Anaes.)	647.65			485.75	
60063	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of aorta and lower limb or limbs—4 to 6 data acquisition runs (R) (H) (Anaes.)	949.65			712.25	
60066	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of aorta and lower limb or limbs—7 to 9 data acquisition runs (R) (H) (Anaes.)	1350.4			1012.8	
60069	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Digital subtraction angiography, examination of aorta and lower limb or limbs—10 or more data acquisition runs (R) (H) (Anaes.)	1580.25			1185.2	
60072	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Selective arteriography or selective venography by digital subtraction angiography technique—one vessel (NR) (H) (Anaes.)	55.2			41.4	
60075	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Selective arteriography or selective venography by digital subtraction angiography technique—2 vessels (NR) (H) (Anaes.)	110.4			82.8	
60078	Support list (DI)	Type B Non-band specific	01.11.1992	5	I3	N	Selective arteriography or selective venography by digital subtraction angiography technique—3 or more vessels (NR) (H) (Anaes.)	165.6			124.2	
60500	Support list (DI)	Type B Non-band specific	01.12.1991	5	I3	N	Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (H) (Anaes.)	49.85			37.4	
60503	Support list (DI)	Type C	01.12.1991	5	I3	N	Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R)	34.15			25.65	29.05
60506	Support list (DI)	Unlisted	01.11.1992	5	I3	N	Fluoroscopy, using a mobile image intensifier, that: (a) lasts less than 1 hour; and (b) is in conjunction with a surgical procedure; not being a service associated with a service to which another item in this Group applies (R) (H)	73.2			54.9	
60509	Support list (DI)	Unlisted	01.11.1992	5	I3	N	Fluoroscopy, using a mobile image intensifier, that: (a) lasts 1 hour or more; and (b) is in conjunction with a surgical procedure; not being a service associated with a service to which another item in this Group applies (R) (H)	113.55			85.2	
60918	Support list (DI)	Type C	01.12.1991	5	I3	N	Arteriography (peripheral) or phlebography—one vessel, when used in association with a service to which item 59970 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)	54.1			40.6	46
60927	Support list (DI)	Type C	01.12.1991	5	I3	N	Selective arteriogram or phlebogram, when used in association with a service to which item 59970 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)	43.6			32.7	37.1
61109	Support list (DI)	Unlisted	01.11.1992	5	I3	N	Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this Group applies (R) (H)	297.25			222.95	
61310	Support list (DI)	Type C	01.11.1996	5	I4	N	Myocardial infarct avid study (R)	389.25			291.95	330.9
61313	Support list (DI)	Type C	01.11.1996	5	I4	N	Gated cardiac blood pool study, (equilibrium) (R)	321.5			241.15	273.3
61314	Support list (DI)	Type C	01.11.1996	5	I4	N	Gated cardiac blood pool study, with or without intervention, and first pass blood flow or cardiac shunt study (R)	445.15			333.9	378.4

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% ($)
61321	Support list (DI)	Type C	01.08.2020	5	I4	N	Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if: (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (b) the service uses a single rest technetium-99m (Tc-99m) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61325, 61329, 61345, 61398 or 61406 applies; and (e) if the patient is 17 years or older—a service to which this item, or item 61325, 61329, 61345, 61398 or 61406 applies has not been provided to the patient in the previous 24 months (R)	348.65			261.5	296.4
61324	Support list (DI)	Type C	01.08.2020	5	I4	N	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting ECG, continuous ECG monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a specialist or consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61325, 61329, 61345, 61357, 61394, 61398, 61406 or 61414 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61329, 61345, 61357, 61394, 61398, 61406, 61410 or 61414, applies has not been provided to the patient in the previous 24 months (R)	692.1			519.1	589.7
61325	Support list (DI)	Type C	01.08.2020	5	I4	N	Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if: (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (b) the service uses: (i) an initial rest study followed by a redistribution study on the same day; and (ii) a thallous chloride-201 (Tl-201) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61329, 61345, 61398 or 61406 applies; and (e) if the patient is 17 years or older: (i) a service to which item 61321, 61329, 61345, 61398 or 61406 applies has not been provided to the patient in the previous 24 months; and (ii) the service is applicable only twice each 24 months (R)	348.65			261.5	296.4
61328	Support list (DI)	Type C	01.11.1996	5	I4	N	Lung perfusion study (R)	241.25			180.95	205.1
61329	Support list (DI)	Type C	01.08.2020	5	I4	N	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61345, 61357, 61394, 61398, 61406 or 61414 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61321, 61324, 61325, 61345, 61357, 61394, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	1040.8			780.6	938.4
61333	Support list (DI)	Type C	14.09.2019	5	I4	N	Lung ventilation study using Galligas and lung perfusion study using gallium-68 macro aggregated albumin (68Ga-MAA), with PET, if the service is performed because the service to which item 61348 applies cannot be performed due to unavailability of technetium-99m (R)	443.35			332.55	376.85
61336	Support list (DI)	Type C	14.09.2019	5	I4	N	Cerebral study, with PET, if the service is performed because the service to which item 61402 applies cannot be performed due to unavailability of technetium-99m (R)	605.05			453.8	514.3
61340	Support list (DI)	Type C	01.11.1996	5	I4	N	Lung ventilation study using aerosol, technegas or xenon gas (R)	268.15			201.15	227.95
61341	Support list (DI)	Type C	14.09.2019	5	I4	N	Bone study – whole body with PET, with delayed imaging when undertaken, if the service is performed because the services to which item 61421 or 61425 apply cannot be performed due to unavailability of technetium-99m (R)	600.7			450.55	510.6

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
61345	Support list (DI)	Type C	01.08.2020	5	I4	N	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a specialist or consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61357, 61394, 61398, 61406 or 61414 applies (R); and (f) if the patient is 17 years or older—a service to which this item, or item 61321, 61324, 61325, 61329, 61357, 61394, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	1040.8			780.6	938.4
61348	Support list (DI)	Type C	01.11.1996	5	I4	N	Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas (R)	469.85			352.4	399.4
61349	Support list (DI)	Type C	01.08.2020	5	I4	N	Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) both: (i) a service has been provided to the patient in the previous 24 months to which this item, or item 61324, 61329, 61345, 61357, 61394, 61398, 61406, 61410 or 61414 applies; and (ii) the patient has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (d) the service is requested by a specialist or a consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730 or 61410 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61410, applies has not been provided to the patient in the previous 12 months (R)	1040.8			780.6	938.4
61353	Support list (DI)	Type C	01.11.1996	5	I4	N	Liver and spleen study (colloid) (R)	409.75			307.35	348.3
61356	Support list (DI)	Type C	01.11.1996	5	I4	N	Red blood cell spleen or liver study (R)	416.3			312.25	353.9
61357	Support list (DI)	Type C	01.08.2020	5	I4	N	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which items 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61394, 61398, 61406 or 61414 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61324, 61329, 61345, 61394, 61398, 61406, or 61414, applies has not been provided to the patient in the previous 24 months (R)	692.1			519.1	589.7
61360	Support list (DI)	Type C	01.11.1996	5	I4	N	Hepatobiliary study, including morphine administration or pre-treatment with a cholagogue when performed (R)	427.45			320.6	363.35
61361	Support list (DI)	Type C	01.11.1996	5	I4	N	Hepatobiliary study with formal quantification following baseline imaging, using a cholagogue (R)	489			366.75	415.65
61364	Support list (DI)	Type C	01.11.1996	5	I4	N	Bowel haemorrhage study (R)	526.7			395.05	447.7
61368	Support list (DI)	Type C	01.11.1996	5	I4	N	Meckel's diverticulum study (R)	236.45			177.35	201
61369	Support list (DI)	Unlisted	01.11.1999	5	I4	N	Indium-labelled octreotide study (including single photon emission tomography when undertaken), if:(a) a gastro-entero-pancreatic endocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or(b) both:(i) a surgically amenable gastro-entero-pancreatic endocrine tumour has been identified on the basis of conventional techniques; and(ii) the study is to exclude additional disease sites (R)	2136.35			1602.3	2033.95
61372	Support list (DI)	Type C	01.11.1996	5	I4	N	Salivary study (R)	236.45			177.35	201
61373	Support list (DI)	Type C	01.11.1996	5	I4	N	Gastro-oesophageal reflux study, including delayed imaging on a separate occasion when performed (R)	519			389.25	441.15
61376	Support list (DI)	Type C	01.11.1996	5	I4	N	Oesophageal clearance study (R)	151.9			113.95	129.15
61381	Support list (DI)	Type C	01.11.1996	5	I4	N	Gastric emptying study, using single tracer (R)	608.7			456.55	517.4
61383	Support list (DI)	Type C	01.11.1996	5	I4	N	Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R)	662.3			496.75	563
61384	Support list (DI)	Type C	01.11.1996	5	I4	N	Radionuclide colonic transit study (R)	728.85			546.65	626.45

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% ($)
61386	Support list (DI)	Type C	01.11.1996	5	I4	N	Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R)	352.4			264.3	299.55
61387	Support list (DI)	Type C	01.11.1996	5	I4	N	Renal cortical study, with single photon emission tomography and planar quantification (R)	456.55			342.45	388.1
61389	Support list (DI)	Type C	01.11.1996	5	I4	N	Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R)	392.7			294.55	333.8
61390	Support list (DI)	Type C	01.11.1996	5	I4	N	Renal study with diuretic administration after a baseline study (R)	434.5			325.9	369.35
61393	Support list (DI)	Type C	01.11.1996	5	I4	N	Combined examination involving a renal study following angiotensin converting enzyme (ACE) inhibitor provocation and a baseline study, in either order and related to a single referral episode (R)	641.75			481.35	545.5
61394	Support list (DI)	Type C	15.09.2020	5	I4	N	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61398, 61406 or 61414 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61324, 61329, 61345, 61357, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	692.1			519.1	589.7
61397	Support list (DI)	Type C	01.11.1996	5	I4	N	Cystoureterogram (R)	261.65			196.25	222.45
61398	Support list (DI)	Type C	15.09.2020	5	I4	N	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the services is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61406 or 61414 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	1040.8			780.6	938.4
61402	Support list (DI)	Type C	01.11.1996	5	I4	N	Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R)	641.3			481	545.15
61406	Support list (DI)	Type C	15.09.2020	5	I4	N	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61414 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61414, applies has not been provided to the patient in the previous 24 months (R)	1040.8			780.6	938.4
61409	Support list (DI)	Type C	01.11.1996	5	I4	N	Cerebro-spinal fluid transport study using technetium 99m, with imaging on 2 or more separate occasions (R)	925.75			694.35	823.35
61410	Support list (DI)	Type C	15.09.2020	5	I4	N	Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) both: (i) a service has been provided to the patient in the previous 24 months to which this item, or item 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406 or 61414 applies; and (ii) the patient has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (d) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies; and (f) if the patient is 17 years or older—a service to which item 61349 applies has not been provided to the patient in the previous 12 months	1040.8			780.6	938.4
61413	Support list (DI)	Type C	01.11.1996	5	I4	N	Cerebro spinal fluid shunt patency study (R)	239.45			179.6	203.55

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% ($)
61414	Support list (DI)	Type C	15.09.2020	5	I4	N	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61406 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61324, 61329, 61345, 61357, 61398 or 61406, applies has not been provided to the patient in the previous 24 months (R)	692.1			519.1	589.7
61421	Support list (DI)	Type C	01.11.1996	5	I4	N	Bone study—whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	508.5			381.4	432.25
61425	Support list (DI)	Type C	01.11.1996	5	I4	N	Bone study—whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	636.6			477.45	541.15
61426	Support list (DI)	Type C	01.11.1996	5	I4	N	Whole body study using iodine (R)	588			441	499.8
61429	Support list (DI)	Type C	01.11.1996	5	I4	N	Whole body study using gallium (R)	575.5			431.65	489.2
61430	Support list (DI)	Type C	01.11.1996	5	I4	N	Whole body study using gallium, with single photon emission tomography (R)	698.95			524.25	596.55
61433	Support list (DI)	Type C	01.11.1996	5	I4	N	Whole body study using cells labelled with technetium (R)	526.7			395.05	447.7
61434	Support list (DI)	Type C	01.11.1996	5	I4	N	Whole body study using cells labelled with technetium, with single photon emission tomography (R)	652.25			489.2	554.45
61438	Support list (DI)	Type C	01.11.1996	5	I4	N	Whole body study using thallium (R)	713.2			534.9	610.8
61441	Support list (DI)	Type C	01.11.1996	5	I4	N	Bone marrow study—whole body using technetium labelled bone marrow agents (R)	519			389.25	441.15
61442	Support list (DI)	Type C	01.11.1997	5	I4	N	Whole body study, using gallium—with single photon emission tomography of 2 or more body regions acquired separately (R)	797.4			598.05	695
61445	Support list (DI)	Type C	01.11.1999	5	I4	N	Bone marrow study—localised using technetium labelled agent (R)	303.95			228	258.4
61446	Support list (DI)	Type C	01.11.1996	5	I4	N	Regional scintigraphic study, using an approved bone scanning agent, including when undertaken, blood flow imaging, blood pool imaging and repeat imaging on a separate occasion (R)	353.5			265.15	300.5
61449	Support list (DI)	Type C	01.11.1996	5	I4	N	Regional scintigraphic study, using an approved bone scanning agent and single photon emission tomography, including when undertaken, blood flow imaging, blood pool imaging and repeat imaging on a separate occasion (R)	483.5			362.65	411
61450	Support list (DI)	Type C	01.11.1996	5	I4	N	Localised study using gallium (R)	421.3			316	358.15
61453	Support list (DI)	Type C	01.11.1996	5	I4	N	Localised study using gallium, with single photon emission tomography (R)	545.5			409.15	463.7
61454	Support list (DI)	Type C	01.11.1996	5	I4	N	Localised study using cells labelled with technetium (R)	368.95			276.75	313.65
61457	Support list (DI)	Type C	01.11.1996	5	I4	N	Localised study using cells labelled with technetium, with single photon emission tomography (R)	498.6			373.95	423.85
61461	Support list (DI)	Unlisted	01.11.1996	5	I4	N	Localised study using thallium (R)	559.4			419.55	475.5
61462	Support list (DI)	Type C	01.11.1996	5	I4	N	Repeat planar and single photon emission tomography imaging, or repeat planar imaging or single photon emission tomography imaging on an occasion subsequent to the performance of item 61364, 61426, 61429, 61430, 61442, 61450, 61453, 61469 or 61485, if there is no additional administration of radiopharmaceutical and if the previous radionuclide scan was abnormal or equivocal (R)	136.7			102.55	116.2
61466	Support list (DI)	Type C	01.07.2023	5	I4	N	Cerebro-spinal fluid transport study using indium-111, with imaging on 2 or more separate occasions (R)	4971.6			3728.7	4869.2
61469	Support list (DI)	Type C	01.11.1996	5	I4	N	Lymphoscintigraphy (R)	368.95			276.75	313.65
61470	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2023	5	I4	N	Whole body or localised study using thallium-201, or single rest myocardial perfusion study using thallium-201, if all of the following apply: a) the service is bulk billed; and b) the service is performed in conjunction with a service described in item 61438, 61461 or 61325	1551.4			1163.55	1449
61473	Support list (DI)	Type C	01.11.1996	5	I4	N	Thyroid study (R)	185.9			139.45	158.05
61477	N/A (Not hospital treatment)	N/A (Not hospital treatment)	08.11.2022	5	I4	N	Whole body or localised study using gallium, if all of the following apply: (a) the service is bulk-billed; (b) the service is performed in conjunction with a service described in items 61429, 61430, 61442, 61450 or 61453	1019.55			764.7	917.15
61480	Support list (DI)	Type C	01.11.1996	5	I4	N	Parathyroid study (R)	410			307.5	348.5
61485	Support list (DI)	Type C	01.11.1996	5	I4	N	Adrenal study, with single photon emission tomography (R)	3565.3			2674	3462.9
61495	Support list (DI)	Type C	01.11.1996	5	I4	N	Tear duct study (R)	236.45			177.35	201
61499	Support list (DI)	Type C	01.11.1996	5	I4	N	Particle perfusion study (infra arterial) or Le Veen shunt study (R)	268.15			201.15	227.95
61505	Support list (DI)	Type C	01.05.2007	5	I4	N	CT scan performed at the same time and covering the same body area as single photon emission tomography or positron emission tomography for the purpose of anatomic localisation or attenuation correction if no separate diagnostic CT report is issued and performed in association with a service to which an item in Subgroup 1 or 2 of Group I4 applies (R)	100			75	85
61523	Support list (DI)	Unlisted	01.10.2001	5	I4	N	Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.(R)	953			714.75	850.6
61524	Support list (DI)	Type C	01.11.2019	5	I4	N	Whole body FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy (R) (Anaes.)	953			714.75	850.6
61525	Support list (DI)	Unlisted	01.11.2019	5	I4	N	Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy (R) (Anaes.)	953			714.75	850.6

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61527	Support list (DI)	Type C	01.08.2022	5	I4	N	Whole body study using PET, if the service is performed because the services to which items 61429, 61430, 61442, 61450 or 61453 apply cannot be performed due to unavailability of gallium-67 (R)	752.35			564.3	649.95
61528	Support list (DI)	Type C	01.07.2025	5	I4	Y	Whole body PSMA PET study, performed for the assessment of suitability for Lutetium 177 PSMA therapy in a patient with metastatic castrate resistant prostate cancer, after progressive disease has developed while undergoing prior treatment with at least one taxane chemotherapy and at least one androgen receptor signalling inhibitor. (R) (Anaes.)	1300			975	1197.6
61529	Support list (DI)	Unlisted	01.10.2001	5	I4	N	Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned (R)	953			714.75	850.6
61538	Support list (DI)	Unlisted	01.10.2001	5	I4	N	FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy. (R)	901			675.75	798.6
61541	Support list (DI)	Type C	01.10.2001	5	I4	N	Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy (R)	953			714.75	850.6
61553	Support list (DI)	Type C	01.10.2001	5	I4	N	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy (R)	999			749.25	896.6
61559	Support list (DI)	Unlisted	01.10.2001	5	I4	N	FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery (R)	918			688.5	815.6
61560	Support list (DI)	Type C	01.11.2021	5	I4	N	FDG PET study of the brain, performed for the diagnosis of Alzheimer's disease, if: clinical evaluation of the patient by a specialist, or in consultation with a specialist, is equivocal; and the service includes a quantitative comparison of the results of the study with the results of an FDG PET study of a normal brain from a reference database; and a service to which this item applies has not been performed on the patient in the previous 12 months; and a service to which item 61402 applies has not been performed on the patient in the previous 12 months for the diagnosis or management of Alzheimer's disease Applicable not more than 3 times per lifetime (R)	605.05			453.8	514.3
61563	Support list (DI)	Type C	01.07.2022	5	I4	N	Whole body prostate-specific membrane antigen PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent Applicable once per lifetime (R)	1300			975	1197.6
61564	Support list (DI)	Type C	01.07.2022	5	I4	N	Whole body prostate-specific membrane antigen PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who:(a) has undergone prior locoregional therapy; and(b) is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation Applicable twice per lifetime (R)	1300			975	1197.6
61565	Support list (DI)	Type C	01.10.2001	5	I4	N	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy. (R)	953			714.75	850.6
61571	Support list (DI)	Unlisted	01.10.2001	5	I4	N	Whole body FDG PET study, for the further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent. (R)	953			714.75	850.6
61575	Support list (DI)	Unlisted	01.07.2011	5	I4	N	Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent. (R)	953			714.75	850.6
61577	Support list (DI)	Unlisted	01.10.2001	5	I4	N	Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy (R).	953			714.75	850.6
61598	Support list (DI)	Unlisted	14.01.2002	5	I4	N	Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer (R).	953			714.75	850.6
61604	Support list (DI)	Unlisted	14.01.2002	5	I4	N	Whole body FDG PET study performed for the evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy (R).	953			714.75	850.6
61610	Support list (DI)	Unlisted	14.01.2002	5	I4	N	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R).	953			714.75	850.6
61612	Support list (DI)	Type C	01.11.2022	5	I4	N	Whole body FDG PET study for the initial staging of cancer, for a patient who is considered suitable for active therapy, if:(a) the cancer is a typically FDG-avid cancer; and(b) there is at least 10% likelihood that a PET study result will inform a significant change in management for the patientApplicable once per cancer diagnosis (R)	953			714.75	850.6
61614	Support list (DI)	Type C	01.11.2024	5	I4	N	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for, active therapy, if the cancer is a typically FGD-avid cancer (R)	953			714.75	850.6
61620	Support list (DI)	Unlisted	01.07.2011	5	I4	N	Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R)	953			714.75	850.6
61622	Support list (DI)	Unlisted	14.01.2002	5	I4	N	Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma (R)	953			714.75	850.6
61628	Support list (DI)	Unlisted	14.01.2002	5	I4	N	Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R)	953			714.75	850.6
61632	Support list (DI)	Unlisted	01.07.2011	5	I4	N	Whole body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R)	953			714.75	850.6
61640	Support list (DI)	Unlisted	14.01.2002	5	I4	N	Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable. (R)	999			749.25	896.6

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61644	Support list (DI)	Type C	01.04.2022	5	I4	N	Single rest myocardial perfusion study for the assessment of the extent and severity of non-viable myocardium, with PET, if: (a) the service is performed because the service to which item 61325 applies cannot be performed due to unavailability of thallous chloride 201 (Tl-201); and (b) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (c) the service is performed in conjunction with a rest myocardial perfusion study using technetium-99m; and (d) the service is requested by a specialist or a consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies; and (f) this service and item 61325 are applicable only twice each 24 months (R)	329			246.75	279.65
61646	Support list (DI)	Unlisted	14.01.2002	5	I4	N	Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent. (R)	999			749.25	896.6
61647	Support list (DI)	Type C	01.05.2018	5	I4	N	Whole body 68Ga DOTA peptide PET study, if:(a) a gastro entero pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or(b) both:(i) a surgically amenable gastro entero pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and(ii) the study is for excluding additional disease sites (R)	953			714.75	850.6
61650	Support list (DI)	Unlisted	01.06.2004	5	I4	N	LeukoScan study of the long bones and feet for suspected osteomyelitis, if:(a) the patient does not have access to ex vivo white blood cell scanning; and(b) the patient is not being investigated for other sites of infection (R)	931.3			698.5	828.9
63001	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for tumour of the brain or meninges (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63004	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63007	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for skull base or orbital tumour (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63010	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for stereotactic scan of brain, with fiducials in place, for the sole purpose of allowing planning for stereotactic neurosurgery (R) (Contrast) (Anaes.)	376.75			282.6	320.25
63019	Support list (DI)	Type C	01.03.2024	5	I5	N	MRI—scan of head (including MRA if performed) for the assessment of suitability for the treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound Applicable once per patient per lifetime (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63020	Support list (DI)	Type C	01.03.2024	5	I5	N	MRI—scan of head (including MRA if performed) for the post-procedure assessment of the patient following magnetic resonance imaging-guided focused ultrasound for the treatment of medically refractory essential tremor Applicable once per patient per lifetime (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63040	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for acoustic neuroma (R) (Contrast) (Anaes.)	376.75			282.6	320.25
63043	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for pituitary tumour (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63046	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for toxic or metabolic or ischaemic encephalopathy (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63049	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63052	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for congenital malformation of the brain or meninges (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63055	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for venous sinus thrombosis (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63058	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for head trauma (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63061	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for epilepsy (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63064	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for stroke (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63067	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63070	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for intracranial aneurysm (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63073	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63101	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI and MRA of extracranial or intracranial circulation (or both)—scan of head and neck vessels for stroke (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63111	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head and cervical spine (including MRA, if performed) for tumour of the central nervous system or meninges (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63114	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head and cervical spine (including MRA, if performed) for inflammation of the central nervous system or meninges (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63125	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head and cervical spine (including MRA, if performed) for demyelinating disease of the central nervous system (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63128	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head and cervical spine (including MRA, if performed) for congenital malformation of the central nervous system or meninges (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63131	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of head and cervical spine (including MRA, if performed) for syrinx (congenital or acquired) (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63151	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for infection (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63154	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for tumour (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63161	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for demyelinating disease (R) (Contrast) (Anaes.)	401.8			301.35	341.55

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% ($)
63164	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63167	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for myelopathy (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63170	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for syrinx (congenital or acquired) (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63173	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for cervical radiculopathy (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63176	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for sciatica (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63179	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for spinal canal stenosis (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63182	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for previous spinal surgery (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63185	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of one region or 2 contiguous regions of the spine for trauma (R) (Anaes.)	401.8			301.35	341.55
63201	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for infection (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63204	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for tumour (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63219	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for demyelinating disease (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63222	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63225	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for myelopathy (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63228	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for syrinx (congenital or acquired) (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63231	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for cervical radiculopathy (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63234	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for sciatica (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63237	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for spinal canal stenosis (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63240	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for previous spinal surgery (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63243	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for trauma (R) (Anaes.)	502.25			376.7	426.95
63271	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of cervical spine and brachial plexus for tumour (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63274	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of cervical spine and brachial plexus for trauma (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63277	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of cervical spine and brachial plexus for cervical radiculopathy (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63280	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of cervical spine and brachial plexus for previous surgery (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63301	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for tumour arising in bone or musculoskeletal system, excluding tumours arising in breast, prostate or rectum (R) (Contrast) (Anaes.)	426.95			320.25	362.95
63304	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for infection arising in bone or musculoskeletal system, excluding infection arising in breast, prostate or rectum (R) (Contrast) (Anaes.)	426.95			320.25	362.95
63307	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for osteonecrosis (R) (Contrast) (Anaes.)	426.95			320.25	362.95
63322	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for derangement of hip or its supporting structures (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63325	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for derangement of shoulder or its supporting structures (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63328	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for derangement of knee or its supporting structures (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63331	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for derangement of ankle or foot (or both) or its supporting structures (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63334	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for derangement of one or both temporomandibular joints or their supporting structures (R) (Contrast) (Anaes.)	376.75			282.6	320.25
63337	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for derangement of wrist or hand (or both) or its supporting structures (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63340	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for derangement of elbow or its supporting structures (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63361	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of musculoskeletal system for Gaucher disease (R) (Anaes.)	452.05			339.05	384.25
63385	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63388	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of cardiovascular system for tumour of the heart or a great vessel (R) (Contrast) (Anaes.)	502.25			376.7	426.95

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63390	Support list (DI)	Type C	01.01.2025	5	I5	N	MRI – scan of the cardiovascular system for the assessment of myocardial structure and function and characterisation, if the service is requested by a specialist or consultant physician who has assessed the patient, and the request for the scan indicates:(a) acute onset (less than 3 months) heart failure caused by suspected myocarditis which would otherwise require endomyocardial biopsy to confirm the diagnosis of myocarditis; or(b) unexplained arrhythmia caused by suspected myocarditis which would otherwise require endomyocardial biopsy to confirm the diagnosis of myocarditis; or(c) suspected drug-induced myocarditis, where the results from the following examinations are inconclusive to form a diagnosis: i. troponin; andii. chest x-ray, andiii. transthoracic echocardiogram.(R)(Contrast) (Anaes.)	616.6			462.45	524.15
63391	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of cardiovascular system for abnormality of thoracic aorta (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63395	Support list (DI)	Type C	01.05.2018	5	I5	N	MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:(a) dedicated right ventricular views; and(b) 3D volumetric assessment of the right ventricle; and(c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values;if the request for the scan indicates that:(d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or(e) investigative findings in relation to the patient are consistent with ARVC(R) (Contrast) (Anaes.)	958.8			719.1	856.4
63397	Support list (DI)	Type C	01.05.2018	5	I5	N	MRI—scan of cardiovascular system for assessment of myocardial structure and function involving: (a) dedicated right ventricular views; and(b) 3D volumetric assessment of the right ventricle; and(c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values;if the request for the scan indicates that the patient:(d) is asymptomatic; and(e) has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC)(R) (Contrast) (Anaes.)	958.8			719.1	856.4
63401	Support list (DI)	Type C	01.08.2004	5	I5	N	MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63404	Support list (DI)	Type C	01.08.2004	5	I5	N	MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63416	Support list (DI)	Type C	01.08.2004	5	I5	N	MRA—scan of person under the age of 16 for the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63425	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of person under the age of 16 for post inflammatory or post traumatic physeal fusion (R) (Anaes.)	452.05			339.05	384.25
63428	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of person under the age of 16 for Gaucher disease (R) (Anaes.)	452.05			339.05	384.25
63440	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of person under the age of 16 for pelvic or abdominal mass (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63443	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of person under the age of 16 for mediastinal mass (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63446	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63454	Support list (DI)	Type C	01.05.2019	5	I5	N	MRI scan of the pelvis or abdomen, for a patient who is pregnant, if: (a) the pregnancy is at, or after, 18 weeks gestation; and (b) fetal abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and (e) the MRI service is requested by a specialist practising in the specialty of obstetrics (R) (Contrast) (Anaes.)	1345.4			1009.05	1243
63461	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (Anaes.)	401.8			301.35	341.55
63464	Support list (DI)	Type C	01.02.2009	5	I5	N	MRI scan of both breasts for the detection of cancer in a patient, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient is asymptomatic and is younger than 60 years of age; and (c) the request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following: (i) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient; (ii) both: (A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and (B) another first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger; (iii) the patient has a personal history of breast cancer before the age of 50 years; (iv) the patient has a personal history of mantle radiation therapy; (v) the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm; and (d) the service is not performed in conjunction with item 55076 or 55079 Applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)	773.65			580.25	671.25
63467	Support list (DI)	Type C	01.02.2009	5	I5	N	MRI—scan of both breasts for the detection of cancer, if:(a) a dedicated breast coil is used; and(b) the person has had an abnormality detected as a result of a service mentioned in item 63464 performed in the previous 12 months (R) (Anaes.)	773.65			580.25	671.25
63470	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of the pelvis for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan identifies that: (a) a histological diagnosis of carcinoma of the cervix has been made; and(b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (Contrast) (Anaes.)	452.05			339.05	384.25

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% ($)
63473	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI—scan of the pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for the scan identifies that: (a) a histological diagnosis of carcinoma of the cervix has been made; and(b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (Contrast) (Anaes.)	703.2			527.4	600.8
63476	Support list (DI)	Type C	01.07.2009	5	I5	N	MRI—scan of the pelvis for the initial staging, restaging or follow up of rectal cancer, if: (a) a high resolution T2 technique is used; and (b) the request for the scan identifies that the indication is for: (i) the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum); or (ii) the initial assessment of response to chemotherapy or chemoradiotherapy; or (iii) the assessment of possible recurrent tumour after complete response to neoadjuvant therapy, within an active surveillance program; or (iv) the assessment of recurrent disease prior to treatment planning (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63482	Support list (DI)	Type C	01.01.2006	5	I5	N	MRI—scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R) (Anaes.)	452.05			339.05	384.25
63487	Support list (DI)	Type C	01.11.2016	5	I5	N	MRI—scan of both breasts, if:(a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and(ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (Anaes.)	773.65			580.25	671.25
63489	Support list (DI)	Type C	01.11.2016	5	I5	N	MRI—scan of one breast, performed in conjunction with a biopsy procedure on that breast and an ultrasound scan of that breast, if: (a) the request for the MRI scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and (b) the ultrasound scan is performed immediately before the MRI scan and confirms that the lesion is not amenable to biopsy guided by conventional imaging; and (c) a dedicated breast coil is used (R) (Anaes.)	1130.1			847.6	1027.7
63491	Support list (DI)	Type C	01.08.2004	5	I5	N	NOTE: Benefits in Subgroup 22 are only payable for modifying items where claimed simultaneously with MRI services. Modifiers for sedation and anaesthesia may not be claimed for the same service. MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and(b) the item for the service includes in its description '(Contrast)'; and(c) the service is performed using a contrast agent	50.25			37.7	42.75
63494	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and(b) the service is performed using intravenous or intra muscular sedation	50.25			37.7	42.75
63496	Support list (DI)	Type C	01.05.2019	5	I5	N	NOTE: Benefits in Subgroup 22 are only payable for modifying items where claimed simultaneously with MRI services. Modifiers for sedation and anaesthesia may not be claimed for the same service. MRI service to which item 63545 or 63546 applies if: (a) the service is performed on a person under the supervision of an eligible provider; and(b) the service is performed using an hepatobiliary specific contrast agent	280.25			210.2	238.25
63497	Support list (DI)	Type C	01.08.2004	5	I5	N	MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and(b) the service is performed under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic	175.8			131.85	149.45
63498	Support list (DI)	Unlisted	12.03.2012	5	I5	N	MRI service to which item 63501, 63502, 63504 or 63505 applies, if the service is performed on a person using intravenous or intra muscular sedation	50.25			37.7	42.75
63499	Support list (DI)	Unlisted	12.03.2012	5	I5	N	MRI service to which item 63501, 63502, 63504 or 63505 applies, if the service is performed on a person under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic (H)	175.8			131.85	
63501	Support list (DI)	Unlisted	12.03.2012	5	I5	N	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) the result of the scan confirms a loss of integrity of the implant (R)	560.6			420.45	476.55
63502	Support list (DI)	Unlisted	12.03.2012	5	I5	N	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) the result of the scan does not demonstrate a loss of integrity of the implant (R)	560.6			420.45	476.55
63504	Support list (DI)	Unlisted	12.03.2012	5	I5	N	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan confirms a loss of integrity of the implant (R)	560.6			420.45	476.55
63505	Support list (DI)	Unlisted	12.03.2012	5	I5	N	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan does not demonstrate a loss of integrity of the implant (R)	560.6			420.45	476.55
63507	Support list (DI)	Type C	01.11.2012	5	I5	N	MRI—scan of head for a patient under 16 years if the service is for:(a) an unexplained seizure; or(b) an unexplained headache if significant pathology is suspected; or(c) paranasal sinus pathology that has not responded to conservative therapy (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63510	Support list (DI)	Type C	01.11.2012	5	I5	N	MRI—scan of spine following radiographic examination for a patient under 16 years if the service is for: (a) significant trauma; or(b) unexplained neck or back pain with associated neurological signs; or(c) unexplained back pain if significant pathology is suspected (R) (Contrast) (Anaes.)	502.25			376.7	426.95

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% ($)
63513	Support list (DI)	Type C	01.11.2012	5	I5	N	MRI—scan of knee for internal joint derangement for a patient under 16 years (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63516	Support list (DI)	Type C	01.11.2012	5	I5	N	MRI—scan of hip following radiographic examination for a patient under 16 years if any of the following is suspected: (a) septic arthritis;(b) slipped capital femoral epiphysis;(c) Perthes disease (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63519	Support list (DI)	Type C	01.11.2012	5	I5	N	MRI—scan of elbow following radiographic examination for a patient under 16 years if a significant fracture or avulsion injury, which would change the way in which the patient is managed, is suspected (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63522	Support list (DI)	Type C	01.11.2012	5	I5	N	MRI—scan of wrist following radiographic examination for a patient under 16 years if a scaphoid fracture is suspected (R) (Contrast) (Anaes.)	502.25			376.7	426.95
63531	Support list (DI)	Type C	01.11.2019	5	I5	N	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has a breast lesion; and(ii) the results of conventional imaging are inconclusive for the presence of breast cancer; and(iii) biopsy has not been possible (R) (Contrast) (Anaes.)	773.65			580.25	671.25
63533	Support list (DI)	Type C	01.11.2019	5	I5	N	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has been diagnosed with a breast cancer; and(ii) there is a discrepancy between the clinical assessment and the conventional imaging assessment of the extent of the malignancy; and(c) the results of breast MRI imaging may alter treatment planning (R) (Contrast) (Anaes.)	773.65			580.25	671.25
63539	Support List (DI)	Type C	01.07.2024	5	I5	N	MRI—scan of the abdomen, requested by a specialist or consultant physician, to assess the development or growth of renal tumours in a patient with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, other than a service to which item 63540 applies Applicable once in any 12 month period (R) (Contrast) (Anaes.)	703.2			527.4	600.8
63540	Support List (DI)	Type C	01.07.2024	5	I5	N	MRI—scan of the abdomen, requested by a specialist or consultant physician, to assess a patient with one or more known renal tumours and with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, if the service is performed: (a) to evaluate changes in clinical condition or suspected complications of the known renal tumours; or (b) where a disease specific line of treatment has been initiated and an assessment of patient responsiveness to the treatment is required Applicable once in any 3 month period (R) (Contrast) (Anaes.)	703.2			527.4	600.8
63541	Support list (DI)	Type C	01.07.2018	5	I5	N	Multiparametric MRI—scan of the prostate for the detection of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology: (a) if the request for the scan identifies that the patient is suspected of developing prostate cancer: (i) on the basis of a digital rectal examination; or (ii) in the circumstances mentioned in clause 2.5.9A; and (b) using a standardised image acquisition protocol involving: (i) T2-weighted imaging; and (ii) diffusion-weighted imaging; and (iii) (unless contraindicated) dynamic contrast enhancement (R) Note: See explanatory note IN.5.1 for the meaning of Clause 2.5.9 in the descriptor for this item and the claiming limitations. (Anaes.)	504.45			378.35	428.8
63543	Support list (DI)	Type C	01.07.2018	5	I5	N	Multiparametric MRI—scan of the prostate for the assessment of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology: (a) if the request for the scan identifies that the patient: (i) is under active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and (ii) is not undergoing, or planning to undergo, treatment for prostate cancer; and (b) using a standardised image acquisition protocol involving: (i) T2-weighted imaging; and (ii) diffusion-weighted imaging; and (iii) (unless contraindicated) dynamic contrast enhancement (R) Note: See explanatory note IN.5.2 for claiming restrictions for this item. (Anaes.)	504.45			378.35	428.8
63545	Support list (DI)	Type C	01.05.2019	5	I5	N	MRI - multiphase scans of liver (including delayed imaging, if performed) with a contrast agent, for characterisation, or staging where surgical resection or interventional techniques are under consideration, if: (a) the patient has a confirmed extra-hepatic primary malignancy (other than hepatocellular carcinoma); and (b) computed tomography is negative or inconclusive for hepatic metastatic disease; and (c) the identification of liver metastases would change the patient's treatment planning Applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)	616.6			462.45	524.15
63546	Support list (DI)	Type C	01.05.2019	5	I5	N	MRI – multiphase scans of the liver (including delayed imaging, if performed) with a contrast agent, for diagnosis or staging, if: (a) the patient has:(i) known or suspected hepatocellular carcinoma; and(ii) chronic liver disease that has been confirmed by a specialist or consultant physician; and(b) the patient's liver function has been identified as Child Pugh class A or B; and(c) the patient has an identified hepatic lesion over 10 mm in diameter.For any particular patient—applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)	616.6			462.45	524.15
63547	Support list (DI)	Type C	01.05.2018	5	I5	N	MRI—scan of both breasts for the detection of cancer, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has a breast implant in situ; and(ii) anaplastic large cell lymphoma has been diagnosed(R) (Contrast) (Anaes.)	773.65			580.25	671.25
63549	Support list (DI)	Type C	01.11.2022	5	I5	N	MRI scan of the pelvis or abdomen, for a patient with a multiple pregnancy, if: (a) the multiple pregnancy is at, or after, 18 weeks gestation; and (b) fetal abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and (e) the MRI service is requested by a specialist practising in the specialty of obstetrics (R) (Contrast) (Anaes.)	2018.05			1513.55	1915.65

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% ($)
63551	Support list (DI)	Type C	01.11.2013	5	I5	N	MRI - scan of head for a patient 16 years or older, after a request by a medical practitioner (other than a specialist or consultant physician), for any of the following: (a) unexplained seizure(s);(b) unexplained chronic headache with suspected intracranial pathology (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63554	Support list (DI)	Type C	01.11.2013	5	I5	N	MRI - scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical radiculopathy (R) (Contrast) (Anaes.)	401.8			301.35	341.55
63557	Support list (DI)	Type C	01.11.2013	5	I5	N	MRI - scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical spinal trauma (R) (Contrast) (Anaes.)	552.55			414.45	469.7
63560	Support list (DI)	Type C	01.11.2013	5	I5	N	MRI - scan of knee following acute knee trauma, after referral by a medical practitioner (other than a specialist or consultant physician), for a patient 16 to 49 years with: (a) inability to extend the knee suggesting the possibility of acute meniscal tear; or(b) clinical findings suggesting acute anterior cruciate ligament tear (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63563	Support list (DI)	Type C	01.11.2022	5	I5	N	MRI scan of the pelvis or abdomen, if the request for the scan identifies that the investigation is for: (a) sub-fertility that requires one or more of the following: (i) an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or hysterosalpingogram; (ii) an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery; (iii) an investigation of recurrent implantation failure in IVF (2 or more embryo transfer cycles without viable pregnancy); or (b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter (or any combination of the bowel, bladder or ureter), where the results of pelvic ultrasound are inconclusive Applicable not more than once in a 2 year period (R) (Contrast) (Anaes.)	452.05			339.05	384.25
63564	Support list (DI)	Type C	01.03.2023	5	I5	N	Note: the requirements for services provided under item 63564 are detailed under note IN.5.4 MRI – whole body scan for the early detection of cancer: a) requested by a specialist or consultant physician in consultation with a clinical geneticist in a familial cancer or genetic clinic; and b) the request identifies that the patient has a high risk of developing cancer malignancy due to heritable TP53 - related cancer (hTP53rc) syndrome (R) (Anaes.)	1655.2			1241.4	1552.8
63740	Support list (DI)	Type C	01.11.2014	5	I5	N	MRI—scan to evaluate small bowel Crohn's disease if the service is provided to a patient for: (a) evaluation of disease extent at time of initial diagnosis of Crohn's disease; or(b) evaluation of exacerbation, or suspected complications, of known Crohn's disease; or(c) evaluation of known or suspected Crohn's disease in pregnancy; or(d) assessment of change to therapy in a patient with small bowel Crohn's disease (R) (Contrast)	512.55			384.45	435.7
63741	Support list (DI)	Type C	01.11.2014	5	I5	N	MRI—scan with enteroclysis for Crohn's disease if the service is related to item 63740 (R)	297.35			223.05	252.75
63743	Support list (DI)	Type C	01.11.2014	5	I5	N	MRI—scan for fistulising perianal Crohn's disease if the service is provided to a patient for:(a) evaluation of pelvic sepsis and fistulas associated with established or suspected Crohn's disease; or(b) assessment of change to therapy of pelvis sepsis and fistulas from Crohn's disease (R) (Contrast)	452.05			339.05	384.25
64990	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.02.2004	5	I6	N	A diagnostic imaging service to which an item in this table (other than this item or item 64991, 64992, 64993, 64994 or 64995) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this table applying to the service	8.05				6.85
64991	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2004	5	I6	N	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64992, 64993, 64994 or 64995) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this table applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area	12.2				10.4
64992	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	5	I6	N	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64993, 64994 or 64995) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in: (i) a Modified Monash 3 are; or (ii) a Modified Monash 4 area	12.95				11.05
64993	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	5	I6	N	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64994 or 64995) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 5 area	13.7				11.65
64994	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	5	I6	N	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64993 or 64995) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 6 area	14.6				12.45

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% ($)
64995	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	5	I6	N	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64993 or 64994) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 7 area	15.95				13.6
65060	Support list (pathology)	Type C	01.11.1998	6	P1	N	Haemoglobin, erythrocyte sedimentation rate, blood viscosity - 1 or more tests	8.05			6.05	6.85
65066	Support list (pathology)	Type C	01.11.1998	6	P1	N	Examination of: (a) a blood film by special stains to demonstrate Heinz bodies, parasites or iron; or (b) a blood film by enzyme cytochemistry for neutrophil alkaline phosphatase, alpha-naphthyl acetate esterase or chloroacetate esterase; or (c) a blood film using any other special staining methods including periodic acid Schiff and Sudan Black; or (d) a urinary sediment for haemosiderin including a service described in item 65072	10.65			8	9.1
65070	Support list (pathology)	Type C	01.11.2000	6	P1	N	Erythrocyte count, haematocrit, haemoglobin, calculation or measurement of red cell index or indices, platelet count, leucocyte count and manual or instrument generated differential count - not being a service where haemoglobin only is requested - one or more instrument generated sets of results from a single sample; and (if performed) (a) a morphological assessment of a blood film; (b) any service in item 65060 or 65072	17.35			13.05	14.75
65072	Support list (pathology)	Type C	01.11.1998	6	P1	N	Examination for reticulocytes including a reticulocyte count by any method - 1 or more tests	10.45			7.85	8.9
65075	Support list (pathology)	Type C	01.11.1998	6	P1	N	Haemolysis or metabolic enzymes - assessment by: (a) erythrocyte autohaemolysis test; or (b) erythrocyte osmotic fragility test; or (c) sugar water test; or (d) G-6-P D (qualitative or quantitative) test; or (e) pyruvate kinase (qualitative or quantitative) test; or (f) acid haemolysis test; or (g) quantitation of muramidase in serum or urine; or (h) Donath Landsteiner antibody test; or (i) other erythrocyte metabolic enzyme tests 1 or more tests	53.2			39.9	45.25
65078	Support list (pathology)	Type C	01.11.1998	6	P1	N	Tests for the diagnosis of thalassaemia consisting of haemoglobin electrophoresis or chromatography and at least 2 of: (a) examination for HbH; or (b) quantitation of HbA2; or (c) quantitation of HbF; including (if performed) any service described in item 65060 or 65070	92.35			69.3	78.5
65079	Support list (pathology)	Type C	01.05.2007	6	P1	N	Tests described in item 65078 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	92.35			69.3	78.5
65081	Support list (pathology)	Type C	01.11.1998	6	P1	N	Tests for the investigation of haemoglobinopathy consisting of haemoglobin electrophoresis or chromatography and at least 1 of: (a) heat denaturation test; or (b) isopropanol precipitation test; or (c) tests for the presence of haemoglobin S; or (d) quantitation of any haemoglobin fraction (including S, C, D, E); including (if performed) any service described in item 65060, 65070 or 65078	98.9			74.2	84.1
65082	Support list (pathology)	Type C	01.05.2007	6	P1	N	Tests described in item 65081 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	98.9			74.2	84.1
65084	Support list (pathology)	Type C	01.11.1998	6	P1	N	Bone marrow trephine biopsy - histopathological examination of sections of bone marrow and examination of aspirated material (including clot sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070	169.85			127.4	144.4
65087	Support list (pathology)	Type C	01.11.1998	6	P1	N	Bone marrow - examination of aspirated material (including clot sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070	85.1			63.85	72.35
65090	Support list (pathology)	Type C	01.11.1998	6	P1	N	Blood grouping (including back-grouping if performed) - ABO and Rh (D antigen)	11.4			8.55	9.7
65093	Support list (pathology)	Type C	01.11.1998	6	P1	N	Blood grouping - Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system - 1 or more systems, including item 65090 (if performed)	22.55			16.95	19.2
65096	Support list (pathology)	Type C	01.11.1998	6	P1	N	Blood grouping (including back-grouping if performed), and examination of serum for Rh and other blood group antibodies, including: (a) identification and quantitation of any antibodies detected; and (b) (if performed) any test described in item 65060 or 65070	42			31.5	35.7
65099	Support list (pathology)	Type C	01.11.1998	6	P1	N	Compatibility tests by crossmatch - all tests performed on any 1 day for up to 6 units, including: (a) direct testing of donor red cells from each unit against the serum of the patient by one or more accepted crossmatching techniques; and (b) all grouping checks of the patient and donor; and (c) examination for antibodies, and if necessary identification of any antibodies detected; and (d) (if performed) any tests described in item 65060, 65070, 65090 or 65096 (Item is subject to rule 5)	111.5			83.65	94.8
65102	Support list (pathology)	Type C	01.11.1998	6	P1	N	Compatibility tests by crossmatch - all tests performed on any 1 day in excess of 6 units, including: (a) direct testing of donor red cells from each unit against serum of the patient by one or more accepted crossmatching techniques; and (b) all grouping checks of the patient and donor; and (c) examination for antibodies, and if necessary identification of any antibodies detected; and (d) (if performed) any tests described in item 65060, 65070, 65090, 65096, 65099 or 65105 (Item is subject to rule 5)	168.55			126.45	143.3
65105	Support list (pathology)	Type C	01.11.1998	6	P1	N	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day for up to 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies and, if necessary, identification of any antibodies detected; and (c) (if performed) any tests described in item 65060, 65070, 65090 or 65096 (Item is subject to rule 5)	111.5			83.65	94.8
65108	Support list (pathology)	Type C	01.11.1998	6	P1	N	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day in excess of 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies and, if necessary, identification of any antibodies detected; and (c) (if performed) any tests described in item 65060, 65070, 65090, 65096, 65099 or 65105 (Item is subject to rule 5)	168.55			126.45	143.3
65109	Support list (pathology)	Type C	01.05.2007	6	P1	N	Release of fresh frozen plasma or cryoprecipitate for the use in a patient for the correction of a coagulopathy - 1 release.	13.2			9.9	11.25

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
65110	Support list (pathology)	Type C	01.05.2007	6	P1	N	Release of compatible fresh platelets for the use in a patient for platelet support as prophylaxis to minimize bleeding or during active bleeding - 1 release.	13.2			9.9	11.25
65111	Support list (pathology)	Type C	01.11.1998	6	P1	N	Examination of serum for blood group antibodies (including identification and, if necessary, quantitation of any antibodies detected)	23.75			17.85	20.2
65114	Support list (pathology)	Type C	01.11.1998	6	P1	N	1 or more of the following tests: (a) direct Coombs (antiglobulin) test; (b) qualitative or quantitative test for cold agglutinins or heterophil antibodies	9.3			7	7.95
65117	Support list (pathology)	Type C	01.11.1998	6	P1	N	1 or more of the following tests: (a) Spectroscopic examination of blood for chemically altered haemoglobins; (b) detection of methaemalbumin (Schumm's test)	20.75			15.6	17.65
65120	Support list (pathology)	Type C	01.11.1998	6	P1	N	Prothrombin time (including INR where appropriate), activated partial thromboplastin time, thrombin time (including test for the presence of heparin), test for factor XIII deficiency (qualitative), Echis test, Stypven test, reptilase time, fibrinogen, or 1 of fibrinogen degradation products, fibrin monomer or D-dimer - 1 test	14.05			10.55	11.95
65123	Support list (pathology)	Type C	01.11.1998	6	P1	N	2 tests described in item 65120	20.85			15.65	17.75
65126	Support list (pathology)	Type C	01.11.1998	6	P1	N	3 tests described in item 65120	28.5			21.4	24.25
65129	Support list (pathology)	Type C	01.11.1998	6	P1	N	4 or more tests described in item 65120	36.35			27.3	30.9
65137	Support list (pathology)	Type C	01.05.2000	6	P1	N	Test for the presence of lupus anticoagulant not being a service associated with any service to which items 65175, 65176, 65177, 65178 and 65179 apply	25.95			19.5	22.1
65142	Support list (pathology)	Type C	01.05.2000	6	P1	N	Confirmation or clarification of an abnormal or indeterminate result from a test described in item 65175, by testing a specimen collected on a different day - 1 or more tests	25.95			19.5	22.1
65144	Support list (pathology)	Type C	01.11.1998	6	P1	N	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or other substances; or heparin, low molecular weight heparins, heparinoid or other drugs - 1 or more tests	57.9			43.45	49.25
65147	Support list (pathology)	Type C	01.11.1998	6	P1	N	Quantitation of anti-Xa activity when monitoring is required for a patient receiving a low molecular weight heparin or heparinoid - 1 test	38.8			29.1	33
65150	Support list (pathology)	Type C	01.11.1998	6	P1	N	Quantitation of von Willebrand factor antigen, von Willebrand factor activity (ristocetin cofactor assay), von Willebrand factor collagen binding activity, factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, circulating coagulation factor inhibitors other than by Bethesda assay - 1 test (Item is subject to rule 6)	72.6			54.45	61.75
65153	Support list (pathology)	Type C	01.11.1998	6	P1	N	2 tests described in item 65150 (Item is subject to rule 6)	145.25			108.95	123.5
65156	Support list (pathology)	Type C	01.11.1998	6	P1	N	3 or more tests described in item 65150 (Item is subject to rule 6)	217.85			163.4	185.2
65157	Support list (pathology)	Type C	01.05.2007	6	P1	N	A test described in item 65150, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	72.6			54.45	61.75
65158	Support list (pathology)	Type C	01.05.2007	6	P1	N	Tests described in item 65150, other than that described in 65157, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	72.6			54.45	61.75
65159	Support list (pathology)	Type C	01.11.1998	6	P1	N	Quantitation of circulating coagulation factor inhibitors by Bethesda assay - 1 test	72.6			54.45	61.75
65162	Support list (pathology)	Type C	01.11.1998	6	P1	N	Examination of a maternal blood film for the presence of fetal red blood cells (Kleihauer test)	10.7			8.05	9.1
65165	Support list (pathology)	Type C	01.11.1998	6	P1	N	Detection and quantitation of fetal red blood cells in the maternal circulation by detection of red cell antigens using flow cytometric methods including (if performed) any test described in item 65070 or 65162	35.3			26.5	30.05
65166	Support list (pathology)	Type C	01.05.2007	6	P1	N	A test described in item 65165 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	35.3			26.5	30.05
65171	Support list (pathology)	Type C	01.05.2000	6	P1	N	Test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency or activated protein C resistance in a first degree relative of a person who has a proven defect of any of the above - 1 or more tests	25.95			19.5	22.1
65175	Support list (pathology)	Type C	01.05.2007	6	P1	N	Test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency, lupus anticoagulant, activated protein C resistance - where the request for the test(s) specifically identifies that the patient has a history of venous thromboembolism - quantitation by 1 or more techniques - 1 test (Item is subject to Rule 6)	25.95			19.5	22.1
65176	Support list (pathology)	Type C	01.05.2007	6	P1	N	2 tests described in item 65175 (Item is subject to rule 6)	49.8			37.35	42.35
65177	Support list (pathology)	Type C	01.05.2007	6	P1	N	3 tests described in item 65175 (Item is subject to rule 6)	73.7			55.3	62.65
65178	Support list (pathology)	Type C	01.05.2007	6	P1	N	4 tests described in item 65175 (Item is subject to rule 6)	97.5			73.15	82.9
65179	Support list (pathology)	Type C	01.05.2007	6	P1	N	5 tests described in item 65175 (Item is subject to rule 6)	121.35			91.05	103.15
65180	Support list (pathology)	Type C	01.05.2007	6	P1	N	A test described in item 65175, if rendered by a receiving APA, where no tests in the item have been rendered by the referring APA - 1 test (Item is subject to rule 6 and 18)	25.95			19.5	22.1
65181	Support list (pathology)	Type C	01.05.2007	6	P1	N	A test described in item 65175, if rendered by a receiving APP, if one or more tests described in the item have been rendered by the referring APP - one test (Item is subject to rule 6 and 18)	23.85			17.9	20.3
66500	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation in serum, plasma, urine or other body fluid (except amniotic fluid), by any method except reagent tablet or reagent strip (with or without reflectance meter) of: acid phosphatase, alanine aminotransferase, albumin, alkaline phosphatase, ammonia, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total), bilirubin (any fractions), C-reactive protein, calcium (total or corrected for albumin), chloride, creatine kinase, creatinine, gamma glutamyl transferase, globulin, glucose, lactate dehydrogenase, lipase, magnesium, phosphate, potassium, sodium, total protein, total cholesterol, triglycerides, urate or urea - 1 test	9.7			7.3	8.25
66503	Support list (pathology)	Type C	01.11.1998	6	P2	N	2 tests described in item 66500	11.65			8.75	9.95
66506	Support list (pathology)	Type C	01.11.1998	6	P2	N	3 tests described in item 66500	13.65			10.25	11.65
66509	Support list (pathology)	Type C	01.11.1998	6	P2	N	4 tests described in item 66500	15.65			11.75	13.35
66512	Support list (pathology)	Type C	01.11.1998	6	P2	N	5 or more tests described in item 66500	17.7			13.3	15.05
66517	Support list (pathology)	Type C	01.11.2007	6	P2	N	Quantitation of bile acids in blood in pregnancy. Applicable not more than 3 times in a pregnancy.	19.65			14.75	16.75
66518	Support list (pathology)	Type C	01.11.1998	6	P2	N	Investigation of cardiac or skeletal muscle damage by quantitative measurement of creatine kinase isoenzymes, troponin or myoglobin in blood - testing on 1 specimen in a 24 hour period	20.05			15.05	17.05

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
66519	Support list (pathology)	Type C	01.11.2001	6	P2	N	Investigation of cardiac or skeletal muscle damage by quantitative measurement of creatine kinase isoenzymes, troponin or myoglobin in blood - testing on 2 or more specimens in a 24 hour period	40.15			30.15	34.15
66522	Support list (pathology)	Type C	01.11.2021	6	P2	N	Faecal calprotectin test for the diagnosis of inflammatory bowel disease, if all the following apply: the patient is under 50 years of age; the patient has gastrointestinal symptoms suggestive of inflammatory or functional bowel disease of more than 6 weeks' duration; infectious causes have been excluded; the likelihood of malignancy has been assessed as low; no relevant clinical alarms are present	75			56.25	63.75
66523	support list (pathology)	Type C	01.11.2021	6	P2	N	Faecal calprotectin test for the diagnosis of inflammatory bowel disease, if all the following apply: the results of a service to which item 66522 applies were inconclusive for the patient (that is, the results showed a faecal calprotectin level of more than 50 µg/g but not more than 100 µg/g); the patient has ongoing gastrointestinal symptoms suggestive of inflammatory or functional bowel disease; the service is requested by a specialist or consultant physician practising as a specialist gastroenterologist; the request indicates that an endoscopic examination is not initially required; no relevant clinical alarms are present	75			56.25	63.75
66536	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of HDL cholesterol	11.05			8.3	9.4
66539	Support list (pathology)	Type C	01.11.1998	6	P2	N	Electrophoresis of serum for demonstration of lipoprotein subclasses, if the cholesterol is >6.5 mmol/L and triglyceride >4.0 mmol/L or in the diagnosis of types III and IV hyperlipidaemia - (Item is subject to rule 25)	30.6			22.95	26.05
66542	Support list (pathology)	Type C	01.11.1998	6	P2	N	Oral glucose tolerance test for the diagnosis of diabetes mellitus that includes: (a) administration of glucose; and (b) at least 2 measurements of blood glucose; and (c) (if performed) any test described in item 66695	18.95			14.25	16.15
66545	Support list (pathology)	Type C	01.11.1998	6	P2	N	Oral glucose challenge test in pregnancy for the detection of gestational diabetes that includes: (a) administration of glucose; and (b) 1 or 2 measurements of blood glucose; and (c) (if performed) any test in item 66695	15.8			11.85	13.45
66548	Support list (pathology)	Type C	01.11.1998	6	P2	N	Oral glucose tolerance test in pregnancy for the diagnosis of gestational diabetes that includes: (a) administration of glucose; and (b) at least 3 measurements of blood glucose; and (c) any test in item 66695 (if performed)	19.9			14.95	16.95
66551	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of glycated haemoglobin performed in the management of established diabetes (See para PR.2.2 of explanatory notes to this Category)	16.8			12.6	14.3
66554	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of glycated haemoglobin performed in the management of pre-existing diabetes where the patient is pregnant - including a service in item 66551 (if performed) - (Item is subject to rule 25)	16.8			12.6	14.3
66557	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of fructosamine performed in the management of established diabetes - each test to a maximum of 4 tests in a 12 month period	9.7			7.3	8.25
66560	Support list (pathology)	Type C	01.11.1998	6	P2	N	Microalbumin - quantitation in urine	20.1			15.1	17.1
66563	Support list (pathology)	Type C	01.11.1998	6	P2	N	Osmolality, estimation by osmometer, in serum or in urine - 1 or more tests	24.7			18.55	21
66566	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of: (a) blood gases (including pO2, oxygen saturation and pCO2) ; and (b) bicarbonate and pH; including any other measurement (eg. haemoglobin, lactate, potassium or ionised calcium) or calculation performed on the same specimen - 1 or more tests on 1 specimen	33.7			25.3	28.65
66569	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 2 specimens performed within any 1 day	42.6			31.95	36.25
66572	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 3 specimens performed within any 1 day	51.55			38.7	43.85
66575	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 4 specimens performed within any 1 day	60.45			45.35	51.4
66578	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 5 specimens performed within any 1 day	69.35			52.05	58.95
66581	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 6 or more specimens performed within any 1 day	78.25			58.7	66.55
66584	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of ionised calcium (except if performed as part of item 66566) - 1 test	9.7			7.3	8.25
66585	Support List (Pathology)	Type C	01.11.2023	6	P2	N	Quantification of laboratory-based BNP or NT-proBNP testing in a patient with systemic sclerosis (scleroderma) to assess risk of pulmonary arterial hypertension Maximum of 2 tests in a 12 month period	58.5			43.9	49.75
66586	Support list (pathology)	Type C	01.07.2024	6	P2	N	Quantification of BNP or NT-proBNP testing in a patient with diagnosed pulmonary arterial hypertension to monitor for disease progression Applicable 4 times in any 12-month period	58.5			43.9	49.75
66587	Support list (pathology)	Type C	01.11.1998	6	P2	N	Urine acidification test for the diagnosis of renal tubular acidosis including the administration of an acid load, and pH measurements on 4 or more urine specimens and at least 1 blood specimen	47.55			35.7	40.45
66590	Support list (pathology)	Type C	01.11.1998	6	P2	N	Calculus, analysis of 1 or more	30.6			22.95	26.05
66593	Support list (pathology)	Type C	01.11.1998	6	P2	N	Ferritin - quantitation, except if requested as part of iron studies	18			13.5	15.3
66596	Support list (pathology)	Type C	01.11.1998	6	P2	N	Iron studies, consisting of quantitation of: (a) serum iron; and (b) transferrin or iron binding capacity; and (c) ferritin	32.55			24.45	27.7
66605	Support list (pathology)	Type C	01.11.1998	6	P2	N	Vitamins - quantitation of vitamins B1, B2, B3, B6 or C in blood, urine or other body fluid - 1 or more tests	30.6			22.95	26.05
66606	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66605 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18 and 25)	30.6			22.95	26.05
66607	Support list (pathology)	Type C	01.05.2009	6	P2	N	Vitamins - quantitation of vitamins A or E in blood, urine or other body fluid - 1 or more tests within a 6 month period	75.75			56.85	64.4
66610	Support list (pathology)	Unlisted	01.07.2011	6	P2	N	A test described in item 66607 if rendered by a receiving APP - 1 or more tests	75.75			56.85	64.4

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
66623	Support list (pathology)	Type C	01.11.1998	6	P2	N	All qualitative and quantitative tests on blood, urine or other body fluid for: (a) a drug or drugs of abuse (including illegal drugs and legally available drugs taken other than in appropriate dosage); or (b) ingested or absorbed toxic chemicals; including a service described in item 66800, 66803, 66806, 66812 or 66815 (if performed), but excluding: (c) the surveillance of sports people and athletes for performance improving substances; and (d) the monitoring of patients participating in a drug abuse treatment program	41.5			31.15	35.3
66626	Support list (pathology)	Type C	01.11.1998	6	P2	N	Detection or quantitation or both (not including the detection of nicotine and metabolites in smoking withdrawal programs) of a drug, or drugs, of abuse or a therapeutic drug, on a sample collected from a patient participating in a drug abuse treatment program; but excluding the surveillance of sports people and athletes for performance improving substances; including all tests on blood, urine or other body fluid (Item is subject to rule 25)	24.1			18.1	20.5
66629	Support list (pathology)	Type C	01.11.1998	6	P2	N	Beta-2-microglobulin - quantitation in serum, urine or other body fluids - 1 or more tests	20.1			15.1	17.1
66632	Support list (pathology)	Type C	01.11.1998	6	P2	N	Caeruloplasmin, haptoglobins, or prealbumin - quantitation in serum, urine or other body fluids - 1 or more tests	20.1			15.1	17.1
66635	Support list (pathology)	Type C	01.11.1998	6	P2	N	Alpha-1-antitrypsin - quantitation in serum, urine or other body fluid - 1 or more tests	20.1			15.1	17.1
66638	Support list (pathology)	Type C	01.11.1998	6	P2	N	Isoelectric focussing or similar methods for determination of alpha-1-antitrypsin phenotype in serum - 1 or more tests	49.05			36.8	41.7
66639	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66638 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	29.2			21.9	24.85
66641	Support list (pathology)	Type C	01.11.1998	6	P2	N	Electrophoresis of serum or other body fluid to demonstrate: (a) the isoenzymes of lactate dehydrogenase; or (b) the isoenzymes of alkaline phosphatase; including the preliminary quantitation of total relevant enzyme activity - 1 or more tests	29.2			21.9	24.85
66642	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66641 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	29.2			21.9	24.85
66644	Support list (pathology)	Type C	01.11.1998	6	P2	N	C-1 esterase inhibitor - quantitation	20.15			15.15	17.15
66647	Support list (pathology)	Type C	01.11.1998	6	P2	N	C-1 esterase inhibitor - functional assay	45.1			33.85	38.35
66650	Support list (pathology)	Type C	01.11.1998	6	P2	N	Alpha-fetoprotein, CA-15.3 antigen (CA15.3), CA-125 antigen (CA125), CA-19.9 antigen (CA19.9), cancer associated serum antigen (CASA), carcinoembryonic antigen (CEA), human chorionic gonadotrophin (HCG), neuron specific enolase (NSE), thyroglobulin in serum or other body fluid, in the monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour - quantitation - 1 test (Item is subject to rule 6)	24.35			18.3	20.7
66651	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66650 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	24.35			18.3	20.7
66652	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66650 if rendered by a receiving APP - other than that described in 66651, if rendered by a receiving APP, 1 test (Item is subject to rule 6 and 18)	20.3			15.25	17.3
66653	Support list (pathology)	Type C	01.11.1998	6	P2	N	2 or more tests described in item 66650 (Item is subject to rule 6)	44.6			33.45	37.95
66654	Support List (Pathology)	Type C	01.11.2023	6	P2	N	Prostate specific antigen – quantitation in the monitoring of high-risk patients For any particular patient, applicable not more than once in 11 months	20.15			15.15	17.15
66655	Support list (pathology)	Type C	01.05.2001	6	P2	N	Prostate specific antigen—quantitation For any particular patient, applicable not more than once in 23 months	20.15			15.15	17.15
66656	Support list (pathology)	Type C	01.11.1998	6	P2	N	Prostate specific antigen (PSA) quantitation in the monitoring of previously diagnosed prostatic disease (including prostate cancer, prostatitis or a premalignant condition such as atypical small acinar proliferation)	20.15			15.15	17.15
66659	Support list (pathology)	Type C	01.11.1998	6	P2	N	Prostate specific antigen (PSA), quantitation of 2 or more fractions of PSA and any derived index, including, if performed, a test described in item 66656, in the follow up of a PSA result under item 66654 or 66655 that lies at: (a) more than 2.0 ug/L but less than or equal to 5.5 ug/L for patients with a family history of prostate cancer; or (b) more than 3.0 ug/L but less than or equal to 5.5 ug/L for patients who are at least 50 years of age but under 70 years of age; or (c) more than 5.5 ug/L but less than or equal to 10.0 ug/L for patients who are at least 70 years of age For any particular patient, applicable not more than once in 11 months	37.3			28	31.75
66660	Support list (pathology)	Type C	01.05.2009	6	P2	N	Prostate specific antigen (PSA), quantitation of 2 or more fractions of PSA and any derived index, in the monitoring of previously diagnosed prostatic disease, including, if performed, a test described in item 66656, if the current PSA level lies at: (a) more than 2.0 ug/L but less than or equal to 5.5 ug/L for patients with a family history of prostate cancer; or (b) more than 3.0 ug/L but less than or equal to 5.5 ug/L for patients who are at least 50 years of age but under 70 years of age; or (c) more than 5.5 ug/L but less than or equal to 10.0 ug/L for patients who are at least 70 years of age For any particular patient, applicable not more than 4 times in 11 months	37.3			28	31.75
66662	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of hormone receptors on proven primary breast or ovarian carcinoma or a metastasis from a breast or ovarian carcinoma or a subsequent lesion in the breast - 1 or more tests	79.95			60	68
66663	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66662 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	79.95			60	68
66665	Support list (pathology)	Type C	01.11.1998	6	P2	N	Lead quantitation in blood or urine (other than for occupational health screening purposes) to a maximum of 3 tests in a 6 month period - each test	30.6			22.95	26.05
66666	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66665 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	30.6			22.95	26.05
66667	Support list (pathology)	Type C	01.11.2000	6	P2	N	Quantitation of serum zinc in a patient receiving intravenous alimentation - each test	30.6			22.95	26.05
66671	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of serum aluminium in a patient in a renal dialysis program - each test	36.9			27.7	31.4
66674	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of: (a) faecal fat; or (b) breath hydrogen in response to loading with disaccharides; 1 or more tests within a 28 day period	39.95			30	34

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
66677	Support list (pathology)	Type C	01.11.1998	6	P2	N	Test for tryptic activity in faeces in the investigation of diarrhoea of longer than 4 weeks duration in children under 6 years old	11.15			8.4	9.5
66680	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of disaccharidases and other enzymes in intestinal tissue - 1 or more tests	74.45			55.85	63.3
66683	Support list (pathology)	Type C	01.11.1998	6	P2	N	Enzymes - quantitation in solid tissue or tissues other than blood elements or intestinal tissue - 1 or more tests	74.45			55.85	63.3
66686	Support list (pathology)	Type C	01.11.1998	6	P2	N	Performance of 1 or more of the following procedures: (a) growth hormone suppression by glucose loading; (b) growth hormone stimulation by exercise; (c) dexamethasone suppression test; (d) sweat collection by iontophoresis for chloride analysis; (e) pharmacological stimulation of growth hormone	50.65			38	43.1
66695	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation in blood or urine of hormones and hormone binding proteins - ACTH, aldosterone, androstenedione, C-peptide, calcitonin, cortisol, DHEAS, 11-deoxycortisol, dihydrotestosterone, FSH, gastrin, glucagon, growth hormone, hydroxyprogesterone, insulin, LH, oestradiol, oestrone, progesterone, prolactin, PTH, renin, sex hormone binding globulin, somatomedin C(IGF-1), free or total testosterone, urine steroid fraction or fractions, vasoactive intestinal peptide, - 1 test (Item is subject to rule 6)	30.5			22.9	25.95
66696	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66695, if rendered by a receiving APP - where no tests in the item have been rendered by the referring APP (Item is subject to rule 6 and 18)	30.5			22.9	25.95
66697	Support list (pathology)	Type C	01.05.2007	6	P2	N	Tests described in item 66695, other than that described in 66696, if rendered by a receiving APP - each test to a maximum of 4 tests (Item is subject to rule 6 and 18)	13.2			9.9	11.25
66698	Support list (pathology)	Type C	01.11.1998	6	P2	N	2 tests described in item 66695 (Item is subject to rule 6)	43.7			32.8	37.15
66701	Support list (pathology)	Type C	01.11.1998	6	P2	N	3 tests described in item 66695 (Item is subject to rule 6)	56.9			42.7	48.4
66704	Support list (pathology)	Type C	01.11.1998	6	P2	N	4 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	70.15			52.65	59.65
66707	Support list (pathology)	Type C	01.11.1998	6	P2	N	5 or more tests described in item 66695 (Item is subject to rule 6)	83.35			62.55	70.85
66711	Support list (pathology)	Type C	01.11.2005	6	P2	N	Quantitation in saliva of cortisol in: (a) the investigation of Cushing's syndrome; or (b) the management of children with congenital adrenal hyperplasia (Item is subject to rule 6)	30.15			22.65	25.65
66712	Support list (pathology)	Type C	01.11.2005	6	P2	N	Two tests described in item 66711 (Item is subject to rule 6)	43.05			32.3	36.6
66714	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66711, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP (Item is subject to rule 6 and 18)	30.15			22.65	25.65
66715	Support list (pathology)	Type C	01.05.2007	6	P2	N	Tests described in item 66711, other than that described in 66714, if rendered by a receiving APP, each test to a maximum of 1 test (Item is subject to rule 6 and 18)	12.85			9.65	10.95
66716	Support list (pathology)	Type C	01.11.1998	6	P2	N	TSH quantitation	25.05			18.8	21.3
66719	Support list (pathology)	Type C	01.11.1998	6	P2	N	Thyroid function tests (comprising the service described in item 66716 and either or both of a test for free thyroxine and a test for free T3) for a patient, if: (a) the patient has a level of TSH that is outside the normal reference range for the particular method of assay used to determine the level; or (b) the request from the requesting medical practitioner indicates that the tests are performed: (i) for the purpose of monitoring thyroid disease in the patient; or (ii) to investigate the sick euthyroid syndrome if the patient is an admitted patient; or (iii) to investigate dementia or psychiatric illness of the patient; or (iv) to investigate amenorrhoea or infertility of the patient; or (c) the request from the requesting medical practitioner indicates that the medical practitioner suspects the patient has a pituitary dysfunction; or (d) the request from the requesting medical practitioner indicates that the patient is on drugs that interfere with thyroid hormone metabolism or function	34.8			26.1	29.6
66722	Support list (pathology)	Type C	01.11.1998	6	P2	N	TSH quantitation described in item 66716 and 1 test described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	37.9			28.45	32.25
66723	Support list (pathology)	Type C	01.05.2007	6	P2	N	Tests described in item 66722, that is, TSH quantitation and 1 test described in 66695, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	37.9			28.45	32.25
66724	Support list (pathology)	Type C	01.05.2007	6	P2	N	Tests described in item 66722, if rendered by a receiving APP, other than that described in 66723. It is to include a quantitation of TSH - each test to a maximum of 4 tests described in item 66695 (Item is subject to rule 6 and 18)	13.15			9.9	11.2
66725	Support list (pathology)	Type C	01.11.1998	6	P2	N	TSH quantitation described in item 66716 and 2 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 tests specified on the request form or performs 3 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	51.05			38.3	43.4
66728	Support list (pathology)	Type C	01.11.1998	6	P2	N	TSH quantitation described in item 66716 and 3 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	64.2			48.15	54.6
66731	Support list (pathology)	Type C	01.11.1998	6	P2	N	TSH quantitation described in item 66716 and 4 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 tests specified on the request form or performs 5 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	77.4			58.05	65.8
66734	Support list (pathology)	Type C	01.11.1998	6	P2	N	TSH quantitation described in item 66716 and 5 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs 6 or more tests specified on the request form) (Item is subject to rule 6)	90.55			67.95	77

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
66743	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of alpha-fetoprotein in serum or other body fluids during pregnancy except if requested as part of items 66750 or 66751	20.1			15.1	17.1
66749	Support list (pathology)	Type C	01.11.1998	6	P2	N	Amniotic fluid, spectrophotometric examination of, and quantitation of: (a) lecithin/sphingomyelin ratio; or (b) palmitic acid, phosphatidylglycerol or lamellar body phospholipid; or (c) bilirubin, including correction for haemoglobin 1 or more tests	32.95			24.75	28.05
66750	Support list (pathology)	Type C	01.05.2003	6	P2	N	Quantitation, in pregnancy, of any 2 of the following to detect foetal abnormality - total human chorionic gonadotrophin (total HCG), free alpha human chorionic gonadotrophin (free alpha HCG), free beta human chorionic gonadotrophin (free beta HCG), pregnancy associated plasma protein A (PAPP-A), unconjugated oestriol (uE3), alpha-fetoprotein (AFP) - including (if performed) a service described in item 73527 or 73529 - Applicable not more than once in a pregnancy	39.75			29.85	33.8
66751	Support list (pathology)	Type C	01.05.2003	6	P2	N	Quantitation, in pregnancy, of any three or more tests described in 66750 (Item is subject to rule 25)	55.25			41.45	47
66752	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of acetoacetate, beta-hydroxybutyrate, citrate, oxalate, total free fatty acids, cysteine, homocysteine, cystine, lactate, pyruvate or other amino acids and hydroxyproline (except if performed as part of item 66773 or 66776) - 1 test	24.7			18.55	21
66755	Support list (pathology)	Type C	01.11.1998	6	P2	N	2 or more tests described in item 66752	38.85			29.15	33.05
66756	Support list (pathology)	Type C	01.05.2007	6	P2	N	Quantitation of 10 or more amino acids for the diagnosis of inborn errors of metabolism - up to 4 tests in a 12 month period on specimens of plasma, CSF and urine.	98.3			73.75	83.6
66757	Support list (pathology)	Type C	01.05.2007	6	P2	N	Quantitation of 10 or more amino acids for monitoring of previously diagnosed inborn errors of metabolism in 1 tissue type.	98.3			73.75	83.6
66758	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of angiotensin converting enzyme, or cholinesterase - 1 or more tests	24.7			18.55	21
66761	Support list (pathology)	Type C	01.11.1998	6	P2	N	Test for reducing substances in faeces by any method (except reagent strip or dipstick)	13.15			9.9	11.2
66764	Support list (pathology)	Type C	01.11.1998	6	P2	N	Examination for faecal occult blood (including tests for haemoglobin and its derivatives in the faeces except by reagent strip or dip stick methods) with a maximum of 3 examinations on specimens collected on separate days in a 28 day period	8.9			6.7	7.6
66767	Support list (pathology)	Type C	01.11.1998	6	P2	N	2 examinations described in item 66764 performed on separately collected and identified specimens	17.85			13.4	15.2
66770	Support list (pathology)	Type C	01.11.1998	6	P2	N	3 examinations described in item 66764 performed on separately collected and identified specimens	26.7			20.05	22.7
66773	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of products of collagen breakdown or formation for the monitoring of patients with proven low bone mineral density, and if performed, a service described in item 66752 - 1 or more tests (Low bone densitometry is defined in the explanatory notes to Category 2 - Diagnostic Procedures and Investigations of the Medicare Benefits Schedule)	24.65			18.5	21
66776	Support list (pathology)	Type C	01.11.1998	6	P2	N	Quantitation of products of collagen breakdown or formation for the monitoring of patients with metabolic bone disease or Paget's disease of bone, and if performed, a service described in item 66752 - 1 or more tests	24.65			18.5	21
66779	Support list (pathology)	Type C	01.11.1998	6	P2	N	Adrenaline, noradrenaline, dopamine, histamine, hydroxyindoleacetic acid (5HIAA), hydroxymethoxymandelic acid (HMMA), homovanillic acid (HVA), metanephrines, methoxyhydroxyphenylethylene glycol (MHPG), phenylacetic acid (PAA) or serotonin quantitation - 1 or more tests	39.95			30	34
66780	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66779 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	39.95			30	34
66782	Support list (pathology)	Type C	01.11.1998	6	P2	N	Porphyrins or porphyrins precursors - detection in plasma, red cells, urine or faeces - 1 or more tests	13.15			9.9	11.2
66783	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66782 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	13.15			9.9	11.2
66785	Support list (pathology)	Type C	01.11.1998	6	P2	N	Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 1 test (Item is subject to rule 6)	39.95			30	34
66788	Support list (pathology)	Type C	01.11.1998	6	P2	N	Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 2 or more tests (Item is subject to rule 6)	65.85			49.4	56
66789	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66785 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	39.95			30	34
66790	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66785 other than that described in 66789, if rendered by a receiving APP - to a maximum of 1 test (Item is subject to rule 6 and 18)	25.9			19.45	22.05
66791	Support list (pathology)	Type C	01.11.1998	6	P2	N	Porphyrin biosynthetic enzymes - measurement of activity in blood cells or other tissues - 1 or more tests	74.45			55.85	63.3
66792	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66791 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	74.45			55.85	63.3
66800	Support list (pathology)	Type C	01.11.2003	6	P2	N	Quantitation in blood, urine or other body fluid by any method (except reagent tablet or reagent strip) of any of the following being used therapeutically by the patient from whom the specimen was taken: amikacin, carbamazepine, digoxin, disopyramide, ethanol, ethosuximide, gentamicin, lithium, lignocaine, netilmicin, paracetamol, phenobarbitone, primidone, phenytoin, procainamide, quinidine, salicylate, theophylline, tobramycin, valproate or vancomycin - 1 test (Item to be subject to rule 6)	18.15			13.65	15.45
66803	Support list (pathology)	Type C	01.11.2003	6	P2	N	2 tests described in item 66800 (Item is subject to rule 6)	30.5			22.9	25.95
66804	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66800 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	18.15			13.65	15.45
66805	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66800 other than that described in 66804, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	12.35			9.3	10.5

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66806	Support list (pathology)	Type C	01.11.2003	6	P2	N	3 tests described in item 66800 (Item is subject to rule 6)	41.85			31.4	35.6
66812	Support list (pathology)	Type C	01.11.2003	6	P2	N	Quantitation, not elsewhere described in this Table by any method or methods, in blood, urine or other body fluid, of a drug being used therapeutically by the patient from whom the specimen was taken - 1 test (This fee applies where 1 laboratory performs the only test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	34.8			26.1	29.6
66815	Support list (pathology)	Type C	01.11.2003	6	P2	N	2 tests described in item 66812 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	59.55			44.7	50.65
66816	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66812 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	34.8			26.1	29.6
66817	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66812, other than that described in 66816, if rendered by a receiving APP - to a maximum of 1 test (Item is subject to rule 6 and 18)	24.75			18.6	21.05
66819	Support list (pathology)	Type C	01.05.2007	6	P2	N	Quantitation of copper, manganese, selenium, or zinc (except if item 66667 applies), in blood, urine or other body fluid - 1 test. (Item is subject to rule 6, 22 and 25)	30.6			22.95	26.05
66820	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66819 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6, 18, 22 and 25)	30.6			22.95	26.05
66821	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66819 other than that described in 66820 if rendered by a receiving APP to a maximum of 1 test (Item is subject to rule 6, 18, 22 and 25)	21.8			16.35	18.55
66822	Support list (pathology)	Type C	01.05.2007	6	P2	N	Quantitation of copper, manganese, selenium, or zinc (except if item 66667 applies), in blood, urine or other body fluid - 2 or more tests. (Item is subject to rule 6, 22 and 25)	52.45			39.35	44.6
66825	Support list (pathology)	Type C	01.05.2007	6	P2	N	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel, or strontium, in blood, urine or other body fluid or tissue - 1 test. To a maximum of 3 of this item in a 6 month period (Item is subject to rule 6, 22 and 25)	30.6			22.95	26.05
66826	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66825 if rendered by a receiving APP where no tests have been rendered by the referring APP - 1 test (Item is subject to rules 6, 18, 22 and 25)	30.6			22.95	26.05
66827	Support list (pathology)	Type C	01.05.2007	6	P2	N	A test described in item 66825, other than that described in 66826, if rendered by a receiving APP to a maximum of 1 test (Item is subject to rules 6, 18, 22 and 25)	21.8			16.35	18.55
66828	Support list (pathology)	Type C	01.05.2007	6	P2	N	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel, or strontium, in blood, urine or other body fluid or tissue - 2 or more tests. To a maximum of 3 of this item in a 6 month period (Item is subject to rule 6, 22 and 25)	52.45			39.35	44.6
66829	Support list (pathology)	Type C	01.11.2024	6	P2	N	Quantitation of BNP or NT-proBNP for the exclusion of a diagnosis of heart failure in a patient presenting in a non-hospital setting to assist in decision-making regarding the clinical necessity of an echocardiogram, where heart failure is suspected based on signs and symptoms but diagnosis is uncertain Applicable once in any 12 month period	58.5			43.9	49.75
66830	Support list (pathology)	Type C	01.07.2008	6	P2	N	Quantitation of BNP or NT-proBNP for the diagnosis of heart failure in patients presenting with dyspnoea to a hospital Emergency Department (Item is subject to rule 25)	58.5			43.9	49.75
66831	Support list (pathology)	Type C	01.11.2008	6	P2	N	Quantitation of copper or iron in liver tissue biopsy	30.95			23.25	26.35
66832	Support list (pathology)	Type C	01.11.2008	6	P2	N	A test described in item 66831 if rendered by a receiving APP (Item is subject to rule 18A and 22)	30.95			23.25	26.35
66833	Support list (pathology)	Type C	01.11.2014	6	P2	N	25-hydroxyvitamin D, quantification in serum, for the investigation of a patient who: (a) has signs or symptoms of osteoporosis or osteomalacia; or (b) has increased alkaline phosphatase and otherwise normal liver function tests; or (c) has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; or (d) is suffering from malabsorption (for example, because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease, or has had bariatric surgery); or (e) has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; or (f) is taking medication known to decrease 25OH-D levels (for example, anticonvulsants); or (g) has chronic renal failure or is a renal transplant recipient; or (h) is less than 16 years of age and has signs or symptoms of rickets; or (i) is an infant whose mother has established vitamin D deficiency; or (j) is a exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item; or (k) has a sibling who is less than 16 years of age and has vitamin D deficiency	30.05			22.55	25.55
66834	Support list (pathology)	Type C	01.11.2014	6	P2	N	A test described in item 66833 if rendered by a receiving APP (Item is subject to Rule 18)	30.05			22.55	25.55
66835	Support list (pathology)	Type C	01.11.2014	6	P2	N	1, 25-dihydroxyvitamin D - quantification in serum, if the request for the test is made by, or on advice of, the specialist or consultant physician managing the treatment of the patient	39.05			29.3	33.2
66836	Support list (pathology)	Type C	01.11.2014	6	P2	N	1, 25-dihydroxyvitamin D-quantification in serum, if: (a) the patient has hypercalcaemia; and (b) the request for the test is made by a general practitioner managing the treatment of the patient	39.05			29.3	33.2
66837	Support list (pathology)	Type C	01.11.2014	6	P2	N	A test described in item 66835 or 66836 if rendered by a receiving APP (Item is subject to Rule 18)	39.05			29.3	33.2
66838	Support list (pathology)	Type C	01.11.2014	6	P2	N	Quantification of either or both of total vitamin B12 and holotranscobalamin Applicable not more than once in 11 months	23.6			17.7	20.1
66839	Support list (pathology)	Type C	01.11.2014	6	P2	N	Quantification of methylmalonic acid or homocysteine, rendered in the same patient episode as a service to which item 66838 applies if the result of that service is inconclusive or abnormal Applicable not more than once in 11 months	42.95			32.25	36.55
66840	Support list (pathology)	Type C	01.11.2014	6	P2	N	Serum folate test and, if required, red cell folate test for a patient at risk of folate deficiency, including patients with malabsorption conditions, macrocytic anaemia or coeliac disease	23.6			17.7	20.1
66841	Support list (pathology)	Type C	01.11.2014	6	P2	N	Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patients at high risk. (Item is subject to rule 25)	16.8			12.6	14.3

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66842	Support list (pathology)	Type C	01.07.2025	6	P2	Y	Quantification of one or more of total vitamin B12, holotranscobalamin, methylmalonic acid or homocysteine for a patient: a) who: (i) is still experiencing symptoms of vitamin B12 deficiency 3 to 6 months after a service described in item 66838 or 66839 was rendered for the patient; or(ii) obtained inconclusive results from a service described in item 66839; or b) to whom one or more of the following applies: (i) the patient has a diet low in vitamin B12;(ii) the patient has a family history of vitamin B12 deficiency or an autoimmune condition;(iii) the patient has previously had abdominal or pelvic radiotherapy;(iv) the patient has previously had surgery involving the gastrointestinal tract;(v) the patient uses, or has a recent history of using, recreational nitrous oxide;(vi) the patient requires monitoring of vitamin B12 treatment;(vii) the patient uses vitamin B12-antagonistic medicines;(viii) the patient has one or more clinical conditions with a recognised risk of vitamin B12 deficiency	23.6			17.7	20.1
66900	Support list (pathology)	Type C	01.05.2009	6	P2	N	CARBON-LABELLED UREA BREATH TEST using oral C-13 or C-14 urea, including the measurement of exhaled 13CO2 or 14CO2 (except if item 12533 applies) for either:- (a) the confirmation of Helicobacter pylori colonisation OR (b) the monitoring of the success of eradication of Helicobacter pylori.	77.65			58.25	66.05
69300	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy of wet film material other than blood, from 1 or more sites, obtained directly from a patient (not cultures) including: (a) differential cell count (if performed); or (b) examination for dermatophytes; or (c) dark ground illumination; or (d) stained preparation or preparations using any relevant stain or stains; 1 or more tests	12.5			9.4	10.65
69303	Support list (pathology)	Type C	01.11.1998	6	P3	N	Culture and (if performed) microscopy to detect pathogenic micro-organisms from nasal swabs, throat swabs, eye swabs and ear swabs (excluding swabs taken for epidemiological surveillance), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in item 69300; specimens from 1 or more sites	22			16.5	18.7
69306	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy and culture to detect pathogenic micro-organisms from skin or other superficial sites, including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in items 69300, 69303, 69312, 69318; 1 or more tests on 1 or more specimens	33.75			25.35	28.7
69309	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy and culture to detect dermatophytes and other fungi causing cutaneous disease from skin scrapings, skin biopsies, hair and nails (excluding swab specimens) and including (if performed): (a) the detection of antigens not elsewhere specified in this Schedule; or (b) a service described in items 69300, 69303, 69306, 69312, 69318; 1 or more tests on 1 or more specimens	48.15			36.15	40.95
69312	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy and culture to detect pathogenic micro-organisms from urethra, vagina, cervix or rectum (except for faecal pathogens), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in items 69300, 69303, 69306 and 69318; 1 or more tests on 1 or more specimens	33.75			25.35	28.7
69316	Support list (pathology)	Type C	01.05.2007	6	P3	N	Detection of Chlamydia trachomatis by any method - 1 test (Item is subject to rule 26)	28.65			21.5	24.4
69317	Support list (pathology)	Type C	01.05.2007	6	P3	N	1 test described in item 69494 and a test described in 69316. (Item is subject to rule 26)	35.85			26.9	30.5
69318	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy and culture to detect pathogenic micro-organisms from specimens of sputum (except when part of items 69324, 69327 and 69330), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in items 69300, 69303, 69306 and 69312; 1 or more tests on 1 or more specimens	33.75			25.35	28.7
69319	Support list (pathology)	Type C	01.05.2007	6	P3	N	2 tests described in item 69494 and a test described in 69316. (Item is subject to rule 26)	42.95			32.25	36.55
69321	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy and culture of post-operative wounds, aspirates of body cavities, synovial fluid, CSF or operative or biopsy specimens, for the presence of pathogenic micro-organisms involving aerobic and anaerobic cultures and the use of different culture media, and including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in item 69300, 69303, 69306, 69312 or 69318; specimens from 1 or more sites	48.15			36.15	40.95
69324	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy (with appropriate stains) and culture for mycobacteria - 1 specimen of sputum, urine, or other body fluid or 1 operative or biopsy specimen, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service described in item 69300	43			32.25	36.55
69325	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69324 if rendered by a receiving APP (Item is subject to rule 18)	43			32.25	36.55
69327	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy (with appropriate stains) and culture for mycobacteria - 2 specimens of sputum, urine, or other body fluid or 2 operative or biopsy specimens, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300	85			63.75	72.25
69328	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69327 if rendered by a receiving APP (Item is subject to rule 18)	85			63.75	72.25
69330	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy (with appropriate stains) and culture for mycobacteria - 3 specimens of sputum, urine, or other body fluid or 3 operative or biopsy specimens, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300	128			96	108.8
69331	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69330 if rendered by a receiving APP (Item is subject to rule 18)	128			96	108.8

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
69333	Support list (pathology)	Type C	01.11.1998	6	P3	N	Urine examination (including serial examinations), if: (a) the patient has symptoms of urinary tract infection or kidney disease, or is a clinically-indicated asymptomatic patient who is: (i) pregnant; or (ii) less than 16 years of age; or (iii) a renal transplant recipient; or (iv) suffering from recurrent urinary tract infections; or (v) being investigated or monitored for kidney disease; or (vi) undergoing urinary tract instrumentation, a urological procedure or transurethral resection of the prostate; and (b) the examination is performed by any means other than simple culture by dip slide, including: (i) cell count; and (ii) culture; and (iii) colony count; and (iv) (if performed) stained preparations; and (v) (if performed) identification of cultured pathogens; and (vi) (if performed) antibiotic susceptibility testing; and (vii) (if performed) examination for pH, specific gravity, blood, protein, urobilinogen, sugar, acetone or bile salts	20.55			15.45	17.5
69336	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy of faeces for ova, cysts and parasites that must include a concentration technique, and the use of fixed stains or antigen detection for cryptosporidia and giardia - including (if performed) a service described in item 69300 - 1 of this item in any 7 day period	33.45			25.1	28.45
69339	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microscopy of faeces for ova, cysts and parasites using concentration techniques examined subsequent to item 69336 on a separately collected and identified specimen collected within 7 days of the examination described in 69336 - 1 examination in any 7 day period	19.1			14.35	16.25
69345	Support list (pathology)	Type C	01.11.1998	6	P3	N	Culture and (if performed) microscopy without concentration techniques of faeces for faecal pathogens, using at least 2 selective or enrichment media and culture in at least 2 different atmospheres including (if performed): (a) pathogen identification and antibiotic susceptibility testing; and (b) the detection of clostridial toxins; and (c) a service described in item 69300; - 1 examination in any 7 day period	52.9			39.7	45
69354	Support list (pathology)	Type C	01.11.1998	6	P3	N	Blood culture for pathogenic micro-organisms (other than viruses), including sub-cultures and (if performed): (a) identification of any cultured pathogen; and (b) necessary antibiotic susceptibility testing; to a maximum of 3 sets of cultures - 1 set of cultures	30.75			23.1	26.15
69357	Support list (pathology)	Type C	01.11.1998	6	P3	N	2 sets of cultures described in item 69354	61.45			46.1	52.25
69360	Support list (pathology)	Type C	01.11.1998	6	P3	N	3 sets of cultures described in item 69354	92.2			69.15	78.4
69363	Support list (pathology)	Type C	01.11.1998	6	P3	N	Detection of Clostridium difficile or Clostridium difficile toxin (except if a service described in item 69345 has been performed) - one or more tests	28.65			21.5	24.4
69378	Support list (pathology)	Unlisted	01.11.1998	6	P3	N	Quantitation of HIV viral RNA load in plasma or serum in the monitoring of a HIV sero-positive patient not on antiretroviral therapy - 1 or more tests	180.25			135.2	153.25
69379	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69378 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	180.25			135.2	153.25
69380	Support list (pathology)	Unlisted	01.07.2011	6	P3	N	Genotypic testing for HIV antiretroviral resistance in a patient with confirmed HIV infection if the patient's viral load is greater than 1,000 copies per ml at any of the following times: (a) at presentation; or (b) before antiretroviral therapy: or (c) when treatment with combination antiretroviral agents fails; maximum of 2 tests in a 12 month period	770.3			577.75	667.9
69381	Support list (pathology)	Unlisted	01.11.1998	6	P3	N	Quantitation of HIV viral RNA load in plasma or serum in the monitoring of antiretroviral therapy in a HIV sero-positive patient - 1 or more tests on 1 or more specimens	180.25			135.2	153.25
69382	Support list (pathology)	Unlisted	01.03.1999	6	P3	N	Quantitation of HIV viral RNA load in cerebrospinal fluid in a HIV sero-positive patient - 1 or more tests on 1 or more specimens	180.25			135.2	153.25
69383	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69381 if rendered by a receiving APP - 1 or more tests on 1 or more specimens (Item is subject to rule 18)	180.25			135.2	153.25
69384	Support list (pathology)	Type C	01.11.1998	6	P3	N	Quantitation of 1 antibody to microbial antigens not elsewhere described in the Schedule - 1 test (This fee applies where a laboratory performs the only antibody test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	15.65			11.75	13.35
69387	Support list (pathology)	Type C	01.11.1998	6	P3	N	2 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 estimations specified on the request form or performs 2 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)	29			21.75	24.65
69390	Support list (pathology)	Type C	01.11.1998	6	P3	N	3 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 estimations specified on the request form or performs 3 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)	42.35			31.8	36
69393	Support list (pathology)	Type C	01.11.1998	6	P3	N	4 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 estimations specified on the request form or performs 4 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)	55.7			41.8	47.35
69396	Support list (pathology)	Type C	01.11.1998	6	P3	N	5 or more tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 estimations specified on the request form or performs 5 of the antibody tests specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)	69.1			51.85	58.75
69400	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69384, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rules 6 and 18)	15.65			11.75	13.35
69401	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69384, other than that described in 69400, if rendered by a receiving APP - each test to a maximum of 4 tests (Item is subject to rule 6, 18 and 18A)	13.35			10.05	11.35

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
69405	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 1 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	15.65			11.75	13.35
69408	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 2 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	29			21.75	24.65
69411	Support list (pathology)	Type C	01.11.1998	6	P3	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 3 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	42.35			31.8	36
69413	Support list (pathology)	Type C	01.11.2003	6	P3	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 4 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	55.7			41.8	47.35
69415	Support list (pathology)	Type C	01.11.2005	6	P3	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of all 5 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	69.1			51.85	58.75
69421	Support list (pathology)	Type C	01.07.2024	6	P3	N	Detection of respiratory pathogen nucleic acid from a nasal swab, throat swab, nasopharyngeal aspirate and/or lower respiratory tract sample Testing of 4 pathogens	78.25			58.7	66.55
69422	Support list (pathology)	Type C	01.07.2024	6	P3	N	Detection of respiratory pathogen nucleic acid from a nasal swab, throat swab, nasopharyngeal aspirate and/or lower respiratory tract sample, including a service described in item 69421 Testing of 5 or more pathogens	85.55			64.2	72.75
69445	Support list (pathology)	Type C	01.11.2000	6	P3	N	Detection of Hepatitis C viral RNA in a patient undertaking antiviral therapy for chronic HCV hepatitis (including a service described in item 69499) - 1 test. To a maximum of 4 of this item in a 12 month period (Item is subject to rule 25)	92.2			69.15	78.4
69451	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69445 if rendered by a receiving APP - 1 test. (Item is subject to rule 18 and 25)	92.2			69.15	78.4
69471	Support list (pathology)	Type C	01.11.1998	6	P3	N	Test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in the following people: (a) a person who has been exposed to a confirmed case of active tuberculosis; (b) a person who is infected with human immunodeficiency virus; (c) a person who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy; (d) a person who is to commence, or has commenced, renal dialysis; (e) a person with silicosis; (f) a person who is, or is about to become, immunosuppressed because of a disease, or a medical treatment, not mentioned in paragraphs (a) to (e)	34.9			26.2	29.7
69472	Support list (pathology)	Type C	01.11.2001	6	P3	N	Detection of antibodies to Epstein Barr Virus using specific serology - 1 test	15.65			11.75	13.35
69474	Support list (pathology)	Type C	01.11.2001	6	P3	N	Detection of antibodies to Epstein Barr Virus using specific serology - 2 or more tests	28.65			21.5	24.4
69475	Support list (pathology)	Type C	01.11.2002	6	P3	N	One test for hepatitis antigen or antibodies to determine immune status or viral carriage following exposure or vaccination to Hepatitis A, Hepatitis B, Hepatitis C or Hepatitis D (Item subject to rule 11)	15.65			11.75	13.35
69478	Support list (pathology)	Type C	01.11.2002	6	P3	N	2 tests described in 69475 (Item subject to rule 11)	29.25			21.95	24.9
69481	Support list (pathology)	Type C	01.11.2002	6	P3	N	Investigation of infectious causes of acute or chronic hepatitis - 3 tests for hepatitis antibodies or antigens, (Item subject to rule 11)	40.55			30.45	34.5
69482	Support list (pathology)	Type C	01.07.2008	6	P3	N	Quantitation of Hepatitis B viral DNA in patients who are Hepatitis B surface antigen positive and have chronic hepatitis B, but are not receiving antiviral therapy - 1 test (Item is subject to rule 25)	152.1			114.1	129.3
69483	Support list (pathology)	Type C	01.07.2008	6	P3	N	Quantitation of Hepatitis B viral DNA in patients who are Hepatitis B surface antigen positive and who have chronic hepatitis B and are receiving antiviral therapy - 1 test (Item is subject to rule 25)	152.1			114.1	129.3
69484	Support list (pathology)	Type C	01.11.2002	6	P3	N	Supplementary testing for Hepatitis B surface antigen or Hepatitis C antibody using a different assay on the specimen which yielded a reactive result on initial testing (Item is subject to rule 18)	17.1			12.85	14.55
69488	Support list (pathology)	Type C	01.05.2007	6	P3	N	Quantitation of HCV RNA load in plasma or serum in: (a) the pre-treatment evaluation, of a patient with chronic HCV hepatitis, for antiviral therapy; or (b) the assessment of efficacy of antiviral therapy for such a patient (including a service in item 69499 or 69445) (Item is subject to rule 18 and 25)	180.25			135.2	153.25
69489	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69488 if rendered by a receiving APP (Item is subject to rule 18 and 25)	180.25			135.2	153.25
69491	Support list (pathology)	Type C	01.05.2007	6	P3	N	Nucleic acid amplification and determination of Hepatitis C virus (HCV) genotype if the patient is HCV RNA positive and is being evaluated for antiviral therapy of chronic HCV hepatitis. To a maximum of 1 of this item in a 12 month period	204.8			153.6	174.1

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
69492	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69491 if rendered by a receiving APP - 1 test (Item is subject to rule 18 and 25)	204.8			153.6	174.1
69494	Support list (pathology)	Type C	01.05.2007	6	P3	N	Detection of a virus or microbial antigen or microbial nucleic acid (not elsewhere specified) 1 test (Item is subject to rule 6 and 26)	28.65			21.5	24.4
69495	Support list (pathology)	Type C	01.05.2007	6	P3	N	2 tests described in 69494 (Item is subject to rule 6 and 26)	35.85			26.9	30.5
69496	Support list (pathology)	Type C	01.05.2007	6	P3	N	3 or more tests described in 69494 (Item is subject to rule 6 and 26)	43.05			32.3	36.6
69497	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69494, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6, 18 and 26)	28.65			21.5	24.4
69498	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69494, other than that described in 69497, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6, 18 and 26)	7.2			5.4	6.15
69499	Support list (pathology)	Type C	01.05.2007	6	P3	N	Detection of Hepatitis C viral RNA if at least 1 of the following criteria is satisfied: (a) the patient is Hepatitis C seropositive; (b) the patient's serological status is uncertain after testing; (c) the test is performed for the purpose of: (i) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; or (ii) the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient; To a maximum of 1 of this item in a 12 month period (Item is subject to rule 19 and 25)	92.2			69.15	78.4
69500	Support list (pathology)	Type C	01.05.2007	6	P3	N	A test described in item 69499 if rendered by a receiving APP - 1 test (Item is subject to rule 18,19 and 25)	92.2			69.15	78.4
69505	Support list (pathology)	Type C	01.07.2023	6	P3	N	Sequencing and analysis of the genome of mycobacterium tuberculosis complex from an isolate or nucleic acid extract: (a) to speciate the organism: (i) at the time of a patient's initial diagnosis and commencement of initial empiric therapy; or (ii) following recurrence of a patient's symptoms or a patient's failure to respond to treatment within the expected timeframe; and (b) for the purpose of: (i) genome-wide determination of the antimicrobial resistance markers (resistome) of the isolate; and (ii) individualising the patient's treatment Applicable once at initial diagnosis and once per episode of disease recurrence	150			112.5	127.5
71057	Support list (pathology)	Type C	01.11.1998	6	P4	N	Electrophoresis, quantitative and qualitative, of serum, urine or other body fluid all collected within a 28 day period, to demonstrate: (a) protein classes; or (b) presence and amount of paraprotein; including the preliminary quantitation of total protein, albumin and globulin - 1 specimen type	33.7			25.3	28.65
71058	Support list (pathology)	Type C	01.11.1998	6	P4	N	Examination as described in item 71057 of 2 or more specimen types	51.7			38.8	43.95
71059	Support list (pathology)	Type C	01.11.1998	6	P4	N	Immunofixation or immunoelectrophoresis or isoelectric focusing of: (a) urine for detection of Bence Jones proteins; or (b) serum, plasma or other body fluid; and characterisation of a paraprotein or cryoglobulin - examination of 1 specimen type (eg. serum, urine or CSF)	36.5			27.4	31.05
71060	Support list (pathology)	Type C	01.11.1998	6	P4	N	Examination as described in item 71059 of 2 or more specimen types	45.1			33.85	38.35
71062	Support list (pathology)	Type C	01.11.1998	6	P4	N	Electrophoresis and immunofixation or immunoelectrophoresis or isoelectric focussing of CSF for the detection of oligoclonal bands and including if required electrophoresis of the patient's serum for comparison purposes - 1 or more tests	45.1			33.85	38.35
71064	Support list (pathology)	Type C	01.11.1998	6	P4	N	Detection and quantitation of cryoglobulins or cryofibrinogen - 1 or more tests	21.25			15.95	18.1
71066	Support list (pathology)	Type C	01.11.2002	6	P4	N	Quantitation of total immunoglobulin A by any method in serum, urine or other body fluid - 1 test	14.9			11.2	12.7
71068	Support list (pathology)	Type C	01.11.2002	6	P4	N	Quantitation of total immunoglobulin G by any method in serum, urine or other body fluid - 1 test	14.9			11.2	12.7
71069	Support list (pathology)	Type C	01.09.1992	6	P4	N	2 tests described in items 71066, 71068, 71072 or 71074	23.3			17.5	19.85
71071	Support list (pathology)	Type C	01.09.1992	6	P4	N	3 or more tests described in items 71066, 71068, 71072 or 71074	31.7			23.8	26.95
71072	Support list (pathology)	Type C	01.11.2002	6	P4	N	Quantitation of total immunoglobulin M by any method in serum, urine or other body fluid - 1 test	14.9			11.2	12.7
71073	Support list (pathology)	Type C	01.09.1992	6	P4	N	Quantitation of all 4 immunoglobulin G subclasses	108.7			81.55	92.4
71074	Support list (pathology)	Type C	01.11.2002	6	P4	N	Quantitation of total immunoglobulin D by any method in serum, urine or other body fluid - 1 test	14.9			11.2	12.7
71075	Support list (pathology)	Type C	01.09.1992	6	P4	N	Quantitation of immunoglobulin E (total), 1 test. (Item is subject to rule 25)	23.55			17.7	20.05
71076	Support list (pathology)	Type C	01.05.2007	6	P4	N	A test described in item 71073 if rendered by a receiving APP - 1 test (Item is subject to rule 18)	108.7			81.55	92.4
71077	Support list (pathology)	Type C	01.09.1992	6	P4	N	Quantitation of immunoglobulin E (total) in the follow up of a patient with proven immunoglobulin-E-secreting myeloma, proven congenital immunodeficiency or proven allergic bronchopulmonary aspergillosis, 1 test. (Item is subject to rule 25)	27.7			20.8	23.55
71079	Support list (pathology)	Type C	01.09.1992	6	P4	N	Detection of specific immunoglobulin E antibodies to single or multiple potential allergens, 1 test (Item is subject to rule 25)	27.45			20.6	23.35
71081	Support list (pathology)	Type C	01.09.1992	6	P4	N	Quantitation of total haemolytic complement	41.5			31.15	35.3
71083	Support list (pathology)	Type C	01.09.1992	6	P4	N	Quantitation of complement components C3 and C4 or properdin factor B - 1 test	20.65			15.5	17.6
71085	Support list (pathology)	Type C	01.09.1992	6	P4	N	2 tests described in item 71083	29.65			22.25	25.25
71087	Support list (pathology)	Type C	01.09.1992	6	P4	N	3 or more tests described in item 71083	38.6			28.95	32.85
71089	Support list (pathology)	Type C	01.09.1992	6	P4	N	Quantitation of complement components or breakdown products of complement proteins not elsewhere described in an item in this Schedule - 1 test (Item is subject to rule 6)	29.85			22.4	25.4
71090	Support list (pathology)	Type C	01.05.2007	6	P4	N	A test described in item 71089, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	29.85			22.4	25.4
71091	Support list (pathology)	Type C	01.09.1992	6	P4	N	2 tests described in item 71089 (Item is subject to rule 6)	54.1			40.6	46
71092	Support list (pathology)	Type C	01.05.2007	6	P4	N	Tests described in item 71089, other than that described in 71090, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	24.25			18.2	20.65
71093	Support list (pathology)	Type C	01.09.1992	6	P4	N	3 or more tests described in item 71089 (Item is subject to rule 6)	78.3			58.75	66.6
71095	Support list (pathology)	Type C	01.11.1997	6	P4	N	Quantitation of serum or plasma eosinophil cationic protein, or both, to a maximum of 3 assays in 1 year, for monitoring the response to therapy in corticosteroid treated asthma, in a child aged less than 12 years	41.5			31.15	35.3
71096	Support list (pathology)	Type C	01.05.2007	6	P4	N	A test described in item 71095 if rendered by a receiving APP. (Item is subject to rule 18)	41.5			31.15	35.3
71097	Support list (pathology)	Type C	01.09.1992	6	P4	N	Antinuclear antibodies - detection in serum or other body fluids, including quantitation if required	25.05			18.8	21.3

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
71099	Support list (pathology)	Type C	01.09.1992	6	P4	N	Double-stranded DNA antibodies - quantitation by 1 or more methods other than the Crithidia method	27.15			20.4	23.1
71101	Support list (pathology)	Type C	01.09.1992	6	P4	N	Antibodies to 1 or more extractable nuclear antigens - detection in serum or other body fluids	17.8			13.35	15.15
71103	Support list (pathology)	Type C	01.09.1992	6	P4	N	Characterisation of an antibody detected in a service described in item 71101 (including that service)	53.3			40	45.35
71106	Support list (pathology)	Type C	01.07.1994	6	P4	N	Rheumatoid factor - detection by any technique in serum or other body fluids, including quantitation if required	11.55			8.7	9.85
71119	Support list (pathology)	Type C	01.09.1992	6	P4	N	Antibodies to tissue antigens not elsewhere specified in this Table - detection, including quantitation if required, of 1 antibody	17.75			13.35	15.1
71121	Support list (pathology)	Type C	01.09.1992	6	P4	N	Detection of 2 antibodies specified in item 71119	21.3			16	18.15
71123	Support list (pathology)	Type C	01.09.1992	6	P4	N	Detection of 3 antibodies specified in item 71119	24.85			18.65	21.15
71125	Support list (pathology)	Type C	01.09.1992	6	P4	N	Detection of 4 or more antibodies specified in item 71119	28.3			21.25	24.1
71127	Support list (pathology)	Type C	01.09.1992	6	P4	N	Functional tests for lymphocytes - quantitation other than by microscopy of: (a) proliferation induced by 1 or more mitogens; or (b) proliferation induced by 1 or more antigens; or (c) estimation of 1 or more mixed lymphocyte reactions; including a test described in item 65066 or 65070 (if performed), 1 of this item to a maximum of 2 in a 12 month period	180.6			135.45	153.55
71129	Support list (pathology)	Type C	01.09.1992	6	P4	N	2 tests described in item 71127	223.1			167.35	189.65
71131	Support list (pathology)	Type C	01.09.1992	6	P4	N	3 or more tests described in item 71127	265.55			199.2	225.75
71133	Support list (pathology)	Type C	01.11.2002	6	P4	N	Investigation of recurrent infection by qualitative assessment for the presence of defects in oxidative pathways in neutrophils by the nitroblue tetrazolium (NBT) reduction test	10.65			8	9.1
71134	Support list (pathology)	Type C	01.11.2002	6	P4	N	Investigation of recurrent infection by quantitative assessment of oxidative pathways by flow cytometric techniques, including a test described in 71133 (if performed)	106.55			79.95	90.6
71135	Support list (pathology)	Type C	01.09.1992	6	P4	N	Quantitation of neutrophil function, comprising at least 2 of the following: (a) chemotaxis; (b) phagocytosis; (c) oxidative metabolism; (d) bactericidal activity; including any test described in items 65066, 65070, 71133 or 71134 (if performed), 1 of this item to a maximum of 2 in a 12 month period	212.95			159.75	181.05
71137	Support list (pathology)	Type C	01.09.1992	6	P4	N	Quantitation of cell-mediated immunity by multiple antigen delayed type hypersensitivity intradermal skin testing using a minimum of 7 antigens, 1 of this item to a maximum of 2 in a 12 month period	31			23.25	26.35
71139	Support list (pathology)	Type C	01.09.1992	6	P4	N	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations, including a total lymphocyte count or total leucocyte count by any method, on 1 or more specimens of blood, CSF or serous fluid	106.55			79.95	90.6
71141	Support list (pathology)	Type C	01.09.1992	6	P4	N	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations on 1 or more disaggregated tissue specimens	202.1			151.6	171.8
71143	Support list (pathology)	Type C	01.09.1992	6	P4	N	Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis (but not monitoring) of an immunological or haematological malignancy, including a service described in 1 or both of items 71139 and 71141 (if performed), on a specimen of blood, CSF, serous fluid or disaggregated tissue	266.25			199.7	226.35
71145	Support list (pathology)	Type C	01.09.1992	6	P4	N	Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis (but not monitoring) of an immunological or haematological malignancy, including a service described in 1 or more of items 71139, 71141 and 71143 (if performed), on 2 or more specimens of disaggregated tissues or 1 specimen of disaggregated tissue and 1 or more specimens of blood, CSF or serous fluid	434.7			326.05	369.5
71146	Support list (pathology)	Type C	01.05.2004	6	P4	N	Enumeration of CD34+ cells, only for the purposes of autologous or directed allogeneic haemopoietic stem cell transplantation, including a total white cell count on the pherisis collection	106.55			79.95	90.6
71147	Support list (pathology)	Type C	01.09.1992	6	P4	N	HLA-B27 typing (Item is subject to rule 27)	41.5			31.15	35.3
71148	Support list (pathology)	Type C	01.05.2007	6	P4	N	A test described in item 71147 if rendered by a receiving APP. (Item is subject to rule 18 and 27)	41.5			31.15	35.3
71149	Support list (pathology)	Type C	01.09.1992	6	P4	N	Complete tissue typing for 4 HLA-A and HLA-B Class I antigens (including any separation of leucocytes), including (if performed) a service described in item 71147	110.85			83.15	94.25
71151	Support list (pathology)	Type C	01.09.1992	6	P4	N	Tissue typing for HLA-DR, HLA-DP and HLA-DQ Class II antigens (including any separation of leucocytes) - phenotyping or genotyping of 2 or more antigens	121.7			91.3	103.45
71153	Support list (pathology)	Type C	01.05.2001	6	P4	N	Investigations in the assessment or diagnosis of systemic inflammatory disease or vasculitis - antineutrophil cytoplasmic antibody immunofluorescence (ANCA test), antineutrophil proteinase 3 antibody (PR-3 ANCA test), antimyeloperoxidase antibody (MPO ANCA test) or antiglomerular basement membrane antibody (GBM test) - detection of 1 antibody (Item is subject to rule 6 and 23)	35.4			26.55	30.1
71154	Support list (pathology)	Type C	01.05.2007	6	P4	N	A test described in item 71153, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test. (Item is subject to rule 6, 18 and 23)	35.4			26.55	30.1
71155	Support list (pathology)	Type C	01.05.2001	6	P4	N	Detection of 2 antibodies described in item 71153 (Item is subject to rule 6 and 23)	48.6			36.45	41.35
71156	Support list (pathology)	Type C	01.05.2007	6	P4	N	Tests described in item 71153, other than that described in 71154, if rendered by a receiving APP - each test to a maximum of 3 tests (Item is subject to rule 6, 18 and 23)	13.15			9.9	11.2
71157	Support list (pathology)	Type C	01.05.2001	6	P4	N	Detection of 3 antibodies described in item 71153 (Item is subject to rule 6 and 23)	61.75			46.35	52.5
71159	Support list (pathology)	Type C	01.05.2001	6	P4	N	Detection of 4 or more antibodies described in item 71153 (Item is subject to rule 6 and 23)	74.9			56.2	63.7

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71163	Support list (pathology)	Type C	01.11.2003	6	P4	N	Detection of one of the following antibodies (of 1 or more class or isotype) in the assessment or diagnosis of coeliac disease or other gluten hypersensitivity syndromes and including a service described in item 71066 (if performed): a) Antibodies to gliadin; or b) Antibodies to endomysium; or c) Antibodies to tissue transglutaminase; - 1 test	25.35			19.05	21.55
71164	Support list (pathology)	Type C	01.11.2003	6	P4	N	Two or more tests described in 71163 and including a service described in 71066 (if performed)	40.85			30.65	34.75
71165	Support list (pathology)	Type C	01.05.2007	6	P4	N	Antibodies to tissue antigens (acetylcholine receptor, adrenal cortex, heart, histone, insulin, insulin receptor, intrinsic factor, islet cell, lymphocyte, neuron, ovary, parathyroid, platelet, salivary gland, skeletal muscle, skin basement membrane and intercellular substance, thyroglobulin, thyroid microsome or thyroid stimulating hormone receptor) - detection, including quantitation if required, of 1 antibody (Item is subject to rule 6)	35.4			26.55	30.1
71166	Support list (pathology)	Type C	01.05.2007	6	P4	N	Detection of 2 antibodies described in item 71165 (Item is subject to rule 6)	48.6			36.45	41.35
71167	Support list (pathology)	Type C	01.05.2007	6	P4	N	Detection of 3 antibodies described in item 71165 (Item is subject to rule 6)	61.75			46.35	52.5
71168	Support list (pathology)	Type C	01.05.2007	6	P4	N	Detection of 4 or more antibodies described in item 71165 (Item is subject to rule 6)	74.9			56.2	63.7
71169	Support list (pathology)	Type C	01.05.2007	6	P4	N	A test described in item 71165, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	35.4			26.55	30.1
71170	Support list (pathology)	Type C	01.05.2007	6	P4	N	Tests described in item 71165, other than that described in 71169, if rendered by a receiving APP - each test to a maximum of 3 tests (Item is subject to rule 6 and 18)	13.15			9.9	11.2
71175	Support list (pathology)	Type C	01.11.2021	6	P4	N	A test, requested by a specialist or consultant physician, to diagnose neuromyelitis optica spectrum disorder (NMOSD) or myelin oligodendrocyte glycoprotein antibody-related demyelination (MARD), by the detection of one or more antibodies, for a patient: suspected of having NMOSD or MARD; and with any of the following: recurrent, bilateral or severe optic neuritis; recurrent longitudinal extensive transverse myelitis (LETM); area postrema syndrome (unexplained hiccups, nausea or vomiting); acute brainstem syndrome; symptomatic narcolepsy or acute diencephalic clinical syndrome with typical NMOSD magnetic resonance imaging lesions; symptomatic cerebral syndrome with typical NMOSD magnetic resonance imaging lesions; monophasic neuromyelitis optica (no recurrence, and simultaneous or closely related optic neuritis and LETM within 30 days of each other); acute disseminated encephalomyelitis; aseptic meningitis and encephalomyelitis; poor recovery from multiple sclerosis relapses Applicable not more than 4 times in 12 months	51.2			38.4	43.55
71180	Support list (pathology)	Type C	01.11.2007	6	P4	N	Antibody to cardiolipin or beta-2 glycoprotein I - detection, including quantitation if required; one antibody specificity (IgG or IgM)	35.4			26.55	30.1
71183	Support list (pathology)	Type C	01.11.2007	6	P4	N	Detection of two antibodies described in item 71180	48.6			36.45	41.35
71186	Support list (pathology)	Type C	01.11.2007	6	P4	N	Detection of three or more antibodies described in item 71180	61.75			46.35	52.5
71189	Support list (pathology)	Type C	01.11.2007	6	P4	N	Detection of specific IgG antibodies to 1 or more respiratory disease allergens not elsewhere specified.	15.85			11.9	13.5
71192	Support list (pathology)	Type C	01.11.2007	6	P4	N	2 items described in item 71189.	29.05			21.8	24.7
71195	Support list (pathology)	Type C	01.11.2007	6	P4	N	3 or more items described in item 71189.	41			30.75	34.85
71198	Support list (pathology)	Type C	01.11.2007	6	P4	N	Estimation of serum tryptase for the evaluation of unexplained acute hypotension or suspected anaphylactic event, assessment of risk in stinging insect anaphylaxis, exclusion of mastocytosis, monitoring of known mastocytosis.	41.5			31.15	35.3
71200	Support list (pathology)	Type C	01.11.2007	6	P4	N	Detection and quantitation, if present, of free kappa and lambda light chains in serum for the diagnosis or monitoring of amyloidosis, myeloma or plasma cell dyscrasias.	61.05			45.8	51.9
71202	Support list (pathology)	Type B Non-band specific	01.11.2023	6	P4	N	Measurable residual disease (MRD) testing by flow cytometry, performed on bone marrow from a patient diagnosed with acute lymphoblastic leukaemia, for the purpose of determining baseline MRD, or facilitating the determination of MRD following combination chemotherapy or after salvage therapy, requested by a specialist or consultant physician practising as a haematologist or oncologist	563.2			422.4	478.75
71203	Support list (pathology)	Type C	01.11.2007	6	P4	N	Determination of HLAB5701 status by flow cytometry or cytotoxity assay prior to the initiation of Abacavir therapy including item 73323 if performed.	41.5			31.15	35.3
72813	Support list (pathology)	Type C	20.03.1997	6	P5	N	Examination of complexity level 2 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)	73.2			54.9	62.25
72814	Support list (pathology)	Type C	01.11.2018	6	P5	N	Immunohistochemical examination by immunoperoxidase or other labelled antibody techniques using the programmed cell death ligand 1 (PD-L1) antibody of tumour material from a patient diagnosed with: (a) non-small cell lung cancer; or (b) recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx; or (c) locally recurrent unresectable or metastatic triple-negative breast cancer.	76.3			57.25	64.9
72816	Support list (pathology)	Type C	20.03.1997	6	P5	N	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 13)	88.4			66.3	75.15
72817	Support list (pathology)	Type C	20.03.1997	6	P5	N	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 13)	99.1			74.35	84.25
72818	Support list (pathology)	Type C	01.11.2002	6	P5	N	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 or more separately identified specimens (Item is subject to rule 13)	109.6			82.2	93.2
72823	Support list (pathology)	Type C	20.03.1997	6	P5	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 13)	99.5			74.65	84.6

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72824	Support list (pathology)	Type C	20.03.1997	6	P5	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 13)	144.75			108.6	123.05
72825	Support list (pathology)	Type C	20.03.1997	6	P5	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 to 7 separately identified specimens (Item is subject to rule 13)	184.6			138.45	156.95
72826	Support list (pathology)	Type C	01.11.2002	6	P5	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 8 to 11 separately identified specimens (Item is subject to rule 13)	199.25			149.45	169.4
72827	Support list (pathology)	Type C	01.11.2008	6	P5	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 12 to 17 separately identified specimens (Item is subject to Rule 13)	213.95			160.5	181.9
72828	Support list (pathology)	Type C	01.11.2008	6	P5	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 18 or more separately identified specimens (Item is subject to Rule 13)	228.65			171.5	194.4
72830	Support list (pathology)	Type C	20.03.1997	6	P5	N	Examination of complexity level 5 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)	280.75			210.6	238.65
72836	Support list (pathology)	Type C	20.03.1997	6	P5	N	Examination of complexity level 6 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)	427.2			320.4	363.15
72838	Support list (pathology)	Type C	01.11.2007	6	P5	N	Examination of complexicity level 7 biopsy material with multiple tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens. (Item is subject to rule 13)	478.05			358.55	406.35
72844	Support list (pathology)	Type C	01.11.1998	6	P5	N	Enzyme histochemistry of skeletal muscle for investigation of primary degenerative or metabolic muscle diseases or of muscle abnormalities secondary to disease of the central or peripheral nervous system - 1 or more tests	31.5			23.65	26.8
72846	Support list (pathology)	Type C	20.03.1997	6	P5	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies except those listed in 72848 (Item is subject to rule 13)	61.05			45.8	51.9
72847	Support list (pathology)	Type C	20.03.1997	6	P5	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4-6 antibodies (Item is subject to rule 13)	91.55			68.7	77.85
72848	Support list (pathology)	Type C	01.11.2003	6	P5	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 of the following antibodies - oestrogen, progesterone and c-erb-B2 (HER2) (Item is subject to rule 13)	76.3			57.25	64.9
72849	Support list (pathology)	Type C	01.11.2008	6	P5	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 7-10 antibodies (Item is subject to rule 13)	106.8			80.1	90.8
72850	Support list (pathology)	Type C	01.11.2008	6	P5	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 11 or more antibodies (Item is subject to rule 13)	122.05			91.55	103.75
72851	Support list (pathology)	Type C	20.03.1997	6	P5	N	Electron microscopic examination of biopsy material - 1 separately identified specimen (Item is subject to rule 13)	578.55			433.95	491.8
72852	Support list (pathology)	Type C	20.03.1997	6	P5	N	Electron microscopic examination of biopsy material - 2 or more separately identified specimens (Item is subject to rule 13)	771.05			578.3	668.65
72855	Support list (pathology)	Type C	20.03.1997	6	P5	N	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 1 separately identified specimen (Item is subject to rule 13)	188.75			141.6	160.45
72856	Support list (pathology)	Type C	20.03.1997	6	P5	N	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 2 to 4 separately identified specimens (Item is subject to rule 13)	251.7			188.8	213.95
72857	Support list (pathology)	Type C	01.11.2003	6	P5	N	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 5 or more separately identified specimens (Item is subject to rule 13)	293.65			220.25	249.65
72858	Support list (pathology)	Unlisted	01.11.2015	6	P5	N	A second opinion, provided in a written report, where the opinion and report together require no more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management.	184.3			138.25	156.7
72859	Support list (pathology)	Unlisted	01.11.2015	6	P5	N	A second opinion, provided in a written report, where the opinion and report together require more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management.	378.9			284.2	322.1
72860	Support list (pathology)	Unlisted	01.05.2019	6	P5	N	Retrieval and review of one or more archived formalin fixed paraffin embedded blocks to determine the appropriate samples for the purpose of conducting genetic testing, other than: (a) a service associated with a service to which item 72858 or 72859 applies; or (b) a service associated with, and rendered in the same patient episode as, a service to which an item in Group P5, P6, P10 or P11 applies Applicable not more than once in a patient episode	87.05			65.3	74
73043	Support list (pathology)	Type C	01.12.1991	6	P6	N	Cytology (including serial examinations) of nipple discharge or smears from skin, lip, mouth, nose or anus for detection of precancerous or cancerous changes 1 or more tests	23.4			17.55	19.9

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73045	Support list (pathology)	Type C	01.12.1991	6	P6	N	Cytology (including serial examinations) for malignancy (other than an examination mentioned in item 73076); and including any Group P5 service, if performed on: (a) specimens resulting from washings or brushings from sites not specified in item 73043; or (b) a single specimen of sputum or urine; or (c) 1 or more specimens of other body fluids; 1 or more tests	49.75			37.35	42.3
73047	Support list (pathology)	Type C	01.12.1991	6	P6	N	Cytology of a series of 3 sputum or urine specimens for malignant cells	96.95			72.75	82.45
73049	Support list (pathology)	Type C	01.12.1991	6	P6	N	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues - 1 identified site	69.8			52.35	59.35
73051	Support list (pathology)	Type C	01.12.1991	6	P6	N	Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue or tissues if a recognized pathologist: (a) performs the aspiration; or (b) attends the aspiration and performs cytological examination during the attendance	174.45			130.85	148.3
73059	Support list (pathology)	Type C	01.11.1997	6	P6	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies except those listed in 73061 (Item is subject to rule 13)	44.05			33.05	37.45
73060	Support list (pathology)	Type C	01.11.1997	6	P6	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4 to 6 antibodies (Item is subject to rule 13)	58.75			44.1	49.95
73061	Support list (pathology)	Type C	01.11.2003	6	P6	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 of the following antibodies - oestrogen, progesterone and c-erb-B2 (HER2) (Item is subject to rule 13)	52.45			39.35	44.6
73062	Support list (pathology)	Type C	01.05.2009	6	P6	N	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues - 2 or more separately identified sites.	91.15			68.4	77.5
73063	Support list (pathology)	Type C	01.05.2009	6	P6	N	Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue or tissues if an employee of an approved pathology authority attends the aspiration for confirmation of sample adequacy	101.75			76.35	86.5
73064	Support list (pathology)	Type C	01.05.2009	6	P6	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 7 to 10 antibodies (Item is subject to rule 13)	73.4			55.05	62.4
73065	Support list (pathology)	Type C	01.05.2009	6	P6	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 11 or more antibodies (Item is subject to rule 13)	88.05			66.05	74.85
73066	Support list (pathology)	Unlisted	01.07.2011	6	P6	N	Cytology of material obtained directly from a patient at 2 or more separately identified sites by fine needle aspiration of solid tissue or tissues if a recognized pathologist: (a) performs the aspiration; or (b) attends the aspiration and performs cytological examination during the attendance	226.75			170.1	192.75
73067	Support list (pathology)	Unlisted	01.07.2011	6	P6	N	Cytology of material obtained directly from a patient at 2 or more separately identified sites by fine needle aspiration of solid tissue or tissues if an employee of an approved pathology authority attends the aspiration for confirmation of sample adequacy	132.25			99.2	112.45
73070	Support list (pathology)	Type C	01.12.2017	6	P6	N	73070 A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre-cancer or cancer: (a) performed on a liquid based cervical specimen; and (b) for an asymptomatic patient who is at least 24 years and 9 months of age For any particular patient, once only in a 57 month period	35.85			26.9	30.5
73071	Support list (pathology)	Type C	01.12.2017	6	P6	N	A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre-cancer or cancer, if performed: (a) on a self-collected vaginal specimen; and (b) for an asymptomatic patient who is at least 24 years and 9 months of age For any particular patient, applicable once in 57 months	35.85			26.9	30.5
73072	Support list (pathology)	Type C	01.12.2017	6	P6	N	A test, including partial genotyping, for oncogenic human papillomavirus: (a) for the investigation of a patient in a specific population that appears to have a higher risk of cervical pre-cancer or cancer; or (b) for the follow-up management of a patient with a previously detected oncogenic human papillomavirus infection or cervical pre-cancer or cancer; or (c) for the investigation of a patient with symptoms suggestive of cervical cancer; or (d) for the follow-up management of a patient after treatment of high grade squamous intraepithelial lesions or adenocarcinoma in situ of the cervix; or (e) for the follow-up management of a patient with glandular abnormalities; or (f) for the follow-up management of a patient exposed to diethylstilboestrol in utero; or (g) for a patient previously treated for a genital tract malignancy when performed as a co-test for both human papillomavirus (HPV) and liquid-based cytology (LBC).	35.85			26.9	30.5
73074	Support list (pathology)	Type C	01.12.2017	6	P6	N	A test, including partial genotyping, for oncogenic human papillomavirus, for the investigation of a patient following a total hysterectomy.	35.85			26.9	30.5
73075	Support list (pathology)	Type C	01.12.2017	6	P6	N	A test, including partial genotyping, for oncogenic human papillomavirus, if: (a) the test is a repeat of a test to which item 73070, 73071, 73072, 73074 or this item applies; and (b) the specimen collected for the previous test is unsatisfactory	35.85			26.9	30.5

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% ($)
73076	Support list (pathology)	Type C	01.12.2017	6	P6	N	Cytology of a liquid-based cervical or vaginal vault specimen, where the stained cells are examined microscopically or by automated image analysis by or on behalf of a pathologist, if: (a) the cytology is associated with the detection of oncogenic human papillomavirus infection by: (i) a test to which item 73070, 73071, 73074 or 73075 applies; or (ii) a test to which item 73072 applies for a patient mentioned in paragraph (a) or (b) of that item; or (b) the cytology is associated with a test to which item 73072 applies for a patient mentioned in paragraph (c), (d), (e) or (f) of that item; or (c) the cytology is associated with a test to which item 73074 applies; or (d) the test is a repeat of a test to which this item applies, if the specimen collected for the previous test is unsatisfactory; or (e) the cytology is for the follow-up management of a patient treated for endometrial adenocarcinoma	47.1			35.35	40.05
73287	Support list (pathology)	Type C	01.07.1993	6	P7	N	The study of the whole of every chromosome by cytogenetic or other techniques, performed on 1 or more of any tissue or fluid except blood (including a service mentioned in item 73293, if performed) - 1 or more tests	394.55			295.95	335.4
73289	Support list (pathology)	Type C	01.07.1993	6	P7	N	The study of the whole of every chromosome by cytogenetic or other techniques, performed on blood (including a service mentioned in item 73293, if performed) - 1 or more tests	358.95			269.25	305.15
73290	Support list (pathology)	Type C	01.05.2010	6	P7	N	The study of the whole of each chromosome by cytogenetic or other techniques, performed on blood or bone marrow, in the diagnosis and monitoringof haematological malignancy (including a service in items 73287 or 73289, if performed). - 1 or more tests.	394.55			295.95	335.4
73291	Support list (pathology)	Type C	01.05.2010	6	P7	N	Analysis of one or more chromosome regions for specific constitutional genetic abnormalities of blood or fresh tissue in a) diagnostic studies of a person with developmental delay, intellectual disability, autism, or at least two congenital abnormalities, in whom cytogenetic studies (item 73287 or 73289) are either normal or have not been performed; or b) studies of a relative for an abnormality previously identified in such an affected person. - 1 or more tests.	230.95			173.25	196.35
73292	Support list (pathology)	Type C	01.05.2010	6	P7	N	Analysis of chromosomes by genome-wide micro-array including targeted assessment of specific regions for constitutional genetic abnormalities in diagnostic studies of a person with developmental delay, intellectual disability, autism, or at least two congenital abnormalities (including a service in items 73287, 73289 or 73291, if performed) - 1 or more tests.	589.9			442.45	501.45
73293	Support list (pathology)	Type C	01.05.2010	6	P7	N	Analysis of one or more regions on all chromosomes for specific constitutional genetic abnormalities of fresh tissue in diagnostic studies of the products of conception, including exclusion of maternal cell contamination. - 1 or more tests.	230.95			173.25	196.35
73294	Support list (pathology)	Type C	01.05.2010	6	P7	N	Analysis of the PMP22 gene for constitutional genetic abnormalities causing peripheral neuropathy, either as: a) diagnostic studies of an affected person; or b) studies of a relative for an abnormality previously identified in an affected person - 1 or more tests.	230.95			173.25	196.35
73295	Support list (pathology)	Type C	01.02.2017	6	P7	N	Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, requested by a specialist or consultant physician, to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme (PBS), in a patient with: (a) advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible; or (b) breast cancer. Applicable once per lifetime	1200			900	1097.6
73296	Support list (pathology)	Type C	01.11.2017	6	P7	N	Characterisation of germline gene variants, including copy number variation where appropriate, requested by a specialist or consultant physician: (a) in genes associated with breast, ovarian, fallopian tube or primary peritoneal cancer, which must include at least: (i) BRCA1 and BRCA 2 genes; and (ii) one or more other relevant genes; and (b) in a patient: (i) with breast, ovarian, fallopian tube or primary peritoneal cancer; and (ii) for whom clinical and family history criteria place the patient at greater than 10% risk of having a pathogenic or likely pathogenic gene associated with breast, ovarian, fallopian tube or primary peritoneal cancer Once per cancer diagnosis	1200			900	1097.6
73297	Support list (pathology)	Type C	01.11.2017	6	P7	N	Characterisation of germline gene variants, including copy number variation where appropriate, requested by a specialist or consultant physician: (a) in genes associated with breast, ovarian, fallopian tube or primary peritoneal cancer, which may include the following genes: (i) BRCA1 or BRCA2; (ii) one or more other relevant genes; and (b) in a patient: (i) who has a biological relative who has had a pathogenic or likely pathogenic gene variant identified in one or more of the genes mentioned in paragraph (a); and (ii) who has not previously received a service to which item 73295, 73296 or 73302 applies Once per variant	400			300	340
73298	Support list (pathology)	Type C	01.05.2019	6	P7	N	Characterisation of germline gene variants in the following genes: (a) COL4A3; and (b) COL4A4; and (c) COL4A5; in a patient for whom clinical and relevant family history criteria have been assessed by a specialist or consultant physician, who requests the service to be strongly suggestive of Alport syndrome.	1200			900	1097.6
73299	Support list (pathology)	Type C	01.05.2019	6	P7	N	Characterisation of germline gene variants: (a) in the following genes: (i) COL4A3; and (ii) COL4A4; and (iii) COL4A5; (b) in a patient who: (i) is a first degree biological relative of a patient who has had a pathogenic mutation identified in one or more of the genes mentioned in subparagraphs (a)(i), (ii) and (iii); and (ii) has not previously received a service which item 73298 applies; requested by a specialist or consultant physician.	400			300	340
73300	Support list (pathology)	Type C	01.05.2003	6	P7	N	Detection of mutation of the FMR1 gene where: (a) the patient exhibits intellectual disability, ataxia, neurodegeneration, or premature ovarian failure consistent with an FMRI mutation; or (b) the patient has a relative with a FMR1 mutation 1 or more tests	101.3			76	86.15

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73301	Support list (pathology)	Unlisted	01.08.2020	6	P7	N	A test of tumour tissue from a patient with advanced (FIGO III-IV), high grade serous or high grade epithelial ovarian, fallopian tube or primary peritoneal cancer, requested by a specialist or consultant physician, to determine eligibility relating to BRCA status for access to treatment with a poly (adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitor under the Pharmaceutical Benefits Scheme (PBS) Applicable once per primary tumour diagnosis	1200			900	1097.6
73302	Support list (pathology)	Unlisted	01.08.2020	6	P7	N	Characterisation of germline gene variants including copy number variants, in BRCA1 or BRCA2 genes, in a patient who has had a pathogenic or likely pathogenic variant identified in either gene by tumour testing and who has not previously received a service to which items 73295, 73296 or 73297 applies, requested by a specialist or consultant physician. Applicable once per primary tumour diagnosis	400			300	340
73303	Support list (pathology)	Unlisted	01.04.2022	6	P7	N	A test of tumour tissue from a patient with metastatic castration-resistant prostate cancer, including subsequent characterisation of germline gene variants should tumour tissue testing undertaken during the same service be inconclusive, requested by a specialist or consultant physician, to determine eligibility relating to BRCA status for access to a relevant treatment under the Pharmaceutical Benefits Scheme; Applicable once per primary tumour diagnosis	1000			750	897.6
73304	Support list (pathology)	Type C	01.04.2022	6	P7	N	Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, in a patient with metastatic castration-resistant prostate cancer, for whom testing of tumour tissue is not clinically feasible, requested by a specialist or consultant physician, to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme; Applicable once per lifetime	1000			750	897.6
73305	Support list (pathology)	Type C	01.05.2003	6	P7	N	Detection of mutation of the FMR1 gene by Southern Blot analysis where the results in item 73300 are inconclusive	202.65			152	172.3
73306	Support list (pathology)	Type C	01.11.2023	6	P7	N	Gene expression profiling testing using EndoPredict, for the purpose of profiling gene expression in formalin-fixed, paraffin-embedded primary breast cancer tissue from core needle biopsy or surgical tumour sample to estimate the risk of distant recurrence of breast cancer within 10 years, if: (a) the sample is from a new primary breast cancer, which is suitable for adjuvant chemotherapy; and (b) the sample has been determined to be oestrogen receptor positive and HER2 negative by IHC and ISH respectively on surgically removed tumour; and (c) the sample is axillary node negative or positive (up to 3 nodes) with a tumour size of at least 1 cm and no more than 5 cm determined by histopathology on surgically removed tumour; and (d) the sample has no evidence of distal metastasis; and (e) pre-testing of intermediate risk of distant metastases has shown that the tumour is defined by at least one of the following characteristics: (i) histopathological grade 2 or 3; (ii) one to 3 lymph nodes involved in metastatic disease (including micrometastases but not isolated tumour cells); and (f) the service is not administered for the purpose of altering treatment decisions Applicable once per new primary breast cancer diagnosis for any particular patient	1200			900	1097.6
73307	Support list (pathology)	Unlisted	01.01.2024	6	P7	N	A test of tumour tissue from a patient with advanced (FIGO III-IV), high-grade serous or other high-grade ovarian, fallopian tube or primary peritoneal carcinoma, requested by a specialist or consultant physician, if the test is: (a) to determine eligibility with respect to homologous recombination deficiency (HRD) status, including BRCA1 or BRCA2 status, to provide access to poly (adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitor therapy under the Pharmaceutical Benefits Scheme; and (b) including a service described in item 73301 Applicable once per primary tumour diagnosis	3000			2250	2897.6
73308	Support list (pathology)	Type C	01.05.2006	6	P7	N	Characterisation of the genotype of a patient for Factor V Leiden gene mutation, or detection of the other relevant mutations in the investigation of proven venous thrombosis or pulmonary embolism - 1 or more tests	36.45			27.35	31
73309	Support list (pathology)	Type C	01.05.2007	6	P7	N	A test described in item 73308, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	36.45			27.35	31
73310	Support list (pathology)	Type B Non-band specific	01.11.2023	6	P7	N	Measurable residual disease (MRD) testing by next-generation sequencing, performed on bone marrow (or a peripheral blood sample if bone marrow cannot be collected) from a patient diagnosed with acute lymphoblastic leukaemia, for the purpose of determining baseline MRD, or facilitating the determination of MRD following combination chemotherapy or after salvage therapy, requested by a specialist or consultant physician practising as a haematologist or oncologist	1550			1162.5	1447.6
73311	Support list (pathology)	Type C	01.05.2006	6	P7	N	Characterisation of the genotype of a person who is a first degree relative of a person who has proven to have 1 or more abnormal genotypes under item 73308 - 1 or more tests	36.45			27.35	31
73312	Support list (pathology)	Type C	01.05.2007	6	P7	N	A test described in item 73311, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	36.45			27.35	31
73313	Support list (pathology)	Type B Non-band specific	01.07.2024	6	P7	N	Development of a quantitative patient-specific molecular assay for measurable residual disease (MRD) testing performed on bone marrow (or a peripheral blood sample if bone marrow cannot be collected) from a patient diagnosed with acute lymphoblastic leukaemia treated with combination chemotherapy or after salvage therapy, including the first service described in item 73316 performed on that bone marrow or peripheral blood sample, requested by a specialist or consultant physician practising as a haematologist or oncologist Applicable once per patient per episode of disease or per relapse	3000			2250	2897.6
73314	Support list (pathology)	Type C	01.05.2006	6	P7	N	Characterisation of gene rearrangement or the identification of mutations within a known gene rearrangement, in the diagnosis and monitoring of patients with laboratory evidence of: (a) acute myeloid leukaemia; or (b) acute promyelocytic leukaemia; or (c) acute lymphoid leukaemia; or (d) chronic myeloid leukaemia;	230.95			173.25	196.35

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73315	Support list (pathology)	Type C	01.05.2007	6	P7	N	A test described in item 73314, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	230.95			173.25	196.35
73316	Support list (pathology)	Type B Non-band specific	01.07.2024	6	P7	N	Measurable residual disease (MRD) testing by a quantitative patient-specific molecular assay performed on bone marrow (or, in a patient with T-cell acute lymphoblastic leukaemia, performed on a peripheral blood sample if bone marrow cannot be collected) from a patient diagnosed with acute lymphoblastic leukaemia treated with combination chemotherapy or after salvage therapy, requested by a specialist or consultant physician practising as a haematologist or oncologist, other than a service associated with a service to which item 73313 applies	780			585	677.6
73317	Support list (pathology)	Type C	01.05.2006	6	P7	N	Detection of the C282Y genetic mutation of the HFE gene and, if performed, detection of other mutations for haemochromatosis where: (a) the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or (b) the patient has a first degree relative with haemochromatosis; or (c) the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis (Item is subject to rule 20)	36.45			27.35	31
73318	Support list (pathology)	Type C	01.05.2007	6	P7	N	A test described in item 73317, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18 and 20)	36.45			27.35	31
73319	Support list (pathology)	Unlisted	01.07.2025	6	P7	Y	Detection in tumour tissue of isocitrate dehydrogenase 1 (IDH1) variant status, in a patient with histologically confirmed cholangiocarcinoma, to determine eligibility for a relevant treatment listed under the Pharmaceutical Benefits Scheme. Applicable only once per lifetime	340			255	289
73320	Support list (pathology)	Type C	01.05.2006	6	P7	N	Detection of HLA-B27 by nucleic acid amplification includes a service described in 71147 unless the service in item 73320 is rendered as a pathologist determinable service. (Item is subject to rule 27)	40.55			30.45	34.5
73321	Support list (pathology)	Type C	01.05.2007	6	P7	N	A test described in item 73320, if rendered by a receiving APP - 1 or more tests. (Item is subject to rule 18 and 27)	40.55			30.45	34.5
73323	Support list (pathology)	Type C	01.11.2007	6	P7	N	Determination of HLAB5701 status by molecular techniques prior to the initiation of Abacavir therapy including item 71203 if performed.	40.55			30.45	34.5
73324	Support list (pathology)	Type C	01.11.2008	6	P7	N	A test described in item 73323 if rendered by a receiving APP 1 or more tests (Item is subject to Rule 18)	40.95			30.75	34.85
73325	Support list (pathology)	Unlisted	01.07.2011	6	P7	N	Determination of JAK2 V617F variant allele frequency in the diagnostic work-up by, or on behalf of, a specialist or consultant physician, for a patient with clinical and laboratory evidence of a myeloproliferative neoplasm	90			67.5	76.5
73326	Support list (pathology)	Unlisted	01.07.2011	6	P7	N	Characterisation of the gene rearrangement FIP1L1-PDGFRA in the diagnostic work-up and management of a patient with laboratory evidence of: a) mast cell disease; or b) idiopathic hypereosinophilic syndrome; or c) chronic eosinophilic leukaemia;. 1 or more tests	230.95			173.25	196.35
73327	Support list (pathology)	Unlisted	01.07.2011	6	P7	N	Detection of genetic polymorphisms in the Thiopurine S-methyltransferase gene for the prevention of dose-related toxicity during treatment with thiopurine drugs; including (if performed) any service described in item 65075. 1 or more tests	51.95			39	44.2
73332	Support list (pathology)	Type C	01.05.2012	6	P7	N	An in situ hybridization (ISH) test of tumour tissue from a patient with breast cancer requested by, or on the advice of, a specialist or consultant physician who manages the treatment of the patient to determine if the requirements relating to human epidermal growth factor receptor 2 (HER2) gene amplification for access to trastuzumab under the Pharmaceutical Benefits Scheme (PBS) or the Herceptin Program are fulfilled.	315.4			236.55	268.1
73333	Support list (pathology)	Type C	01.11.2012	6	P7	N	Detection of germline mutations of the von Hippel-Lindau (VHL) gene: (a) in a patient who has a clinical diagnosis of VHL syndrome and: (i) a family history of VHL syndrome and one of the following: (A) haemangioblastoma (retinal or central nervous system); (B) phaeochromocytoma; (C) renal cell carcinoma; or (ii) 2 or more haemangioblastomas; or (iii) one haemangioblastoma and a tumour or a cyst of: (A) the adrenal gland; or (B) the kidney; or (C) the pancreas; or (D) the epididymis; or (E) a broad ligament (other than epididymal and single renal cysts, which are common in the general population); or (b) in a patient presenting with one or more of the following clinical features suggestive of VHL syndrome: (i) haemangiblastomas of the brain, spinal cord, or retina; (ii) phaeochromocytoma; (iii) functional extra-adrenal paraganglioma	600			450	510
73334	Support list (pathology)	Type C	01.11.2012	6	P7	N	Detection of germline mutations of the von Hippel-Lindau (VHL) gene in biological relatives of a patient with a known mutation in the VHL gene	340			255	289
73335	Support list (pathology)	Type C	01.11.2012	6	P7	N	Detection of somatic mutations of the von Hippel-Lindau (VHL) gene in a patient with: (a) 2 or more tumours comprising: (i) 2 or more haemangioblastomas, or (ii) one haemangioblastoma and a tumour of: (A) the adrenal gland; or (B) the kidney; or (C) the pancreas; or (D) the epididymis; and (b) no germline mutations of the VHL gene identified by genetic testing	470			352.5	399.5
73336	Support list (pathology)	Type C	01.12.2013	6	P7	N	A test of tumour tissue from a patient with stage III or stage IV metastatic cutaneous melanoma, requested by, or on behalf of, a specialist or consultant physician, to determine if the requirements relating to BRAF V600 mutation status for access to dabrafenib, vemurafenib or encorafenib under the Pharmaceutical Benefits Scheme are fulfilled.	230.95			173.25	196.35
73337	Support list (pathology)	Type C	01.01.2014	6	P7	N	A test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer, shown to have non-squamous histology or histology not otherwise specified, requested by, or on behalf of, a specialist or consultant physician, if the test is: (a) to determine if requirements relating to epidermal growth factor receptor (EGFR) gene status for access to an immunotherapy listed under the Pharmaceutical Benefits Scheme (PBS) are fulfilled; and (b) not associated with a service to which item 73437 or 73438 applies	397.35			298.05	337.75

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73338	Support list (pathology)	Type C	01.04.2014	6	P7	N	A test of tumour tissue from a patient with metastatic colorectal cancer (stage IV), requested by a specialist or consultant physician, to determine if: (a) requirements relating to rat sarcoma oncogene (RAS) gene variant status for access to cetuximab or panitumumab under the Pharmaceutical Benefits Scheme are fulfilled, if: the test is conducted for all clinically relevant mutations on KRAS exons 2, 3 and 4 and NRAS exons 2, 3, and 4; or a clinically-relevant RAS variant is detected; and, in cases where no RAS variant is detected (b) the requirements relating to BRAF V600 gene variant status for access to encorafenib under the Pharmaceutical Benefits Scheme are fulfilled.	362.6			271.95	308.25
73339	Support list (pathology)	Type C	01.11.2014	6	P7	N	Detection of germline mutations in the RET gene in patients with a suspected clinical diagnosis of multiple endocrine neoplasia type 2 (MEN2) requested by a specialist or consultant physician who manages the treatment of the patient. One test. (Item is subject to rule 25)	400			300	340
73340	Support list (pathology)	Type C	01.11.2014	6	P7	N	Detection of a known mutation in the RET gene in an asymptomatic relative of a patient with a documented pathogenic germline RET mutation requested by a specialist or consultant physician who manages the treatment of the patient. One test. (Item is subject to rule 25)	200			150	170
73341	Support list (pathology)	Type C	01.07.2015	6	P7	N	Fluorescence in situ hybridisation (FISH) test of tumour tissue from a patient with a new diagnosis of locally advanced or metastatic non-small cell lung cancer, which is of non-squamous histology or histology not otherwise specified, with documented evidence of anaplastic lymphoma kinase (ALK) immunoreactivity by immunohistochemical (IHC) examination giving a staining intensity score > 0, and with documented absence of activating mutations of the epidermal growth factor receptor (EGFR) gene, requested by a specialist or consultant physician, if the test is: (a) to determine if requirements relating to ALK gene rearrangement status for access to an immunotherapy listed under the Pharmaceutical Benefits Scheme (PBS) are fulfilled; and (b) not associated with a service to which item 73437 or 73439 applies	400			300	340
73342	Support list (pathology)	Type C	01.01.2016	6	P7	N	An in situ hybridisation (ISH) test of tumour tissue from a patient with metastatic adenocarcinoma of the stomach or gastro-oesophageal junction, with documented evidence of human epidermal growth factor receptor 2 (HER2) overexpression by immunohistochemical (IHC) examination giving a staining intensity score of 2+ or 3+ on the same tumour tissue sample, requested by, or on the advice of, a specialist or consultant physician who manages the treatment of the patient to determine if the requirements relating to HER2 gene amplification for access to trastuzumab under the Pharmaceutical Benefits Scheme are fulfilled.	315.4			236.55	268.1
73343	Support list (pathology)	Type C	01.09.2017	6	P7	N	Detection of 17p chromosomal deletions, in a patient with chronic lymphocytic leukaemia or small lymphocytic lymphoma, on a peripheral blood, bone marrow or lymph node sample, requested by a specialist or consultant physician For any particular patient: (a) at initial diagnosis; or (b) at disease relapse; or (c) on disease progression; but only where initiation of, or change in, therapy is anticipated	589.9			442.45	501.45
73344	Support list (pathology)	Type C	01.01.2019	6	P7	N	Fluorescence in situ hybridization (FISH) test of tumour tissue from a patient with a new diagnosis of locally advanced or metastatic non-small cell lung cancer, which is of non-squamous histology or histology not otherwise specified, with documented evidence of ROS proto-oncogene 1 (ROS1) immunoreactivity by immunohistochemical (IHC) examination giving a staining intensity score of 2+ or 3+; and with documented absence of both activating mutations of the epidermal growth factor receptor (EGFR) gene and anaplastic lymphoma kinase (ALK) immunoreactivity by IHC, requested by a specialist or consultant physician, if the test is: (a) to determine if requirements relating to ROS1 gene arrangement status for access to an immunotherapy listed under the Pharmaceutical Benefits Scheme (PBS) are fulfilled: and (b) not associated with a service to which item 73437 or 73439 applies	400			300	340
73345	Support list (pathology)	Type C	01.07.2018	6	P7	N	Testing of a patient for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of investigating, making or excluding a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73347, 73348, or 73349 applies. The patient must have clinical or laboratory findings suggesting there is a high probability suggestive of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder.	500			375	425
73346	Support list (pathology)	Type C	01.07.2018	6	P7	N	Testing of a pregnant patient whose carrier status for pathogenic cystic fibrosis transmembrane conductance regulator variants, as well as their reproductive partner carrier status is unknown, for the purpose of determining whether pathogenic cystic fibrosis transmembrane conductance regulator variants are present in the fetus, in order to make or exclude a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder in the fetus when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73350 applies. The fetus must have ultrasonic findings of echogenic gut, with unknown familial cystic fibrosis transmembrane conductance regulator variants.	500			375	425
73347	Support list (pathology)	Type C	01.07.2018	6	P7	N	Testing of a prospective parent for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining the risk of their fetus having pathogenic cystic fibrosis transmembrane conductance regulator variants. This is indicated when the fetus has ultrasonic evidence of echogenic gut when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73345, 73348, or 73349 applies.	500			375	425

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73348	Support list (pathology)	Type C	01.07.2018	6	P7	N	Testing of a patient with a laboratory-established family history of pathogenic cystic fibrosis transmembrane conductance regulator variants, for the purpose of determining whether the patient is an asymptomatic genetic carrier of the pathogenic cystic fibrosis transmembrane conductance regulator variants that have been laboratory established in the family history, not being a service associated with a service to which item 73345, 73347, or 73349 applies. The patient must have a positive family history, confirmed by laboratory findings of pathogenic cystic fibrosis transmembrane conductance regulator variants, with a personal risk of being a heterozygous genetic carrier of at least 6%. (This includes family relatedness of: parents, children, full-siblings, half-siblings, grand-parents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed, but excludes relatedness of second cousins or more distant relationships).	250			187.5	212.5
73349	Support list (pathology)	Type C	01.07.2018	6	P7	N	Testing of a patient for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining the reproductive risk of the patient with their reproductive partner because their reproductive partner is already known to have pathogenic cystic fibrosis transmembrane conductance regulator variants requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73345, 73347, or 73348 applies.	500			375	425
73350	Support list (pathology)	Type C	01.07.2018	6	P7	N	Testing of a pregnant patient, where one or both prospective parents are known to be a genetic carrier of pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining whether pathogenic cystic fibrosis transmembrane conductance regulator variants are present in the fetus in order to make or exclude a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder in the fetus, when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73346 applies. The fetus must be at 25% or more risk of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder because of known familial cystic fibrosis transmembrane conductance regulator variants.	250			187.5	212.5
73351	Support list (pathology)	Type C	01.02.2019	6	P7	N	A test of tumour tissue that is derived from a new sample from a patient with locally advanced (Stage IIIb) or metastatic (Stage IV) non-small cell lung cancer (NSCLC), who has progressed on or after treatment with an epidermal growth factor receptor tyrosine kinase inhibitor (EGFR TKI). The test is to be requested by a specialist or consultant physician, to determine if the requirements relating to EGFR T790M gene status for access to osimertinib under the Pharmaceutical Benefits Scheme are fulfilled.	397.35			298.05	337.75
73352	Support list (pathology)	Type C	01.05.2020	6	P7	N	Characterisation of germline variants causing familial hypercholesterolaemia (which must include the LDLR, PCSK9 and APOB genes), requested by a specialist or consultant physician, for a patient: (a) for whom no familial mutation has been identified; and (b) who has any of the following: (i) a Dutch Lipid Clinic Network score of at least 6; (ii) an LDL-cholesterol level of at least 6.5 mmol/L in the absence of secondary causes; (iii) an LDL-cholesterol level of between 5.0 and 6.5 mmol/L with signs of premature or accelerated atherogenesis Applicable only once per lifetime	1200			900	1097.6
73353	Support list (pathology)	Type C	01.05.2020	6	P7	N	Detection of a familial mutation for a patient who has a first- or second-degree relative with a documented pathogenic germline gene variant for familial hypercholesterolaemia Applicable only once per lifetime	400			300	340
73354	Support list (pathology)	Type C	01.05.2020	6	P7	N	Characterisation of germline gene variants, including copy number variation, in the MLH1, MSH2, MSH6, PMS2 and EPCAM genes, requested by a specialist or consultant physician, for:(a) a patient with suspected Lynch syndrome following immunohistochemical examination of neoplastic tissue that has demonstrated loss of expression of one or more mismatch repair proteins; or (b) a patient: (i) who has endometrial cancer; and (ii) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having Lynch syndrome, on the basis of clinical and family history criteria	1200			900	1097.6
73355	Support list (pathology)	Type C	01.05.2020	6	P7	N	Characterisation of germline gene variants, including copy number variation, in the APC and MUTYH genes, requested by a specialist or consultant physician, for a patient: (a) who has adenomatous polyposis; and (b) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having either of the following, on the basis of clinical and family history criteria: (i) familial adenomatous polyposis; (ii) MUTYH-associated polyposis	1200			900	1097.6
73356	Support list (pathology)	Type C	01.05.2020	6	P7	N	Characterisation of germline gene variants, including copy number variation, in the SMAD4, BMPR1A, STK11 and GREM1 genes, requested by a specialist or consultant physician, for a patient: (a) who has non-adenomatous polyposis; and (b) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having any of the following, on the basis of clinical and family history criteria: (i) juvenile polyposis syndrome; (ii) Peutz-Jeghers syndrome; (iii) hereditary mixed polyposis syndrome	1200			900	1097.6
73357	Support list (pathology)	Type C	01.05.2020	6	P7	N	Characterisation of germline gene variants, including copy number variation, in the genes mentioned in item 73354, 73355 or 73356, requested by a specialist or consultant physician, for a patient: (a) who has a biological relative with a pathogenic mutation identified in one or more of those genes; and (b) who has not previously received a service to which any of items 73354, 73355 and 73356 apply	400			300	340

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73358	Support list (pathology)	Type C	01.05.2020	6	P7	N	Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if: (a) the characterisation is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of: (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and (c) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and (d) the characterisation is not performed in conjunction with a service to which item 73359 applies Applicable only once per lifetime	2100			1575	1997.6
73359	Support list (pathology)	Type C	01.05.2020	6	P7	N	Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if: (a) the characterisation is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the request for the characterisation states that singleton testing is inappropriate; and (c) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of: (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and (d) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and (e) the characterisation is performed using a sample from the patient and a sample from each of the patient's biological parents; and (f) the characterisation is not performed in conjunction with a service to which item 73358 applies Applicable only once per lifetime	2900			2175	2797.6
73360	Support list (pathology)	Type C	01.05.2020	6	P7	N	Re-analysis of whole exome or genome data obtained in performing a service to which item 73358 or 73359 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the patient is aged 15 years or younger and is strongly suspected of having a monogenic condition; and (c) the re-analysis is performed at least 18 months after: (i) a service to which item 73358 or 73359 applies; or (ii) a service to which this item applies Applicable only twice per lifetime	500			375	425
73361	Support list (pathology)	Type C	01.05.2020	6	P7	N	Testing of a person (the person tested) for the detection of a single gene variant for diagnostic purposes, if: the person tested has a biological sibling (the sibling) with a known monogenic condition; and a service described in item 73358, 73359 or 73360 has identified the causative variant for the sibling's condition; and the results of the testing performed for the sibling are made available for the purpose of providing the detection for the person tested; and the detection is: requested by a consultant physician practising as a clinical geneticist; or requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and the detection is not performed in conjunction with a service to which item 73362 or 73363 applies Applicable only once per variant per lifetime	400			300	340
73362	Support list (pathology)	Type C	01.05.2020	6	P7	N	Testing of a person (the person tested) for the detection of a single gene variant for the purpose of reproductive decision making, if: the person tested has a first-degree relative (the relative) with a known monogenic condition; and a service described in item 73358, 73359 or 73360 has identified the causative variant for the relative's condition; and the results of the testing performed for the relative are made available for the purpose of providing the detection for the person tested; and the detection is requested by a consultant physician or specialist; and the detection is not performed in conjunction with item 73359, 73361 or 73363 Applicable only once per variant per lifetime	400			300	340
73363	Support list (pathology)	Type C	01.05.2020	6	P7	N	Testing of a person (the person tested) for the detection of a single gene variant for segregation analysis in relation to another person (the patient), if: the patient has a known phenotype of a suspected monogenic condition; and a service described in item 73358 or 73360 has identified a potentially causative variant for the patient; and the person tested is a biological parent or other biological relative of the patient; and a sample from the person tested has not previously been tested in relation to the patient for a service to which item 73359 applies; and the results of the testing of the person tested for this service are made available for the purpose of providing the detection for the patient; and the detection is: requested by a consultant physician practising as a clinical geneticist; or requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and the detection is not performed in conjunction with item 73361 or 73362 Applicable only once per variant per lifetime	400			300	340
73364	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for: (i) the characterisation of MYC gene rearrangement; and (ii) if the results of the characterisation mentioned in subparagraph (i) are positive—the characterisation of either or both of BCL2 gene rearrangement and BCL6 gene rearrangement; and (b) is for a patient: (i) for whom MYC immunohistochemistry is non-negative; and (ii) with clinical or laboratory evidence, including morphological features, of diffuse large B-cell lymphoma or high grade B-cell lymphoma; and (c) is not performed in conjunction with item 73365 Applicable only once per lifetime	400			300	340

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73365	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MYC gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of Burkitt lymphoma; and (c) is not performed in conjunction with item 73364 Applicable only once per lifetime	340			255	289
73366	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) CCND1 gene rearrangement; (ii) CCND2 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mantle cell lymphoma Applicable only once per lifetime	400			300	340
73367	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the presence of isochromosome 7q; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of hepatosplenic T-cell lymphoma Applicable only once per lifetime	340			255	289
73368	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) DUSP22 gene rearrangement; (ii) TP63 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of ALK negative anaplastic large cell lymphoma Applicable only once per lifetime	400			300	340
73369	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of blood or bone marrow, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) TCL1A gene rearrangement; (ii) MTCP1 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of T-cell prolymphocytic leukaemia Applicable only once per lifetime	400			300	340
73370	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of blood or bone marrow, requested by a specialist or consultant physician, that: (a) is for the characterisation of the following: (i) chromosome translocations t(4;14), t(14;16), t(14;20); (ii) 1q gain; (iii) 17p deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of plasma cell myeloma Applicable only once per lifetime	500			375	425
73371	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of chromosome 1p/19q co-deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glial neoplasm with probable oligodendroglial component Applicable only once per lifetime	340			255	289
73372	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the identification of IDH1/2 pathological variant status; and (b) is for a patient with: (i) negative IDH1 (R132H) immunohistochemistry; and (ii) clinical or laboratory evidence, including morphological features, of glial neoplasm Applicable only once per lifetime	340			255	289
73373	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MGMT promoter methylation status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glioblastoma Applicable only once per lifetime	400			300	340
73374	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes in one of the following genes: (i) MDM2 CNV; (ii) FUS; (iii) DDIT3; (iv) EWSR1; (v) ETV6; (vi) NTRK1; (vii) NTRK3; (viii) COL1A1; (ix) PDGFB; (x) STAT6; (xi) PAX3; (xii) PAX7; (xiii) SS18; (xiv) BCOR; (xv) CIC; (xvi) HEY1; (xvii) ALK; (xviii) USP6; (xix) NR4A3; (xx) NCOA2; (xxi) FOXO1; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	340			255	289
73375	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 2 or 3 of the genes mentioned in item 73374; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	400			300	340
73376	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 4 or more of the genes mentioned in item 73374; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	800			600	697.6
73377	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of FOXL2.402C>G status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of granulosa cell ovarian tumour Applicable only once per lifetime	250			187.5	212.5
73378	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of NUTM1 gene status at 15q14; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of midline NUT carcinoma Applicable only once per lifetime	340			255	289
73379	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of ETV6-NTRK3 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of secretory carcinoma of the breast Applicable only once per lifetime	340			255	289
73380	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MAML2 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mucoepidermoid carcinoma Applicable only once per lifetime	340			255	289

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73381	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of ETV6-NTRK3 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mammary analogue secretory carcinoma of the salivary gland Applicable only once per lifetime	340			255	289
73382	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of EWSR1 gene rearrangement, with or without PLAG1 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of hyalinising clear cell carcinoma of the salivary gland Applicable only once per lifetime	340			255	289
73383	Support list (pathology)	Type C	01.05.2020	6	P7	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) TFE3 gene rearrangement; (ii) TFEB gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of renal cell carcinoma Applicable only once per lifetime	400			300	340
73384	Support list (pathology)	Type C	01.11.2021	6	P7	N	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the pathology services table (see PR.7.1), of samples from the patient and (if relevant) the patient's reproductive partner, for the purpose of providing an assay for pre-implantation genetic testing, requested by a specialist or consultant physician Applicable not more than once per patient episode per disorder (of a kind described in clause 2.7.3A (PR.7.1)) per reproductive relationship	1736			1302	1633.6
73385	Support list (pathology)	Type C	01.11.2021	6	P7	N	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the Pathology Services Table (see PR.7.1), of embryonic tissue from a sample from one embryo, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and (ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on an embryo that was produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73386 or 73387 applies for the same assisted reproductive treatment cycle Applicable not more than once per embryo	635			476.25	539.75
73386	Support list (pathology)	Type C	01.11.2021	6	P7	N	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the Pathology Services Table (see PR.7.1), of embryonic tissue from samples from 2 embryos, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and (ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on embryos that were produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73385 or 73387 applies for the same assisted reproductive treatment cycle Applicable not more than once per assisted reproductive treatment cycle for the 2 embryos tested	1270			952.5	1167.6
73387	Support list (pathology)	Type C	01.11.2021	6	P7	N	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the Pathology Services Table (see PR.7.1), of embryonic tissue from samples from 3 or more embryos, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and (ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on embryos that were produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73385 or 73386 applies for the same assisted reproductive treatment cycle Applicable not more than once per assisted reproductive treatment cycle for the 3 or more embryos tested	1905			1428.75	1802.6
73388	Support list (pathology)	Type C	01.11.2021	6	P7	N	Analysis of chromosomes by genome-wide microarray, of a sample from amniocentesis or chorionic villus sampling, including targeted assessment of specific regions for constitutional genetic abnormalities in diagnostic studies of a fetus, if one or more major fetal structural abnormalities have been detected on ultrasound; or nuchal translucency was greater than 3.5 mm Applicable only once per fetus	589.9			442.45	501.45
73389	Support list (pathology)	Type C	01.11.2021	6	P7	N	Analysis of products of conception from a patient with suspected hydatidiform mole for the characterisation of ploidy status Applicable once per pregnancy	340			255	289
73391	Support list (pathology)	Type C	01.11.2021	6	P7	N	Analysis of chromosomes by genome-wide microarray in diagnostic studies of a patient with multiple myeloma Applicable once per lifetime	589.9			442.45	501.45
73392	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician: (a) in at least the following genes: (i) MYBPC3; (ii) MYH7; (iii) TNNI3; (iv) TNNT2; (v) TPM1; (vi) ACTC1; (vii) MYL2; (viii) MYL3; (ix) PRKAG2; (x) LAMP2; (xi) GLA; (xii) LMNA; (xiii) SCN5A; (xiv) TTN; (xv) RBM20; (xvi) PLN; (xvii) DSP; (xviii) DSC2; (xix) DSG2; (xx) JUP; (xxi) PKP2; (xxii) TMEM43; and (b) for a patient for whom clinical history, family history or laboratory findings suggest there is a high probability of one or more of the following heritable cardiomyopathies in the patient: (i) hypertrophic cardiomyopathy; (ii) dilated cardiomyopathy; (iii) arrhythmogenic cardiomyopathy Applicable once per lifetime	1200			900	1097.6
73393	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of one or more pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician, if: (a) a service described in item 73392 has not previously been performed for the patient; and (b) the patient is a first-degree biological relative (or a second-degree biological relative if a first-degree biological relative is unavailable) of a person who has a pathogenic or likely pathogenic germline gene variant that is confirmed by laboratory findings; and (c) the service is performed for the purpose of assessing present or future risk of any of the following heritable cardiomyopathies in the patient: (i) hypertrophic cardiomyopathy; (ii) dilated cardiomyopathy; (iii) arrhythmogenic cardiomyopathy Applicable once per variant per lifetime	400			300	340

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73394	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of one or more recessive pathogenic or likely pathogenic germline genes, requested by a specialist or consultant physician, for the purpose of determining the reproductive risk of heritable cardiomyopathy in a patient: (a) who is a reproductive partner of a known carrier of a pathogenic or likely pathogenic germline gene that is confirmed by laboratory findings ; and (b) for whom carrier status of a pathogenic or likely pathogenic germline gene is unknown; and (c) who has a clinical history, family history or laboratory findings suggesting there is a low probability of heritable cardiomyopathy Applicable once per gene per lifetime	1200			900	1097.6
73395	Support list (pathology)	Type C	01.07.2022	6	P7	N	Re-analysis of whole exome or genome data that is obtained in performing a service to which item 73392 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a cardiologist; and (b) the patient is strongly suspected of having a heritable cardiomyopathy; and (c) the re-analysis is performed at least 18 months after a service to which item 73392 or this item applies is performed for the patient Applicable twice per lifetime	500			375	425
73396	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of variants in the JAK2 exon 12 in the diagnostic work-up of a patient with clinical and laboratory evidence of polycythaemia vera, requested by a specialist or consultant physician	90			67.5	76.5
73397	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of variants in both the CALR and MPL genes in the diagnostic work-up of a patient with clinical and laboratory evidence of essential thrombocythaemia or primary myelofibrosis, requested by a specialist or consultant physician	200			150	170
73398	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of variants in at least 8 genes, which must include all of the following genes: (a) JAK2 (including exons 12 and 14); (b) CALR; (c) MPL; in the diagnostic work-up of a patient with clinical and laboratory evidence of polycythaemia vera or essential thrombocythaemia, requested by a specialist or consultant physician Applicable to one test per diagnostic episode	420			315	357
73399	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of variants in at least 20 genes, which must include all of the following genes: (a) JAK2 (including exons 12 and 14); (b) CALR; (c) MPL; in the diagnostic work-up of a patient, with clinical and laboratory evidence of primary myelofibrosis, who is eligible for a stem cell transplant, requested by a specialist or consultant physician Applicable to one test per diagnostic episode	700			525	597.6
73401	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation, by whole exome or genome sequencing and analysis, of germline gene variants in one or more of the genes implicated in heritable cystic kidney disease, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient has a renal abnormality and is strongly suspected of having a monogenic condition Applicable once per lifetime	2100			1575	1997.6
73402	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation, by whole exome or genome sequencing and analysis, of germline gene variants in one or more of the genes implicated in heritable kidney disease, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient has chronic kidney disease (other than cystic disease or Alport syndrome) and is strongly suspected of having a monogenic condition Applicable once per lifetime	2100			1575	1997.6
73403	Support list (pathology)	Type C	01.07.2022	6	P7	N	Re-analysis of genetic data obtained in performing a service to which item 73401 or 73402 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a specialist paediatrician; and (b) the patient has a strong clinical suspicion of a monogenic condition; and (c) a service to which item 73401, 73402 or this item applies has not been performed for the patient in the previous 18 months Applicable twice per lifetime	500			375	425
73404	Support list (pathology)	Type C	01.07.2022	6	P7	N	Detection of a single gene variant in a patient, if: (a) the service is requested by: (i) a clinical geneticist; or (ii) a specialist or consultant physician providing professional genetic counselling services; and (b) the patient has a first-degree relative with a known monogenic cause of kidney disease; and (c) a service described in item 73401, 73402, or 73403 has identified the causative variant for the disease for the relative Applicable once per variant per lifetime	400			300	340
73405	Support list (pathology)	Type C	01.07.2022	6	P7	N	Detection of one or more variants of a single gene known to cause heritable kidney disease, for the purpose of reproductive decision making, if: (a) the detection is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient is the reproductive partner of an individual known to be a carrier of a pathogenic variant that causes heritable kidney disease that has a recessive mode of inheritance; and (c) a service described in item 73401, 73402, 73403 or 73404 has identified the causative gene for the patient's partner; and (d) the detection test methodology has sufficient diagnostic range and sensitivity to detect at least 95% of pathogenic variants likely to be present in the patient	1200			900	1097.6
73406	Support list (pathology)	Type C	01.07.2022	6	P7	N	Testing of a pregnant patient, for the purpose of determining whether monogenic variants are present in the fetus, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient or the patient's reproductive partner (or both) are known to be affected by, or are carriers of, a known pathogenic variant that causes heritable kidney disease; and (c) the fetus is at risk, of at least 25%, of inheriting a monogenic variant known to cause kidney disease	400			300	340

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73410	Support list (pathology)	Type C	01.07.2022	6	P7	N	Deletion testing of HBA1 and HBA2 for: (a) the diagnosis of alpha thalassaemia in a patient of reproductive age: (i) who has abnormal red cell indices; and (ii) for whom thalassaemia screening was suggestive of thalassaemia; and (iii) who does not have a concurrent iron deficiency (or who, irrespective of iron status, is pregnant); and (iv) who has no historic normal cell indices; or (b) the determination of carrier status in a person: (i) who is a reproductive partner of a person with alpha thalassaemia; and (ii) who has abnormal red cell indices; and (iii) who does not have a concurrent iron deficiency; or (c) the determination of carrier status in a person: (i) who is a reproductive partner of a person with alpha thalassaemia and heterozygous 2-gene deletion; and (ii) who has normal red cell indices	100			75	85
73411	Support list (pathology)	Type C	01.07.2022	6	P7	N	Sequencing of HBA1 or HBA2, if the results of deletion testing described in item 73410 were inconclusive and a less common or rare variant is suspected, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or (b) for the determination of carrier status in a reproductive partner of a person with alpha thalassaemia Applicable once per gene per lifetime	400			300	340
73412	Support list (pathology)	Type C	01.07.2022	6	P7	N	Deletion testing of HBA1 and HBA2, if the results of deletion testing described in item 73410 were inconclusive and a large deletion variant is suspected, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or (b) for the determination of carrier status in a reproductive partner of a person with alpha thalassaemia	250			187.5	212.5
73413	Support list (pathology)	Type C	01.07.2022	6	P7	N	Non-deletion testing of HBA1 and HBA2 using techniques other than sequencing, if the results of deletion testing described in item 73410 were inconclusive, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age ; or (b) for the determination of carrier status in a reproductive partner of a person with alpha thalassaemia	250			187.5	212.5
73416	Support list (pathology)	Type C	01.07.2022	6	P7	N	Detection of germline gene variants, including copy number variation, requested by a specialist or consultant physician: (a) in at least the following genes: (i) KCNQ1; (ii) KCNH2; (iii) SCN5A; (iv) KCNE1; (v) KCNE2; (vi) KCNJ2; (vii) CACNA1C; (viii) RYR2; (ix) CASQ2; (x) CAV3; (xi) SCN4B; (xii) AKAP9; (xiii) SNTA1; (xiv) KCNJ5; (xv) ALG10; (xvi) CALM1; (xvii) CALM2; (xviii) ANK2; (xix) TECRL; (xx) TRDN; and (b) for a patient for whom clinical or family history criteria is suggestive of inherited cardiac arrhythmias or channelopathies that place the patient at greater than 10% risk of having a pathogenic variant Applicable once per lifetime	1200			900	1097.6
73417	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of one or more pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician, if: (a) the patient is a first-degree or second-degree biological relative of a person with a pathogenic or likely pathogenic germline gene variant that is confirmed by laboratory findings; and (b) the service is performed for the purpose of assessing present or future risk of a cardiac arrhythmia or channelopathy; and (c) a service to which item 73416 applies has not previously been performed for the patient Applicable once per variant per lifetime	400			300	340
73418	Support list (pathology)	Type C	01.07.2022	6	P7	N	Characterisation of one or more recessive pathogenic or likely pathogenic germline genes, requested by a specialist or consultant physician, for the purpose of determining the reproductive risk of cardiac arrhythmia or channelopathy in a patient: (a) who is a reproductive partner of a person who is a known carrier of a pathogenic or likely pathogenic germline gene variant of a gene confirmed by laboratory findings; and (b) for whom a service to which item 73416 applies has not previously been performed; and (c) for whom carrier status of a pathogenic or likely pathogenic germline gene variant is unknown; and (d) who has a clinical history, family history or laboratory findings suggesting there is a low probability of cardiac arrhythmia or channelopathy Applicable once per gene per lifetime	1200			900	1097.6
73419	Support list (pathology)	Type C	01.07.2022	6	P7	N	Re-analysis of whole exome or genome data that was obtained in performing a service to which item 73416 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a cardiologist; and (b) the patient is strongly suspected of having inheritable cardiac arrhythmia or channelopathies; and (c) the service is performed at least 18 months after a service to which item 73416 or this item applies was performed for the patient Applicable twice per lifetime	500			375	425
73420	Support list (pathology)	Type C	01.07.2022	6	P7	N	Non-invasive prenatal testing of blood from an RhD negative pregnant patient for the detection of the RHD gene from fetal DNA circulating in maternal blood, if the patient has not been previously alloimmunised against RhD	150.4			112.8	127.85
73421	Support list (pathology)	Type C	01.07.2022	6	P7	N	Non-invasive prenatal testing of blood from an RhD negative pregnant patient for the detection of the RHD gene from fetal DNA circulating in maternal blood, if the patient has been previously alloimmunised against RhD	550			412.5	467.5
73422	Support list (pathology)	Type C	01.11.2022	6	P7	N	Characterisation of a gene variant or gene variants using a gene panel, in a patient presenting with clinical signs and symptoms suggestive of a genetic neuromuscular disorder (other than signs and symptoms associated with variants that are not detectable by massively parallel sequencing), if the service is requested: (a) by a specialist or consultant physician; and (b) after exclusion of non-genetic causes Applicable once per lifetime	1200			900	1097.6
73423	Support list (pathology)	Type C	01.11.2022	6	P7	N	Detection of a single identified gene variant, in a biological relative of a person with a germline gene variant for a neuromuscular disorder identified by a service described in item 73422, 73425 or 73426, if the service is requested by a specialist or consultant physician Applicable once per variant	500			375	425

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73424	Support list (pathology)	Type C	01.11.2022	6	P7	N	Prenatal detection of an actionable pathogenic familial gene variant or gene variants (including maternal cell contamination assessment), requested by a specialist or consultant physician, for a genetic neuromuscular disorder previously identified in an index person in the patient's family as a result of a service described in item 73422, 73434 or 73435 Applicable once per pregnancy	1600			1200	1497.6
73425	Support list (pathology)	Type B Non-band specific	01.11.2022	6	P7	N	Prenatal detection of unknown gene variants (including maternal cell contamination assessment) using a gene panel, if: (a) the service is requested: (i) by a specialist or consultant physician, for a suspected genetic neuromuscular disorder; and (ii) after exclusion of non-genetic causes; and (b) the service is performed using a sample from the fetus; and (c) the service is not performed in conjunction with a service to which item 73426 applies Applicable once per pregnancy	1800			1350	1697.6
73426	Support list (pathology)	Type B Non-band specific	01.11.2022	6	P7	N	Prenatal detection of unknown gene variants (including maternal cell contamination assessment) using a gene panel, if: (a) the service is requested: (i) by a specialist or consultant physician; and (ii) for a suspected genetic neuromuscular disorder; and (iii) after exclusion of non-genetic causes; and (b) the request states that singleton testing is inappropriate; and (c) the service is performed using a sample from the fetus and a sample from each of the fetus's biological parents; and (d) the service is not performed in conjunction with a service to which item 73425 applies Applicable once per pregnancy	2400			1800	2297.6
73427	Support list (pathology)	Type C	01.11.2022	6	P7	N	Single gene testing for the characterisation of a germline gene variant or germline gene variants: (a) if requested by a specialist or consultant physician; and (b) within the same gene in which the patient's reproductive partner has a documented pathogenic germline recessive gene variant for a neuromuscular disorder identified by a service described in: (i) item 73422, 73425 or 73426; or (ii) item 73434, if the patient has been provided a service described in item 73434 and that service has not identified a relevant variant Applicable once per gene	1200			900	1097.6
73428	Support list (pathology)	Type C	01.11.2022	6	P7	N	Re-analysis of whole genome or exome data obtained in performing a service described in item 73422, 73425 or 73426, for characterisation of previously unreported gene variants related to the clinical phenotype, if the re-analysis is requested by: (a) a consultant physician practicing as a clinical geneticist; or (b) a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist Applicable twice per lifetime	500			375	425
73429	Support list (pathology)	Type C	01.07.2023	6	P7	N	Genetic testing (including characterisation of single nucleotide variants, structural variants, fusions and copy number alterations) in a gene panel, requested by a specialist or consultant physician, for a patient with clinical or laboratory evidence of a glioma, glioneuronal tumour or glioblastoma, to aid diagnosis and classification of the relevant tumour, including assessments of at least the following kinds: (a) IDH1, IDH2—variant testing; (b) 1p/19q—co-deletion assessment; (c) H3F3A—variant status; (d) TERT—promoter variant status; (e) EGFR—amplification; (f) CDKN2A/B—deletion; (g) BRAF—variants Applicable to one test per diagnostic episode	887.9			665.95	785.5
73430	Support list (pathology)	Type C	01.07.2022	6	P7	N	Fluorescence in-situ hybridisation (FISH) test of tumour tissue from a patient with locally advanced or metastatic solid tumour, if: (a) the tumour is at risk of being caused by a neurotrophic receptor tyrosine kinase (NTRK) gene fusion as determined by either: (i) occurring in a child less than 18 years of age; or (ii) being mammary analogue secretory carcinoma of the salivary gland; or (iii) being secretory breast carcinoma; and (b) the test is requested by a specialist or consultant physician to determine if requirements relating to NTRK gene fusion status for access to a tropomyosin receptor kinase (Trk) inhibitor under the Pharmaceutical Benefits Scheme are fulfilled This item cannot be claimed if item 73433 has been claimed for the same patient during the same cancer diagnosis Applicable only once per cancer diagnosis	400			300	340
73431	Support list (pathology)	Type C	01.07.2022	6	P7	N	Two tests described in item 73430	533			399.75	453.05
73432	Support list (pathology)	Type C	01.07.2022	6	P7	N	Three or more tests described in item 73430	667			500.25	566.95
73433	Support list (pathology)	Type C	01.07.2022	6	P7	N	Next generation sequencing (NGS) test for neurotrophic receptor tyrosine kinase (NTRK1, NTRK2, NTRK3) fusions by RNA or DNA in tumour tissue from a patient with locally advanced or metastatic solid tumour, if: (a) the tumour is at risk of being caused by an NTRK gene fusion as determined by either: (i) occurring in a child less than 18 years of age; or (ii) being mammary analogue secretory carcinoma of the salivary gland; or (iii) being secretory breast carcinoma; (b) the test is requested by a specialist or consultant physician to determine if requirements relating to NTRK gene fusion status for access to a tropomyosin receptor kinase (Trk) inhibitor under the Pharmaceutical Benefits Scheme are fulfilled This item cannot be claimed if item 73430 has been claimed for the same patient during the same cancer diagnosis Applicable only once per cancer diagnosis	1000			750	897.6
73434	Support list (pathology)	Type C	01.07.2023	6	P7	N	Detection of pathogenic or likely pathogenic gene variants, requested by a specialist or consultant physician, for any of the following: (a) a patient with a suspected neuromuscular disorder, being a neuromuscular disorder with signs and symptoms associated with variants that are not detectable by massively parallel sequencing; (b) a relative of a patient with a pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings); (c) the reproductive partner of a patient with a recessive pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings) Applicable once per gene per lifetime	392			294	333.2
73435	Support list (pathology)	Type C	01.07.2023	6	P7	N	Detection of pathogenic or likely pathogenic DUX4 gene variants, requested by a specialist or consultant physician, for: (a) a patient with a suspected neuromuscular disorder; or (b) a relative of a patient with a pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings) Applicable once per gene per lifetime	1000			750	897.6

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73436	Support list (pathology)	Type C	01.11.2022	6	P7	N	A test of tumour tissue from a patient with a new diagnosis of locally advanced or metastatic non-small cell lung cancer requested by, or on behalf of, a specialist or consultant physician, if the test is: (a) to determine if the requirements relating to MET proto-oncogene, receptor tyrosine kinase (MET) exon 14 skipping alterations (METex14sk) status for access to an immunotherapy listed under the Pharmaceutical Benefits Scheme (PBS) are fulfilled: and (b) not associated with a service to which item 73437 or 73438 applies	397.35			298.05	337.75
73437	Support list (pathology)	Type C	01.11.2023	6	P7	N	A nucleic acid-based multi-gene panel test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer requested by, or on behalf of, a specialist or consultant physician, if the test is: (a) to detect variants in at least EGFR, BRAF, KRAS and MET exon 14 to determine access to specific therapies relevant to these variants listed on the Pharmaceutical Benefits Scheme (PBS); and (b) to detect the fusion status of at least ALK, ROS1, RET, NTRK1, NTRK2 and NTRK3; and (i) to determine access to specific therapies relevant to these variants listed on the PBS; or (ii) determine if the requirements relating to EGFR, ALK and ROS1 status for access immunotherapies listed on the PBS are fulfilled; and (c) not associated with a service to which item 73438, 73439, 73337, 73341, 73344, 73436 or 73351 applies	1247			935.25	1144.6
73438	Support list (pathology)	Type C	01.11.2023	6	P7	N	A DNA-based multi-gene panel test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer requested by, or on behalf of, a specialist or consultant physician, if the test is: (a) to detect variants in at least EGFR, BRAF, KRAS and MET exon 14; and (b) to determine access to specific therapies relevant to these variants listed on the Pharmaceutical Benefits Scheme (PBS); or (c) to determine if the requirements relating to EGFR status for access to immunotherapies listed on the PBS are fulfilled; and (d) not associated with a service to which item 73437, 73337, 73436 or 73351 applies	682.35			511.8	580
73439	Support list (pathology)	Type C	01.11.2023	6	P7	N	A nucleic acid-based multi-gene panel test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer and with documented absence of activating variants of the EGFR gene, KRAS, BRAF and MET exon14, requested by, or on behalf of, a specialist or consultant physician, if the test is: (a) to determine the fusion status of at least ALK, ROS1, RET, NTRK1, NTRK2, and NTRK3 to determine access to specific therapies relevant to these variants listed on the Pharmaceutical Benefits Scheme (PBS) are fulfilled; or (b) to determine if the requirements relating to ALK and ROS1 status for access to immunotherapies listed on the PBS are fulfilled; and (c) not associated with a service to which item 73437, 73341, 73344 or 73351 applies	682.35			511.8	580
73440	Support list (pathology)	Type C	01.11.2023	6	P7	N	Genomic testing and copy number variant analysis of genes known to be causative or likely causative of childhood hearing loss in a patient, if:(a) the testing and analysis is requested by a specialist or consultant physician; and(b) the patient has congenital or childhood onset hearing loss that presented before the patient was 18 years of age and is permanent moderate, severe, or profound (>40 dB in the worst ear over 3 frequencies) and classified as sensorineural, auditory neuropathy or mixed; and(c) the patient is not eligible for a service to which item 73358 or 73359 applies; and(d) the testing and analysis is not associated with a service to which item 73441 applies Applicable once per lifetime	1200			900	1097.6
73441	Support list (pathology)	Type C	01.11.2023	6	P7	N	Genomic testing and copy number variant analysis of relevant genes known to be causative or likely causative of childhood hearing loss in a patient, if:(a) the testing and analysis is requested by a specialist or consultant physician; and(b) the patient has congenital or childhood onset hearing loss that presented before the patient was 18 years of age and is permanent moderate, severe, or profound (>40 dB in the worst ear over 3 frequencies) and classified as sensorineural, auditory neuropathy or mixed; and(c) the testing and analysis is performed using a sample from the patient and a sample from each of the patient's biological parents; and(d) the patient is not eligible for a service to which item 73358 or 73359 applies; and(e) the testing and analysis is not associated with a service to which item 73440 applies Applicable once per lifetime	2100			1575	1997.6
73442	Support list (pathology)	Type C	01.11.2023	6	P7	N	Re-analysis of whole exome or genome data obtained under a service to which item 73440 or 73441 applies, for characterisation of previously unreported germline gene variants for childhood hearing loss in a patient, if:(a) the re-analysis is requested by a specialist or consultant physician; and(b) the re-analysis is performed at least 24 months after:(i) the service to which items 73440 or 73441 applies has been provided to the patient; or(ii) a service to which this item applies is performed for the patient Applicable twice per lifetime	500			375	425
73443	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation of one or more familial germline gene variants known to be causative or likely causative of childhood hearing loss in a person, if:(a) the person tested is a biological relative of a patient with a germline gene variant known to be causative or likely causative of hearing loss confirmed by laboratory findings; and(b) the result of a previous proband testing is made available to the laboratory undertaking the characterisation	400			300	340
73444	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation of all germline variants in one or more genes known to cause hearing loss in a person, if:(a) the characterisation is requested by a specialist or consultant physician; and(b) the characterisation is for the reproductive partner of a patient with a pathogenic or likely pathogenic recessive germline gene variant known to cause hearing loss confirmed by laboratory findings; and(c) the result of the patient's previous testing is made available to the laboratory undertaking the characterisation	1200			900	1097.6
73445	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation of a variant or variants in a panel of at least 25 genes using DNA and RNA, requested by a specialist or consultant physician, to determine the diagnosis, prognosis and/or management of a patient presenting with a clinically suspected haematological malignancy of myeloid origin Applicable once per diagnostic episode, at diagnosis, disease progression or relapse	1100			825	997.6

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73446	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation of a variant or variants in a panel of at least 25 genes using DNA and RNA, requested by a specialist or consultant physician, to determine the diagnosis, prognosis and/or management of a patient presenting with a clinically suspected haematological malignancy of lymphoid origin Applicable once per diagnostic episode, at diagnosis, disease progression or relapse	1100			825	997.6
73447	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation of a variant or variants in a panel of at least 25 genes using DNA, requested by a specialist or consultant physician, to determine the diagnosis, prognosis and/or management of a patient presenting with a clinically suspected haematological malignancy of myeloid origin Applicable once per diagnostic episode, at diagnosis, disease progression or relapse	927.9			695.95	825.5
73448	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation of a variant or variants in a panel of at least 25 genes using DNA, requested by a specialist or consultant physician, to determine the diagnosis, prognosis and/or management of a patient presenting with a clinically suspected haematological malignancy of lymphoid origin Applicable once per diagnostic episode, at diagnosis, disease progression or relapse	927.9			695.95	825.5
73451	Support list (pathology)	Type C	01.11.2023	6	P7	N	Testing of a patient (who is pregnant or planning pregnancy) to identify carrier status for pathogenic or likely pathogenic variants in a gene mentioned in paragraph (a), (b) or (c), to determine: (a) for the cystic fibrosis transmembrane conductance regulator (CFTR) gene—reproductive risk of cystic fibrosis; (b) for the survival motor neuron 1 (SMN1) gene—reproductive risk of spinal muscular atrophy; (c) for the fragile X messenger ribonucleoprotein 1 (FMR1) gene—reproductive risk of fragile X syndrome; (other than a service associated with a service to which item 73300, 73305, 73345, 73346, 73347, 73348, 73349 or 73350 applies) One test per lifetime	400			300	340
73452	Support list (pathology)	Type C	01.11.2023	6	P7	N	Testing of the reproductive partner of a patient who has been found to be a carrier of a pathogenic or likely pathogenic variant in the CFTR or SMN1 gene identified by testing under item 73451, for the purpose of determining the couple's reproductive risk of cystic fibrosis or spinal muscular atrophy One test per condition per lifetime	400			300	340
73453	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation of germline pathogenic or likely pathogenic gene variants: (a) in at least the following genes: (i) ASPA; (ii) BLM; (iii) CFTR; (iv) ELP1; (v) FANCA; (vi) FANCC; (vii) FANCG; (viii) FMR1; (ix) G6PC1; (x) GBA1; (xi) HEXA; (xii) MCOLN1; (xiii) SLC37A4; (xiv) SMN1; (xv) SMPD1; and (b) in a patient of reproductive age who is of Ashkenazi Jewish descent for the purpose of ascertaining the patient's carrier status for the following: (i) Bloom syndrome (ii) Canavan disease (iii) Cystic fibrosis (iv) Familial dysautonomia (v) Fanconi anaemia type C (vi) Fragile-X syndrome (vii) Gaucher disease (viii) Glycogen storage disease type I (ix) Mucolipidosis type IV (x) Niemann-Pick disease type A 7 (xi) Spinal muscular atrophy (xii) Tay-Sachs disease Applicable once per lifetime	425			318.75	361.25
73454	Support list (pathology)	Type C	01.11.2023	6	P7	N	Whole gene sequencing of a gene or genes described in item 73453, in a patient who is the reproductive partner of an individual who is affected by, or is a known genetic carrier of, one or more conditions described in item 73453 (other than cystic fibrosis, fragile-X syndrome or spinal muscular atrophy), for the purpose of determining the couple's combined reproductive risk of the conditions, if: (a) the patient is not eligible for a service to which item 73453 applies; and (b) the patient has not received a service to which item 73453 applies; and (c) the patient has not received a service to which this item applies for the purpose of determining the patient's reproductive risk with the patient's current reproductive partner Applicable once per couple per lifetime	1200			900	1097.6
73455	Support list (pathology)	Type C	01.11.2023	6	P7	N	Testing of a pregnant patient, if at least one prospective parent is known to be affected by, or is a genetic carrier of, one or more conditions described in item 73453, for the purpose of determining whether a familial variant or variants are present in the fetus, if: (a) the testing is requested by a specialist or consultant physician; and (b) there is at least a 25% risk of the fetus inheriting a condition described in paragraph (b) of item 73453	1600			1200	1497.6
73456	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation by whole genome sequencing, or by either or both whole exome sequencing and mitochondrial DNA sequencing, of germline variants present in nuclear DNA and in mitochondrial DNA of a patient with a strong suspicion of a mitochondrial disease, if: (a) the characterisation is requested by a specialist or consultant physician; and (b) the characterisation is requested because of the onset of one or more clinical features indicative of mitochondrial disease, including at least one or more of the following: (i) meeting the clinical criteria of a probable indicator of mitochondrial disease on a relevant scoring system; (ii) evident mitochondrial dysfunction or decompensation; (iii) unexplained hypotonia or weakness, profound hypoglycaemia or "failure to thrive" in the presence of a metabolic acidosis; (iv) unexplained single or multi-organ dysfunction or fulminant failure (including, but not limited to, neuropathies, myopathies, hepatopathy, pancreatic and/or bone marrow failure); (v) refractory or atypical seizures, developmental delays or cognitive regression, or progressive encephalopathy or progressive encephalomyopathy; (vi) cardiomyopathy and/or cardiac arrythmias; (vii) rapid hearing or painless visual loss or ptosis; (viii) stroke-like episodes or nonvasculitic strokes; (ix) ataxia, encephalopathy, seizures, muscle fatigue or weakness; (x) external ophthalmoplegia; (xi) hearing loss, diabetes, unexplained short stature, or endocrinopathy; (xii) family history of mitochondrial disease, or any of the above; and (c) the service is not a service associated with a service to which item 73358, 73359 or 73457 applies Applicable only once per lifetime	2100			1575	1997.6

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73457	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation by whole genome sequencing, or either or both whole exome sequencing and mitochondrial DNA sequencing, of germline variants present in nuclear DNA and in mitochondrial DNA, of a patient with a strong suspicion of a mitochondrial disease, if: (a) the characterisation is performed using a sample from the patient and a sample from each of the patient's biological parents; and (b) the request for the characterisation states that singleton testing is inappropriate; and (c) the characterisation is requested by a specialist or consultant physician; and (d) the characterisation is requested because of the onset of one or more clinical features indicative of mitochondrial disease, including at least one or more of the following: (i) meeting the clinical criteria of a probable indicator of mitochondrial disease on a relevant scoring system; (ii) evident mitochondrial dysfunction or decompensation; (iii) unexplained hypotonia or weakness, profound hypoglycaemia or "failure to thrive" in the presence of a metabolic acidosis; (iv) unexplained single or multi-organ dysfunction or fulminant failure (including, but not limited to, neuropathies, myopathies, hepatopathy, pancreatic and/or bone marrow failure); (v) refractory or atypical seizures, developmental delays or cognitive regression, or progressive encephalopathy or progressive encephalomyopathy; (vi) cardiomyopathy and/or cardiac arrythmias; (vii) rapid hearing or painless visual loss or ptosis; (viii) stroke-like episodes or nonvasculitic strokes; (ix) ataxia, encephalopathy, seizures, muscle fatigue or weakness; (x) external ophthalmoplegia; (xi) hearing loss, diabetes, unexplained short stature, or endocrinopathy; (xii) family history of mitochondrial disease; and (e) the service is not a service associated with a service to which item 73358, 73359 or 73456 applies Applicable only once per lifetime	3300			2475	3197.6
73458	Support list (pathology)	Type C	01.11.2023	6	P7	N	Re-analysis of whole genome or whole exome or mitochondrial DNA data obtained in performing a service to which item 73456 or 73457 applies, for characterisation of previously unreported germline variants related to the clinical phenotype, if: (a) the re-analysis is requested by a specialist or consultant physician; and (b) the patient is strongly suspected of having a monogenic mitochondrial disease; and (c) the re-analysis is performed at least 24 months after: (i) the service to which item 73456 or 73457 applies; or (ii) a service to which this item applies Applicable twice per lifetime	500			375	425
73459	Support list (pathology)	Type C	01.11.2023	6	P7	N	Testing for diagnostic purposes of a pregnant patient, for detection in the fetus of a gene variant or variants present in the parents, if: (a) the gene variant or variants are: (i) a variant or variants in the mitochondrial genome identified in the oocyte donating parent; or (ii) autosomal recessive variants identified in both biological parents within the same gene; or (iii) an autosomal dominant or X-linked variant identified in either biological parent; or (iv) identified in a biological sibling of the fetus; and (b) the causative variant or variants for the condition of the fetus' first-degree relative have been confirmed by laboratory findings; and (c) the detection is requested by a specialist or consultant physician; and (d) the service is not a service associated with a service to which item 73361, 73362, 73363 or 73462 applies	1600			1200	1497.6
73460	Support list (pathology)	Type C	01.11.2023	6	P7	N	Characterisation of mitochondrial DNA deletion or variant for diagnostic purposes in a patient suspected to have mitochondrial disease, if: (a) the characterisation is requested by the specialist or consultant physician managing the patient's treatment; and (b) the patient displays onset of one or more clinical features indicative of mitochondrial disease, including at least one or more of the following: (i) meeting the clinical criteria of a probable indicator of mitochondrial disease on a relevant scoring system; (ii) evident mitochondrial dysfunction or decompensation; (iii) unexplained hypotonia or weakness, profound hypoglycaemia or 'failure to thrive' in the presence of a metabolic acidosis; (iv) unexplained single or multi-organ dysfunction or fulminant failure (including, but not limited to, neuropathies, myopathies, hepatopathy, pancreatic and/or bone marrow failure); (v) refractory or atypical seizures, developmental delays or cognitive regression, or progressive encephalopathy or progressive encephalomyopathy; (vi) cardiomyopathy and/or cardiac arrythmias; (vii) rapid hearing or painless visual loss or ptosis; (viii) stroke-like episodes or nonvasculitic strokes; (ix) ataxia, encephalopathy, seizures, muscle fatigue or weakness; (x) external ophthalmoplegia; (xi) hearing loss, diabetes, unexplained short stature, or endocrinopathy; (xii) family history of mitochondrial disease; and (c) the service is performed following a service to which items 73292, 73358, 73359, 73456 or 73457 applies for the same patient if the results were non-informativeApplicable 3 times per lifetime	450			337.5	382.5
73461	Support list (pathology)	Type C	01.11.2023	6	P7	N	Whole gene testing of a person for the characterisation of all germline gene variants within the same gene in which the person's reproductive partner has a pathogenic or likely pathogenic germline recessive gene variant for mitochondrial disease, if: (a) the partner's germline recessive gene variant is confirmed by laboratory findings; and (b) the characterisation is requested by a specialist or consultant physician	1200			900	1097.6
73462	Support list (pathology)	Type C	01.11.2023	6	P7	N	Testing of a person for the detection of a single gene variant, if: (a) the person tested has a biological relative with a known pathogenic or likely pathogenic mitochondrial disease variant confirmed by laboratory findings; and (b) the testing is requested by a specialist or consultant physician; and (c) the service is not a service associated with a service to which item 73361, 73362 or 73363 applies	400			300	340
73521	Support list (pathology)	Type C	01.12.1991	6	P8	N	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)	9.95			7.5	8.5
73523	Support list (pathology)	Type C	01.12.1991	6	P8	N	Semen examination (other than post-vasectomy semen examination), including: (a) measurement of volume, sperm count and motility; and (b) examination of stained preparations; and (c) morphology; and (if performed) (d) differential count and 1 or more chemical tests; (Item is subject to rule 25)	42.75			32.1	36.35

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% ($)
73525	Support list (pathology)	Type C	01.12.1991	6	P8	N	Sperm antibodies - sperm-penetrating ability - 1 or more tests	29.05			21.8	24.7
73527	Support list (pathology)	Type C	01.12.1991	6	P8	N	Human chorionic gonadotrophin (HCG) - detection in serum or urine by 1 or more methods for diagnosis of pregnancy - 1 or more tests	10.25			7.7	8.75
73529	Support list (pathology)	Type C	01.12.1991	6	P8	N	Human chorionic gonadotrophin (HCG), quantitation in serum by 1 or more methods (except by latex, membrane, strip or other pregnancy test kit) for diagnosis of threatened abortion, or follow up of abortion or diagnosis of ectopic pregnancy, including any services performed in item 73527 - 1 test	29.35			22.05	24.95
73801	Support list (pathology)	Type C	01.12.1991	6	P9	N	Semen examination for presence of spermatozoa	6.9			5.2	5.9
73802	Support list (pathology)	Type C	01.12.1991	6	P9	N	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count - 1 test	4.55			3.45	3.9
73803	Support list (pathology)	Type C	01.12.1991	6	P9	N	2 tests described in item 73802	6.35			4.8	5.4
73804	Support list (pathology)	Type C	01.12.1991	6	P9	N	3 or more tests described in item 73802	8.15			6.15	6.95
73805	Support list (pathology)	Type C	01.12.1991	6	P9	N	Microscopy of urine, excluding dipstick testing.	4.55			3.45	3.9
73806	Support list (pathology)	Type C	01.12.1991	6	P9	N	Pregnancy test by 1 or more immunochemical methods	10.15			7.65	8.65
73807	Support list (pathology)	Type C	01.12.1991	6	P9	N	Microscopy for wet film other than urine, including any relevant stain	6.9			5.2	5.9
73808	Support list (pathology)	Type C	01.12.1991	6	P9	N	Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807	8.65			6.5	7.4
73809	Support list (pathology)	Type C	01.12.1991	6	P9	N	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method	2.35			1.8	2
73810	Support list (pathology)	Type C	01.12.1991	6	P9	N	Microscopy for fungi in skin, hair or nails - 1 or more sites	6.9			5.2	5.9
73811	Support list (pathology)	Type C	01.12.1991	6	P9	N	Mantoux test	11.2			8.4	9.55
73812	Support list (pathology)	Type C	01.11.2021	6	P9	N	Quantitation of glycated haemoglobin (HbA1c) performed in the management of established diabetes, if performed: (a) as a point-of-care test; and (b) by or on behalf of a medical practitioner who works in a general practice that is accredited to the Royal Australian College of General Practitioners Standards for point-of-care testing under the National General Practice Accreditation Scheme; and (c) using a method certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrumentation used has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%) Applicable not more than 3 times per 12 months per patient	11.8			8.85	10.05
73813	Support list (pathology)	Type C	01.11.2024	6	P9	N	Detection performed by, or on behalf of, a medical practitioner of: (a) chlamydia trachomatis (CT) and neisseria gonorrhoeae (NG) via molecular point-of-care testing for the diagnosis of CT or NG infection; and (b) trichomonas vaginalis (TV) via molecular point-of-care testing for the diagnosis of TV infection	117.65				100.05
73825	Support list (pathology)	Type C	01.11.2024	6	P9	N	Detection performed by a participating nurse practitioner of: (a) chlamydia trachomatis (CT) and neisseria gonorrhoeae (NG) via molecular point-of-care testing for the diagnosis of CT or NG infection; and (b) trichomonas vaginalis (TV) via molecular point-of-care testing for the diagnosis of TV infection	117.65				100.05
73826	Support list (pathology)	Type C	01.11.2021	6	P9	N	Quantitation of glycated haemoglobin (HbA1c) performed by a participating nurse practitioner in the management of established diabetes when performed: (a) as a point-of-care test; (b) by a nurse practitioner who works in a general practice that is accredited to the Royal Australian College of General Practitioners Standards for point-of-care testing under the National General Practice Accreditation Scheme; and (c) using a method and instrument certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrument has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%) Applicable not more than 3 times per 12 months per patient	11.8			8.85	10.05
73828	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	Semen examination for presence of spermatozoa by a participating nurse practitioner	6.9				5.9
73829	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count by a participating nurse practitioner - 1 test	4.55				3.9
73830	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	2 tests described in item 73829 by a participating nurse practitioner	6.35				5.4
73831	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	3 or more tests described in item 73829 by a participating nurse practitioner	8.15				6.95
73832	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	Microscopy of urine, excluding dipstick testing by a participating nurse practitioner.	4.55				3.9
73833	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	Pregnancy test by 1 or more immunochemical methods by a participating nurse practitioner	10.15				8.65
73834	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	Microscopy for wet film other than urine, including any relevant stain by a participating nurse practitioner	6.9				5.9
73835	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	Microscopy of Gram-stained film, including (if performed) a service described in item 73832 or 73834 by a participating nurse practitioner	8.65				7.4
73836	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method by a participating nurse practitioner	2.35				2
73837	Support list (pathology)	Unlisted	01.11.2011	6	P9	N	Microscopy for fungi in skin, hair or nails by a participating nurse practitioner - 1 or more sites	6.9				5.9
73839	Support list (pathology)	Unlisted	01.12.2015	6	P9	N	Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patients at high risk - not more than once in a 12 month period. (Item is subject to restrictions in rule PR.9.1 of explanatory notes to this category)	16.8			12.6	14.3
73840	Support list (pathology)	Unlisted	01.12.2000	6	P9	N	Quantitation of glycosylated haemoglobin performed in the management of established diabetes – each test to a maximum of 4 tests in a 12 month period. (Item is subject to restrictions in rule PR.9.1 of explanatory notes to this category)	17			12.75	14.45
73844	Support list (pathology)	Unlisted	01.01.2006	6	P9	N	Quantitation of urinary albumin/creatine ratio in urine on a random spot collection in the management of patients with established diabetes or patients at risk of microalbuminuria.	20.35			15.3	17.3
73899	Support list (pathology)	Unlisted	01.11.2015	6	P10	N	Initiation of a patient episode that consists of a service described in item 72858 or 72859 in circumstances other than those mentioned in item 73900	5.95			4.5	5.1

MBS item	Clinical Category	Procedure Type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
73900	Support list (pathology)	Unlisted	01.11.2015	6	P10	N	Initiation of a patient episode that consists of a service described in item 72858 or 72859 if the service is rendered in a prescribed laboratory.	2.4			1.8	2.05
73920	Support list (pathology)	Type C	01.07.2008	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected in an approved collection centre that the APA operates in the same premises as it operates a category GX or GY pathology laboratory	2.4			1.8	2.05
73922	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode that consists of a service described in item 73070, 73071, 73072, 73074, 73075 or 73076 (in circumstances other than those described in item 73923)	8.2			6.15	7
73923	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode that consists of a service described in items 73070, 73071, 73072, 73074, 73075 or 73076 if: (a) the person is a private patient in a recognised hospital; or (b) the person receives the service from a prescribed laboratory	2.4			1.8	2.05
73924	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73925) from a person who is an in-patient of a hospital.	14.65			11	12.5
73925	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 if the person is: (a) a private patient of a recognised hospital; or (b) a private patient of a hospital who receives the service or services from a prescribed laboratory.	2.4			1.8	2.05
73926	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73927) from a person who is not a patient of a hospital.	8.2			6.15	7
73927	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by a prescribed laboratory that consists of 1 or more services described in items, 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 from a person who is not a patient of a hospital.	2.4			1.8	2.05
73928	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected in an approved collection centre. Unless item 73920 or 73929 applies	5.95			4.5	5.1
73929	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, if the specimen is collected in an approved pathology collection centre	2.4			1.8	2.05
73930	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for a service for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person who is an in-patient of a hospital other than a recognised hospital. Unless item 73931 applies	5.95			4.5	5.1
73931	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if: () the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person who is a private patient in a hospital or () the person is a private patient in a recognised hospital and the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority	2.4			1.8	2.05
73932	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in the place where the person was residing. Unless item 73933 applies	10.25			7.7	8.75
73933	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person in the place where the person is residing	2.4			1.8	2.05
73934	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 and 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in a residential aged care home or institution. Unless 73935 applies	17.6			13.2	15
73935	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person in a residential aged care home or institution	2.4			1.8	2.05
73936	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected from the person by the person.	5.95			4.5	5.1
73937	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926), if the specimen is collected from the person by the person and if: () the service is performed in a prescribed laboratory or () the person is a private patient in a recognised hospital	2.4			1.8	2.05

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73938	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by or on behalf of the treating practitioner. Unless item 73939 applies	7.95			6	6.8
73939	Support list (pathology)	Type C	01.05.2007	6	P10	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926), if the specimen is collected by or on behalf of the treating practitioner and if: () the service is performed in a prescribed laboratory or () the person is a private patient in a recognised hospital	2.4			1.8	2.05
73940	Support list (pathology)	Type C	01.05.2007	6	P11	N	Receipt of a specimen by an approved pathology practitioner of an approved pathology authority from another approved pathology practitioner of another approved pathology authority	10.25			7.7	8.75
74990	Support list (pathology)	Unlisted	01.02.2004	6	P12	N	A pathology service to which an item in this table (other than this item or item 74991, 75861, 75862, 75863 or 75864) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this table applying to the service	8.05				6.85
74991	Support list (pathology)	Unlisted	01.05.2004	6	P12	N	A pathology service to which an item in this table (other than this item or items 74990, 75861, 75862, 75863 or 75864) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this table applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area.	12.2				10.4
74992	Support list (pathology)	Type C	01.11.2009	6	P13	N	A payment when the episode is bulk billed and includes item 73920.	1.6			1.2	1.4
74993	Support list (pathology)	Type C	01.11.2009	6	P13	N	A payment when the episode is bulk billed and includes item 73922 or 73926.	3.75			2.85	3.2
74994	Support list (pathology)	Type C	01.11.2009	6	P13	N	A payment when the episode is bulk billed and includes item 73924.	3.25			2.45	2.8
74995	Support list (pathology)	Type C	01.11.2009	6	P13	N	A payment when the episode is bulk billed and includes item 73899, 73900, 73928, 73930 or 73936.	4			3	3.4
74996	Support list (pathology)	Type C	01.11.2009	6	P13	N	A payment when the episode is bulk billed and includes item 73932 or 73940.	3.7			2.8	3.15
74997	Support list (pathology)	Type C	01.11.2009	6	P13	N	A payment when the episode is bulk billed and includes item 73934.	3.3			2.5	2.85
74998	Support list (pathology)	Type C	01.11.2009	6	P13	N	A payment when the episode is bulk billed and includes item 73938.	2			1.5	1.7
74999	Support list (pathology)	Type C	01.11.2009	6	P13	N	A payment when the episode is bulk billed and includes item 73923, 73925, 73927, 73929, 73931, 73933, 73935, 73937 or 73939.	1.6			1.2	1.4
75002	Common list	Unlisted	01.03.2024	7	C1	N	Initial professional attendance, in a single course of treatment (other than a service associated with a service to which item 75009, 75012, 75015 or 75023 applies)	99.75			74.85	84.8
75005	Common list	Unlisted	01.03.2024	7	C1	N	Subsequent professional attendance in a single course of treatment (other than a service associated with a service to which item 75009, 75012, 75015 or 75023 applies)	50.2			37.65	42.7
75007	Dental Surgery	Unlisted	01.03.2024	7	C1	N	Production of dental study models (other than a service associated with a service to which item 75002 or 75005 applies) prior to provision of a service to which: (a) item 75030, 75032, 75039, 75045 or 75051 apply; or (b) an item in Group T8 or Groups O3 to O9 apply; or (c) item 52321, 53212 or 75618 apply; or (d) any of items 52330 to 52382, 52600 to 52630, 53400 to 53409 or 53415 to 53429 apply; in a single treatment	88.9			66.7	75.6
75009	Support list	Unlisted	01.12.1991	7	C1	N	Orthodontic radiography—orthopantomography (panoramic radiography), including any consultation on the same occasion	79.55			59.7	67.65
75010	Support list	Unlisted	01.07.2025	7	C1	Y	Orthodontic radiography – anteroposterior or lateral cephalometric radiography, with cephalometric tracings, and orthopantomography, including any consultation on the same occasion	151.8			113.85	129.05
75011	Support list	Unlisted	01.07.2025	7	C1	Y	Orthodontic radiography – anteroposterior and lateral cephalometric radiography, with cephalometric tracings, and orthopantomography, including any consultation on the same occasion	197.9			148.45	168.25
75012	Support list	Unlisted	01.12.1991	7	C1	N	Orthodontic anteroposterior cephalometric radiography with cephalometric tracings or lateral cephalometric radiography with cephalometric tracings, including any consultation on the same occasion	126.05			94.55	107.15
75015	Support list	Unlisted	01.12.1991	7	C1	N	Radiography anteroposterior and lateral cephalometric radiography with cephalometric tracings, including any consultation on the same occasion	173.25			129.95	147.3
75023	Support list	Unlisted	01.07.1995	7	C1	N	Intraoral radiography—single area, periapical or bitewing film	54.15			40.65	46.05
75024	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	7	C1	N	Pre-surgical infant maxillary arch repositioning including nasoalveolar moulding, supply of appliances and all adjustments of appliances, and supervision of all components of the service—if 1 appliance is used	700.05			525.05	597.65
75027	Plastic and reconstructive surgery (medically necessary)	Unlisted	01.12.1991	7	C1	N	Pre-surgical infant maxillary arch repositioning including nasoalveolar moulding, supply of appliances and all adjustments of appliances, and supervision of all components of the service—if 2 appliances are used	959.95			720	857.55
75030	Dental surgery	Unlisted	01.12.1991	7	C1	N	Maxillary arch expansion (other than a service associated with a service to which item 75039, 75042, 75045 or 75048 applies), including supply of appliances and all adjustments of appliances, removal of appliances and retention	854.75			641.1	752.35
75032	Dental Surgery	Unlisted	01.03.2024	7	C1	N	Mixed dentition treatment including incisor alignment (mandibular and/or maxillary) lateral arch expansion, including supply of appliances and all adjustments of appliances, removal of appliances and retention	1924.45			1443.35	1822.05
75034	Dental surgery	Unlisted	01.07.1995	7	C1	N	Mixed dentition treatment—incisor alignment with or without lateral arch expansion using a removable appliance in the maxillary arch, including supply of all appliances, and associated adjustments and retention	713.05			534.8	610.65

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% ($)
75039	Dental surgery	Unlisted	01.12.1991	7	C1	N	Permanent dentition treatment—single arch (mandibular or maxillary) treatment (correction and alignment) using orthodontic fixed appliances or aligners, including supply of appliances and aligners—initial 3 months of active treatment	647.8			485.85	550.65
75042	Dental surgery	Unlisted	01.12.1991	7	C1	N	Permanent dentition treatment—single arch (mandibular or maxillary) treatment (correction and alignment) using orthodontic fixed appliances or aligners, including supply of appliances and aligners—each subsequent 3 months of active treatment (including all adjustments and maintenance and removal of the appliances) after the initial three months of active treatment for a maximum of a further 33 months	242.1			181.6	205.8
75045	Dental surgery	Unlisted	01.12.1991	7	C1	N	Permanent dentition treatment—2 arch (mandibular and maxillary) treatment (correction and alignment) using orthodontic fixed appliances or aligners, including supply of appliances or aligners—initial 3 months of active treatment	1296.7			972.55	1194.3
75048	Dental surgery	Unlisted	01.12.1991	7	C1	N	Permanent dentition treatment—2 arch (mandibular and maxillary) treatment (correction and alignment) using orthodontic fixed appliances or aligners, including supply of appliances or aligners—each subsequent 3 months of active treatment (including all adjustments and maintenance, and removal of the appliances) after the initial three months of active treatment for a maximum of a further 33 months	332.55			249.45	282.7
75049	Dental surgery	Unlisted	01.07.1995	7	C1	N	Retention, fixed or removable, single arch (mandibular or maxillary)—supply of retainer and supervision of retention	389.2			291.9	330.85
75050	Dental surgery	Unlisted	01.07.1995	7	C1	N	Retention, fixed or removable, 2-arch (mandibular and maxillary)—supply of retainers and supervision of retention	751.3			563.5	648.9
75051	Dental surgery	Unlisted	01.12.1991	7	C1	N	Jaw growth guidance using removable or functional appliances, including supply of appliances and all adjustments to appliances	1153.35			865.05	1050.95
75200	Dental surgery	Unlisted	01.12.1991	7	C1	N	Removal of tooth or tooth fragment (other than treatment to which item 75402 or 75405 applies)	64.05			48.05	54.45
75203	Dental surgery	Unlisted	01.12.1991	7	C1	N	Removal of tooth or tooth fragment under general anaesthesia (H)	96.1			72.1	
75206	Dental surgery	Unlisted	01.12.1991	7	C1	N	Removal of each additional tooth or tooth fragment if provided in association with a service to which item 75200 or 75203 applies	31.9			23.95	27.15
75400	Dental surgery	Unlisted	01.12.1991	7	C1	N	Surgical removal of erupted tooth	192.2			144.15	163.4
75402	Dental Surgery	Unlisted	01.03.2024	7	C1	N	Surgical removal of tooth, or tooth fragment requiring incision of soft tissue only	189.95			142.5	161.5
75405	Dental Surgery	Unlisted	01.03.2024	7	C1	N	Surgical removal of tooth, or tooth fragment requiring removal of bone, where the patient is referred by a referring dentist or medical practitioner	242.9			182.2	206.5
75600	Dental surgery	Unlisted	01.12.1991	7	C1	N	Surgical exposure and packing of unerupted tooth	270.7			203.05	230.1
75603	Dental surgery	Unlisted	01.12.1991	7	C1	N	Surgical exposure of unerupted tooth for the purpose of fitting a traction device or placement of a temporary anchorage device	318.2			238.65	270.5
75606	Dental surgery	Unlisted	01.12.1991	7	C1	N	Surgical repositioning of unerupted tooth where the patient is referred by a referring dentist or medical practitioner	318.2			238.65	270.5
75609	Dental surgery	Unlisted	01.12.1991	7	C1	N	Transplantation of tooth bud where the patient is referred by a referring dentist or medical practitioner	475.05			356.3	403.8
75610	Dental Surgery	Unlisted	01.03.2024	7	C1	N	Surgical procedure for intraoral implantation of an osseointegrated fixture and placement of transmucosal abutments where the patient is referred by a referring dentist or medical practitioner	402.75			302.1	342.35
75618	Dental surgery	Unlisted	01.07.1995	7	C1	N	Fabrication and fitting of a bite rising appliance or dental splint for the management of temporomandibular joint dysfunction syndrome	270.15			202.65	229.65
75621	Dental surgery	Unlisted	01.07.1995	7	C1	N	The fabrication and fitting of surgical splint or guide in conjunction with orthognathic surgical procedures and implant treatment, if provided in association with a service to which: (a) any item in the following series applies: (i) any of items 46150 to 46161 apply; or (ii) any of items 52342 to 52375 apply; or (b) item 52380 or 52382 applies; (c) item 75610 applies	270.15			202.65	229.65
75800	Dental surgery	Unlisted	01.12.1991	7	C1	N	Attendance involving consultation, preventive treatment and prophylaxis, of not less than 30 minutes in duration for each attendance to a maximum of 3 attendances in any 12 month period (other than a service associated with a service to which item 75009, 75012, 75015 or 75023 applies)	96.1			72.1	81.7
75802	Dental Surgery	Unlisted	01.03.2024	7	C1	N	Fabrication and fitting of acrylic base partial denture, including retainers—1 to 4 teeth	490.9			368.2	417.3
75815	Dental surgery	Unlisted	01.12.1991	7	C1	N	Fabrication and fitting of acrylic base partial denture, including retainers—5 to 9 teeth	724.35			543.3	621.95
75818	Dental surgery	Unlisted	01.12.1991	7	C1	N	Fabrication and fitting of acrylic base partial denture or complete denture or overdenture, including retainers—10 to 12 teeth	854.75			641.1	752.35
75820	Dental Surgery	Unlisted	01.03.2024	7	C1	N	Fabrication and fitting of metal framework partial denture, including all components—1 to 4 teeth	851.9			638.95	749.5
75833	Dental surgery	Unlisted	01.12.1991	7	C1	N	Fabrication and fitting of metal framework partial denture including all components—5 to 9 teeth	1234.65			926	1132.25
75836	Dental surgery	Unlisted	01.12.1991	7	C1	N	Fabrication and fitting of metal framework partial denture or complete denture or overdenture including all components—10 to 12 teeth	1412.8			1059.6	1310.4
75842	Dental surgery	Unlisted	01.12.1991	7	C1	N	Adjustment of denture (other than a service associated with a service to which item 75802, 75815, 75818, 75820, 75833 or 75836 applies)	47.5			35.65	40.4
75845	Dental surgery	Unlisted	01.12.1991	7	C1	N	Relining of denture by laboratory process and associated fitting	237.55			178.2	201.95
75848	Dental surgery	Unlisted	01.12.1991	7	C1	N	Remodelling and fitting of denture of more than 4 teeth	284.9			213.7	242.2
75851	Dental surgery	Unlisted	01.12.1991	7	C1	N	Repair to metal framework of denture—1 or more points	142.5			106.9	121.15
75854	Dental surgery	Unlisted	01.12.1991	7	C1	N	Addition of a tooth or teeth to a denture to replace extracted tooth or teeth, including taking of necessary impression	142.5			106.9	121.15

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% ($)
75855	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	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:(i) a Modified Monash 3 area; or(ii) a Modified Monash 4 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	13.75				11.7
75856	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	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 5 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	14.7				12.5
75857	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	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 6 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	15.45				13.15
75858	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	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 7 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	16.5				14.05
75861	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	6	P12	N	A pathology service to which an item in this table (other than this item or item 74990, 74991, 75862, 75863 or 75864) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in: (i) a Modified Monash 3 area; or (ii) a Modified Monash 4 area	12.95				11.05
75862	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	6	P12	N	A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75863, or 75864) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in a Modified Monash 5 area	13.7				11.65
75863	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	6	P12	N	A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75862 or 75864) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in a Modified Monash 6 area	14.6				12.45
75864	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2022	6	P12	N	A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75862 or 75863) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in a Modified Monash 7 area	15.95				13.6
75870	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if:(a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the general practice support service item applying to the attendance service;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies Subgroup 2NOTE: this item can be claimed with face to face level B, C, D and E general attendance items, and level B video and phone general attendance items.	25.7				21.85

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% ($)
75871	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if:(a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the general practice support service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in a Modified Monash 2 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies Subgroup 2NOTE: this item can be claimed with face to face level B, C, D and E general attendance items, and level B video and phone general attendance items.	39.1				33.25
75872	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) if:(a) item 763, 766, 769, 776, 788, 789, 2198, 2200, 5023, 5028, 5043, 5049, 5063, 5067, 5076, 5077, 5223, 5227, 5228, 5261, 5263, 5265, 5267 or 5262 applies; and(b) the attendance service is an unreferred service; and(c) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and(d) the patient is not an admitted patient of a hospital; and(e) the attendance service is not provided in consulting rooms; and(f) the attendance 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(g) the attendance service is provided by, or on behalf of, a general practitioner, a medical practitioner or a prescribed medical practitioner whose practice location is not in an area mentioned in paragraph (f); and(h) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) an item mentioned in paragraph (a) that applies to the service	39.1				33.25
75873	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if:(a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the general practice support service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in:(i) a Modified Monash 3 area; or(ii) a Modified Monash 4 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75874, 75875, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies Subgroup 2NOTE: this item can be claimed with face to face level B, C, D and E general attendance items, and level B video and phone general attendance items.	41.5				35.3
75874	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if:(a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the general practice support service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in a Modified Monash 5 area;other than an attendance service associated with a service which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75875, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies Subgroup 2NOTE: this item can be claimed with face to face level B, C, D and E general attendance items, and level B video and phone general attendance items.	44.15				37.55
75875	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if:(a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the general practice support service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in a Modified Monash 6 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies Subgroup 2NOTE: this item can be claimed with face to face level B, C, D and E general attendance items, and level B video and phone general attendance items.	46.6				39.65
75876	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if:(a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the general practice support service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in a Modified Monash 7 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75880, 75881, 75882, 75883, 75884 or 75885 applies Subgroup 2NOTE: this item can be claimed with face to face level B, C, D and E general attendance items, and level B video and phone general attendance items.	49.45				42.05

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% ($)
75880	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if:(a) the attendance service is provided to a patient:(i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and(ii) who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the MyMedicare service item applying to the attendance service;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75881, 75882, 75883, 75884 or 75885 applies Subgroup 3NOTE: this item can be claimed with level C, D, and E video general attendance items, and level C and D phone general attendance items, where the patient is registered with MyMedicare.	25.7				21.85
75881	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if:(a) the attendance service is provided to a patient:(i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and(ii) who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the MyMedicare service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in a Modified Monash 2 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75882, 75883, 75884 or 75885 applies Subgroup 3NOTE: this item can be claimed with level C, D, and E video general attendance items, and level C and D phone general attendance items, where the patient is registered with MyMedicare.	39.1				33.25
75882	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if:(a) the attendance service is provided to a patient:(i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and(ii) who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the MyMedicare service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in:(i) a Modified Monash 3 area; or(ii) a Modified Monash 4 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75883, 75884 or 75885 applies Subgroup 3NOTE: this item can be claimed with level C, D, and E video general attendance items, and level C and D phone general attendance items, where the patient is registered with MyMedicare.	41.5				35.3
75883	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if:(a) the attendance service is provided to a patient:(i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and(ii) who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the MyMedicare service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in a Modified Monash 5 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75884 or 75885 applies Subgroup 3NOTE: this item can be claimed with level C, D, and E video general attendance items, and level C and D phone general attendance items, where the patient is registered with MyMedicare.	44.15				37.55
75884	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if:(a) the attendance service is provided to a patient:(i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and(ii) who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the MyMedicare service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in a Modified Monash 6 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883 or 75885 applies Subgroup 3NOTE: this item can be claimed with level C, D, and E video general attendance items, and level C and D phone general attendance items, where the patient is registered with MyMedicare.	46.6				39.65

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% ($)
75885	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	8	M1	N	Professional attendance (the attendance service) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if:(a) the attendance service is provided to a patient:(i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and(ii) who is under the age of 16 or who is a concessional beneficiary; and(b) the patient is not an admitted patient of a hospital; and(c) the attendance service is bulk-billed in relation to the fees for:(i) this item; and(ii) the MyMedicare service item applying to the attendance service; and(d) the attendance service is provided at, or from, a practice location in a Modified Monash 7 area;other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883 or 75884 applies Subgroup 3NOTE: this item can be claimed with level C, D, and E video general attendance items, and level C and D phone general attendance items, where the patient is registered with MyMedicare.	49.45				42.05
80000	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M6	N	Psychological therapy health service provided to a patient in consulting rooms by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration	116.4				98.95
80002	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M6	N	Psychological therapy health service provided in consulting rooms by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes	116.4				98.95
80005	Hospital psychiatric services	Unlisted	01.11.2006	8	M6	N	Psychological therapy health service provided to a patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration	145.45				123.65
80006	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M6	N	Psychological therapy health service provided at a place other than consulting rooms by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes	145.45				123.65
80010	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M6	N	Psychological therapy health service provided to a patient in consulting rooms by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	170.85				145.25
80012	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M6	N	Psychological therapy health service provided in consulting rooms by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	170.85				145.25
80015	Hospital psychiatric services	Unlisted	01.11.2006	8	M6	N	Psychological therapy health service provided to a patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	199.9				169.95
80016	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M6	N	Psychological therapy health service provided at a place other than consulting rooms by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	199.9				169.95
80020	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M6	N	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration	43.35				36.85
80021	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2017	8	M6	N	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes duration	43.35				36.85

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% ($)
80022	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M6	N	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred for a course of treatment by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 90 minutes duration	59.1				50.25
80023	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M6	N	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 90 minutes duration	59.1				50.25
80024	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M6	N	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred for a course of treatment by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 120 minutes duration	80.3				68.3
80025	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M6	N	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 120 minutes duration	80.3				68.3
80100	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient in consulting rooms by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	82.5				70.15
80102	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided in consulting rooms by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	82.5				70.15
80105	Hospital psychiatric services	Unlisted	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	112.2				95.4
80106	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	112.2				95.4
80110	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient in consulting rooms by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	116.4				98.95
80112	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided in consulting rooms by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	116.4				98.95
80115	Hospital psychiatric services	Unlisted	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	146.2				124.3
80116	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	146.2				124.3
80120	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration	29.7				25.25

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% ($)
80121	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2017	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (e) the service is at least 60 minutes duration	29.7				25.25
80122	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 90 minutes duration	40.45				34.4
80123	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (e) the service is at least 90 minutes duration	40.45				34.4
80125	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient in consulting rooms by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	72.65				61.8
80127	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 120 minutes duration	54.95				46.75
80128	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (e) the service is at least 120 minutes duration	54.95				46.75
80129	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided in consulting rooms by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	72.65				61.8
80130	Hospital psychiatric services	Unlisted	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	102.35				87
80131	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	102.35				87
80135	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient in consulting rooms by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	102.6				87.25
80137	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided in consulting rooms by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 50 minutes	102.6				87.25
80140	Hospital psychiatric services	Unlisted	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	132.2				112.4
80141	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 50 minutes	132.2				112.4

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% ($)
80145	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration	26				22.1
80146	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2017	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and (e) the service is at least 60 minutes duration	26				22.1
80147	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 90 minutes duration	35.4				30.1
80148	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and (e) the service is at least 90 minutes duration	35.4				30.1
80150	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient in consulting rooms by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	72.65				61.8
80152	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 120 minutes duration	48.25				41.05
80153	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and (e) the service is at least 120 minutes duration	48.25				41.05
80154	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided in consulting rooms by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	72.65				61.8
80155	Hospital psychiatric services	Unlisted	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	102.35				87
80156	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	102.35				87
80160	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient in consulting rooms by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	102.6				87.25
80162	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided in consulting rooms by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes	102.6				87.25

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% ($)
80165	Hospital psychiatric services	Unlisted	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	132.2				112.4
80166	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M7	N	Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes	132.2				112.4
80170	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2006	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by referring practitioner; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration	26				22.1
80171	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2017	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and (e) the service is at least 60 minutes duration	26				22.1
80172	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 90 minutes duration	35.4				30.1
80173	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and (e) the service is at least 90 minutes duration	35.4				30.1
80174	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 120 minutes duration	48.25				41.05
80175	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	8	M7	N	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and (e) the service is at least 120 minutes duration	48.25				41.05
80176	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2023	8	M7	N	Attendance by an eligible allied health 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	57				48.45
80177	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2023	8	M7	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes	97.75				83.1
80178	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2023	8	M7	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 40 minutes	162.6				138.25
81000	Support list	Unlisted	01.11.2006	8	M8	N	Non-directive pregnancy support counselling health service provided to a patient who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible psychologist if: (a) the patient is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the patient is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the eligible psychologist does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (d) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005 or 81010, items 792 or 4001 in the general medical services table, or items 92136, 92138, 93026, 93029, 92137 or 92139 in the Telehealth Attendance Determination apply) for each pregnancy	85.3				72.55
81005	Support list	Unlisted	01.11.2006	8	M8	N	Non-directive pregnancy support counselling health service provided to a patient, who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible social worker if: (a) the patient is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the patient is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the eligible social worker does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (d) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005 or 81010, items 792 or 4001 in the general medical services table, or items 92136, 92138, 93026, 93029, 92137 or 92139 in the Telehealth Attendance Determination apply) for each pregnancy	85.3				72.55

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81010	Support list	Unlisted	01.11.2006	8	M8	N	Non-directive pregnancy support counselling health service provided to a patient, who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible mental health nurse if: (a) the patient is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the patient is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (d) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005 or 81010, items 792 or 4001 in the general medical services table, or items 92136, 92138, 93026, 93029, 92137 or 92139 in the Telehealth Attendance Determination apply) for each pregnancy	85.3				72.55
81100	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2007	8	M9	N	Diabetes education health service provided to a patient by an eligible diabetes educator for assessing the patient's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the patient for the group services if: (a) the patient has type 2 diabetes; and (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (c) the patient is referred to an eligible diabetes educator by the medical practitioner; and (d) the service is provided to the patient individually and in person; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the Telehealth Attendance Determination)	93.25				79.3
81105	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2007	8	M9	N	Diabetes education health service provided to a patient by an eligible diabetes educator, as a group service for the management of type 2 diabetes if: (a) the patient has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the Telehealth Attendance Determination; and (b) the service is provided to a patient who is part of a group of between 2 and 12 patients; and (c) the service is provided in person; and (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the patient under item 81105, 81115 or 81125 or item 93285 of the Telehealth Attendance Determination, the eligible diabetes educator prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (f) an attendance record for the group is maintained by the eligible diabetes educator; to a maximum of 8 group services in a calendar year (including services in items 81105, 81115 and 81125 or item 93285 of the Telehealth Attendance Determination)	23.2				19.75
81110	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2007	8	M9	N	Exercise physiology health service provided to a person by an eligible exercise physiologist for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (c) the patient is referred to an eligible exercise physiologist by the medical practitioner; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the Telehealth Attendance Determination)	93.25				79.3
81115	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2007	8	M9	N	Exercise physiology health service provided to a person by an eligible exercise physiologist, as a group service for the management of type 2 diabetes if: (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the Telehealth Attendance Determination; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is provided in person; and (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the person under item 81105, 81115 or 81125 or item 93285 of the Telehealth Attendance Determination, the eligible exercise physiologist prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (f) an attendance record for the group is maintained by the eligible exercise physiologist; to a maximum of 8 group services in a calendar year (including services in items 81105, 81115 and 81125 or item 93285 of the Telehealth Attendance Determination)	23.2				19.75

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81120	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2007	8	M9	N	Dietetics health service provided to a person by an eligible dietitian for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (c) the patient is referred to an eligible dietitian by the medical practitioner; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the Telehealth Attendance Determination)	93.25				79.3
81125	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2007	8	M9	N	Dietetics health service provided to a person by an eligible dietitian, as a group service for the management of type 2 diabetes if: (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the Telehealth Attendance Determination; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is provided in person; and (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the person under item 81105, 81115 or 81125 or item 93285 of the Telehealth Determination, the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (f) an attendance record for the group is maintained by the eligible dietitian; to a maximum of 8 group services in a calendar year (including services to which items 81105, 81115 and 81125 or item 93285 of the Telehealth Attendance Determination apply)	23.2				19.75
81300	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Aboriginal and Torres Strait Islander health service provided to a patient of Aboriginal or Torres Strait Islander descent by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81305	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Diabetes education health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible diabetes educator if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81310	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Audiology health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible audiologist if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8

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81315	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Exercise physiology health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible exercise physiologist if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81320	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Dietetics health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible dietitian if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81325	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Mental health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible mental health worker if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81330	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Occupational therapy health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible occupational therapist if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81335	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Physiotherapy health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible physiotherapist if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8

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81340	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Podiatry health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible podiatrist if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81345	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Chiropractic health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible chiropractor if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81350	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Osteopathy health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible osteopath if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81355	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Psychology health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible psychologist if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8
81360	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M11	N	Speech pathology health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible speech pathologist if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	72.65				61.8

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% ($)
82000	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2008	8	M10	N	Psychology health service provided to a patient aged under 25 years by an eligible psychologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day	116.4				98.95
82001	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2021	8	M10	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	57				48.45
82002	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2021	8	M10	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	97.75				83.1
82003	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2021	8	M10	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	162.6				138.25
82005	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2008	8	M10	N	Speech pathology health service provided to a patient aged under 25 years by an eligible speech pathologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day	102.6				87.25
82010	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2008	8	M10	N	Occupational therapy health service provided to a patient aged under 25 years by an eligible occupational therapist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day	102.6				87.25
82015	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2008	8	M10	N	Psychology health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82020, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day	116.4				98.95
82020	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2008	8	M10	N	Speech pathology health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible speech pathologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day	102.6				87.25

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82025	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2008	8	M10	N	Occupational therapy health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible occupational therapist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day	102.6				87.25
82030	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2011	8	M10	N	Audiology, dietetic, exercise physiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, optometrist, orthoptist or physiotherapist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day	102.6				87.25
82035	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2011	8	M10	N	Audiology, dietetic, exercise physiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible audiologist, dietitian, exercise physiologist, optometrist, orthoptist or physiotherapist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible audiologist, dietitian, exercise physiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day	102.6				87.25
82100	Pregnancy and birth	Type C	01.11.2010	8	M13	N	Initial antenatal professional attendance by a participating midwife, lasting at least 60 minutes, including all of the following: (a) taking a detailed patient history; (b) performing a comprehensive examination; (c) performing a risk assessment; (d) based on the risk assessment — arranging referral or transfer of the patient's care to an obstetrician; (e) requesting pathology and diagnostic imaging services, when necessary Payable only once per pregnancy	86.75				73.75
82102	Pregnancy and birth	Type C	01.03.2025	8	M13	N	Long antenatal professional attendance by a participating midwife, lasting at least 90 minutes	130.05			97.55	110.55
82103	Pregnancy and birth	Unlisted	01.03.2025	8	M13	N	Complex antenatal professional attendance by a participating midwife leading to a hospital admission and lasting at least 3 hours. A maximum of 3 services per pregnancy. Not being a service associated with a service to which intrapartum items 82116, 82118, 82120, 82123, 82125 or 82127 applies (H)	239.8			179.85	
82104	Common list	Type C	01.03.2025	8	M13	N	Long postnatal professional attendance by a participating midwife, lasting at least 90 minutes, within 6 weeks after birth	191.25			143.45	162.6
82105	Pregnancy and birth	Type C	01.11.2010	8	M13	N	Short antenatal professional attendance by a participating midwife, lasting at least 10 minutes	37.75			28.35	32.1
82110	Pregnancy and birth	Type C	01.11.2010	8	M13	N	Routine antenatal professional attendance by a participating midwife, lasting at least 40 minutes	86.75			65.1	73.75
82115	Pregnancy and birth	Type C	01.11.2010	8	M13	N	Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 28 weeks, where the participating midwife has had at least 2 antenatal attendances with the patient in the preceding 6 months, if: (a) the patient is not an admitted patient of a hospital; and (b) the participating midwife undertakes a comprehensive assessment of the patient; and (c) the participating midwife develops a written maternity care plan that contains: (i) outcomes of the assessment; and (ii) details of agreed expectations for care during pregnancy, labour and birth; and (iii) details of any health problems or care needs; and (iv) details of any medication taken by the patient during the pregnancy, and any additional medication that may be required by the patient; and (v) details of any referrals or requests for pathology services or diagnostic imaging services for the patient during the pregnancy, and any additional referrals or requests that may be required for the patient; and (d) the maternity care plan is explained and agreed with the patient; and (e) the fee does not include any amount for the management of labour and birth; (Includes any antenatal attendance provided on the same occasion) Payable only once for any pregnancy; This item cannot be claimed if items 16590 or 16591 have previously been claimed during a single pregnancy, except in exceptional circumstances	372.1				316.3

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82116	Pregnancy and birth	Type C	01.03.2022	8	M13	N	Management of labour for up to 6 hours, not including birth, at a place other than a hospital if: (a) the attendance is by the participating midwife who: (i) provided the patient's antenatal care or (ii) is a member of a practice that has provided the patient's antenatal care; and (b) the total attendance time is documented in the patient notes; This item does not apply if birth is performed during the attendance; Only claimable once per pregnancy	878.8				776.4
82118	Pregnancy and birth	Type A Obstetric	01.03.2022	8	M13	N	Management of labour for up to 6 hours total attendance, including birth where performed or attendance and immediate post-birth care at an elective caesarean section if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the first participating midwife who: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes. (Includes all hospital attendances related to the labour by the first participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82120 applies (H)	878.8			659.1	
82120	Pregnancy and birth	Type A Obstetric	01.11.2010	8	M13	N	Management of labour between 6 and 12 hours total attendance, including birth where performed, if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the first participating midwife who: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the first participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82118 applies (H)	1757.65			1318.25	
82123	Pregnancy and birth	Type A Obstetric	01.03.2022	8	M13	N	Management of labour for up to 6 hours total attendance, including birth where performed if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the second participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the second participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82125 applies (H)	878.8			659.1	
82125	Pregnancy and birth	Type A Obstetric	01.11.2010	8	M13	N	Management of labour between 6 and 12 hours total attendance, including birth where performed, if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the second participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the second participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82123 or 82127 applies (H)	1757.65			1318.25	
82127	Pregnancy and birth	Type A Obstetric	01.03.2022	8	M13	N	Management of labour for up to 6 hours total attendance, including birth where performed if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by a third participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) an attendance to which item 82123 applies has been provided by a second participating midwife who is a member of a practice that has provided the patient's antenatal care; and (d) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the third participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82125 applies (H)	878.8			659.1	
82130	Common list	Type C	01.11.2010	8	M13	N	Short postnatal professional attendance by a participating midwife, lasting at least 20 minutes, within 6 weeks after birth	62.3			46.75	53
82135	Common list	Type C	01.11.2010	8	M13	N	Routine postnatal professional attendance by a participating midwife, lasting at least 40 minutes, within 6 weeks after birth	127.5			95.65	108.4
82140	Common list	Type C	01.11.2010	8	M13	N	Postnatal professional attendance by a participating midwife on a patient, not less than 4 weeks but not more than 8 weeks after birth of a baby, lasting at least 60 minutes, including all of the following: (a) a comprehensive examination of the patient and baby to ensure normal postnatal recovery; (b) a labour and birth debrief; (c) a mental health assessment or where the patient declines a mental health assessment, the participating midwife records the patient's decision in the clinical notes; (d) referral of the patient to a primary carer for the ongoing care of the patient and baby or where the patient declines a referral to a primary carer, the participating midwife records the patient's decision in the clinical notes Payable only once per pregnancy	62.3				53
82200	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2010	8	M14	N	Professional attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	14.55				12.4
82205	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2010	8	M14	N	Professional attendance by a participating nurse practitioner lasting at least 6 minutes and less than 20 minutes and including any of the following: a) taking a history; b) undertaking clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	31.8				27.05
82210	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2010	8	M14	N	Professional attendance by a participating nurse practitioner lasting at least 20 minutes and including any of the following: a) taking a detailed history; b) undertaking clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	60.25				51.25

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% ($)
82215	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2010	8	M14	N	Professional attendance by a participating nurse practitioner lasting at least 40 minutes and including any of the following: a) taking an extensive history; b) undertaking clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	88.9				75.6
82216	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2025	8	M14	N	Professional attendance by a participating nurse practitioner lasting at least 60 minutes and including any of the following: (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	134.35				114.2
82226	Plastic and reconstructive surgery (medically necessary)	Type C	01.03.2024	8	M14	N	Burns, involving 1% or more but less than 3% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, by a participating nurse practitioner—each attendance at which the procedure is performed Not applicable for skin reactions secondary to radiotherapy	42.4			31.8	36.05
82227	Plastic and reconstructive surgery (medically necessary)	Type C	01.03.2024	8	M14	N	Burns, involving 3% or more but less than 10% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, by a participating nurse practitioner—each attendance at which the procedure is performed Not applicable for skin reactions secondary to radiotherapy	54.2			40.65	46.1
82228	Breast surgery (medically necessary)	Type C	01.03.2024	8	M14	N	Nipple or areola or both, intradermal colouration of, by a participating nurse practitioner, following breast reconstruction after mastectomy or for congenital absence of nipple	230.8			173.1	196.2
82300	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2012	8	M15	N	Audiology health service, consisting of brain stem evoked response audiometry, performed on a patient by an eligible audiologist if: (a) the service is not for the purposes of programming either an auditory implant or the sound processors of an auditory implant; and (b) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (c) the service is not performed for the purpose of a hearing screening; and (d) the service is performed on the patient individually and in person; and (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (f) a service to which item 11300 applies has not been performed on the patient on the same day	179.6				152.7
82301	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M15	N	Audiology health service, consisting of programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the service is performed on the patient individually and in person; and (b) a service to which item 11302, 11342 or 11345 applies has not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 82302 or item 82304 applies on the same day	179.6			134.7	152.7
82302	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2022	8	M15	N	Audiology health service by video attendance for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the service is not performed for the purpose of a hearing screening; and (b) a service to which item 11302, 11342 or 11345 applies not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 82301 or item 82304 applies on the same day	179.6				152.7
82304	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2022	8	M15	N	Audiology health service by phone attendance for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the service is not performed for the purpose of a hearing screening; and (b) a service to which item 11302, 11342 or 11345 applies not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 82301 or item 82302 applies on the same day	179.6				152.7
82306	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2012	8	M15	N	Audiology health service, consisting of non-determinate audiometry performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11306 applies has not been performed on the patient on the same day	20.4				17.35
82309	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2012	8	M15	N	Audiology health service, consisting of an air conduction audiogram performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11309 applies has not been performed on the patient on the same day	24.5				20.85

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82312	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2012	8	M15	N	Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11312 applies has not been performed on the patient on the same day	34.7				29.5
82315	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2012	8	M15	N	Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11315 applies has not been performed on the patient on the same day	45.9				39.05
82318	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2012	8	M15	N	Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram with other cochlear tests performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11318 applies has not been performed on the patient on the same day	56.7				48.2
82324	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2012	8	M15	N	Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11324 applies has not been performed on the patient on the same day	18.65				15.9
82332	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2012	8	M15	N	Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of outer hair cell functioning in the cochlea, performed by an eligible audiologist, when middle ear pathology has been excluded, if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is performed: (i) on an infant or child who is at risk of permanent hearing impairment; or (ii) on a patient who is at risk of oto-toxicity due to medications or medical intervention; or (iii) on a patient at risk of noise induced hearing loss; or (iv) to assist in the diagnosis of auditory neuropathy; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11332 applies has not been performed on the patient on the same day	54.7				46.5
82350	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Dietetics health service provided to an eligible patient by an eligible dietitian if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is of at least 20 minutes in duration	72.65				61.8
82352	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 30 minutes but less than 50 minutes in duration	116.4				98.95
82354	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 30 minutes but less than 50 minutes in duration	145.45				123.65
82355	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes in duration	170.85				145.25

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% ($)
82357	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes in duration	199.9				169.95
82358	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided in person; and (c) the service is at least 60 minutes in duration	43.35				36.85
82359	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes in duration	43.35				36.85
82360	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	82.5				70.15
82362	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	112.2				95.4
82363	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes in duration	116.4				98.95
82365	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes in duration	146.2				124.3
82366	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided in person; and (c) the service is at least 60 minutes in duration	29.7				25.25
82367	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes in duration	29.7				25.25
82368	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	72.65				61.8
82370	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	102.35				87
82371	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes in duration	102.6				87.25
82373	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes in duration	132.2				112.4
82374	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided in person; and (c) the service is at least 60 minutes in duration	26				22.1
82375	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes in duration	26				22.1

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82376	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	72.65				61.8
82378	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	102.35				87
82379	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes in duration	102.6				87.25
82381	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes in duration	132.2				112.4
82382	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided in person; and (c) the service is at least 60 minutes in duration	26				22.1
82383	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	8	M16	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes in duration	26				22.1
90001	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	For the first patient attended during one attendance by a general practitioner at one residential aged care facility on one occasion, the fee for the medical service described in whichever of items 90020, 90035, 90043, 90051 or 90054 applies is the amount listed in the item plus $64.15.	64.15		64.15		
90002	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	For the first patient attended during one attendance by a medical practitioner at one residential aged care facility on one occasion, the fee for the medical service described in whichever of items 90092, 90093, 90095, 90096, 90098, 90183, 90188, 90202, 90212 or 90215 applies is the amount listed in the item plus $46.60.	46.6		46.6		
90020	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in a residential aged care facility (other than accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management—an attendance on one or more patients at one residential aged care facility on one occasion - each patient.	20.05		20.05		
90035	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item applies, lasting at least 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 (subject to clause 2.30.1)	43.9		43.9		
90043	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	84.9		84.9		
90051	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	125.1		125.1		

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90054	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A35	N	Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item applies, lasting at least 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 (subject to clause 2.30.1)	202.65		202.65		
90092	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of not more than 5 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.	8.5		8.5		
90093	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.	16		16		
90095	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.	35.5		35.5		
90096	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, 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 less than 60 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1), by a medical practitioner who is not a general practitioner	57.5		57.5		
90098	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A35	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms 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 60 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a medical practitioner who is not a general practitioner—each patient (subject to subclause 2.30.1(2))	88.2		88.2		
90183	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self contained unit) or professional attendance at consulting rooms within such a complex, if the patient is a care recipient in the facility who is not a resident of a self contained unit, lasting not more than 5 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	16.1		16.1		
90188	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self contained unit) or professional attendance at consulting rooms within such a complex, if the patient is a care recipient in the facility who is not a resident of a self contained unit, lasting more than 5 minutes but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	35.05		35.05		
90202	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self contained unit) or professional attendance at consulting rooms within such a complex, if the patient is a care recipient in the facility who is not a resident of a self contained unit, lasting more than 25 minutes but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	67.95		67.95		
90212	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2019	1	A35	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is 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—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	100.05		100.05		

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% ($)
90215	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A35	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self-contained unit, lasting more than 60 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	162.1		162.1		
90250	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes.	83.65		83.65		
90251	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes	123.15		123.15		
90252	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes, if the practitioner has successfully completed mental health skills training.	106.2		106.2		
90253	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes, if the practitioner has successfully completed mental health skills training.	156.45		156.45		
90254	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plant, lasting at least 20 minutes but less than 40 minutes.	66.9		66.9		
90255	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 40 minutes.	98.5		98.5		
90256	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes, if the practitioner has successfully completed mental health skills training.	84.95		84.95		
90257	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 40 minutes, if the practitioner has successfully completed mental health skills training.	125.2		125.2		
90260	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	1	A36	N	Professional attendance at consulting rooms by a consultant physician in the practice of the physician's specialty of psychiatry to prepare an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 45 minutes	535.95				455.6
90261	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	1	A36	N	Professional attendance at consulting rooms by a consultant physician in the practice of the physician's specialty of paediatrics to prepare an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 45 minutes	312.45				265.6
90264	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a general practitioner to review an eating disorder treatment and management plan.	83.65		83.65		
90265	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to review an eating disorder treatment and management plan.	66.9		66.9		
90266	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	1	A36	N	Professional attendance at consulting rooms by a consultant physician in the practice of the physician's specialty of psychiatry to review an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 30 minutes	335.05				284.8
90267	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	1	A36	N	Professional attendance at consulting rooms by a consultant physician in the practice of the physician's specialty of paediatrics to review an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 20 minutes	156.45				133
90271	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	1	A36	N	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes.	108.2		108.2		
90272	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance at a place other than consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes		The fee for item 90271, plus $30.30 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90271 plus $2.40 per patient.			
90273	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	1	A36	N	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes.	154.85		154.85		
90274	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance at a place other than consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes		The fee for item 90273, plus $30.30 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90273 plus $2.40 per patient.			
90275	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	1	A36	N	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes.	86.6		86.6		

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% ($)
90276	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance at a place other than consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes		The fee for item 90275, plus $24.20 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90275 plus $1.90 per patient.			
90277	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2019	1	A36	N	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes.	123.9		123.9		
90278	Hospital psychiatric services	Unlisted	01.11.2019	1	A36	N	Professional attendance at a place other than consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes		The fee for item 90277, plus $24.20 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90277 plus $1.90 per patient.			
90300	Heart and Vascular system	Unlisted	01.07.2021	1	A37	N	Professional attendance by a cardiothoracic surgeon in the practice of the surgeon's speciality, if: (a) the service is: performed in conjunction with a service (the lead extraction service) to which item 38358 applies; or performed in conjunction with a service (the leadless pacemaker extraction service) to which item 38373 or 38374 applies; or performed in conjunction with a service (the TAVI intermediate or low surgical risk service) to which item 38514 or 38522 applies); and (b) the surgeon: is providing surgical backup for the provider (who is not a cardiothoracic surgeon) who is performing the lead extraction service, the leadless pacemaker extraction service or the TAVI intermediate or low surgical risk service; and is present for the duration of the lead extraction service, the leadless pacemaker extraction service or the TAVI intermediate or low surgical risk service, other than during the low risk pre and post extraction or transcatheter aortic valve implantation phases; and is able to immediately scrub in and perform a thoracotomy if major complications occur (H)	1003.65			752.75	
91166	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Psychological therapy health service provided by video attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration	116.4				98.95
91167	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Psychological therapy health service provided by video attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	170.85				145.25
91168	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Video attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes	116.4				98.95
91169	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by video attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	82.5				70.15

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% ($)
91170	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by video attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	116.4				98.95
91171	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Video attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	170.85				145.25
91172	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by video attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	72.65				61.8
91173	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by video attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration	102.6				87.25
91174	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Video attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	82.5				70.15
91175	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by video attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	72.65				61.8
91176	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by video attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	102.6				87.25
91177	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Video attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	116.4				98.95

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% ($)
91178	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Video attendance by a participating nurse practitioner lasting at least 6 minutes and less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	31.8				27.05
91179	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Video attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	60.25				51.25
91180	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Video attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	88.9				75.6
91181	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration	116.4				98.95
91182	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	170.85				145.25
91183	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	82.5				70.15
91184	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	116.4				98.95
91185	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	72.65				61.8

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91186	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration	102.6				87.25
91187	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	72.65				61.8
91188	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	102.6				87.25
91189	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Phone attendance by a participating nurse practitioner lasting at least 6 minutes and less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	31.8				27.05
91190	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Phone attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	60.25				51.25
91191	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Phone attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	88.9				75.6
91192	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Video attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	14.55				12.4
91193	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M18	N	Phone attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.	14.55				12.4
91194	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Video attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	72.65				61.8
91195	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Video attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 50 minutes	102.6				87.25
91196	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Video attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner and (c) the service lasts at least 20 minutes but less than 50 minutes	72.65				61.8
91197	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Video attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes	102.6				87.25

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% ($)
91198	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Phone attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes	116.4				98.95
91199	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Phone attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	170.85				145.25
91200	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Phone attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	82.5				70.15
91201	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Phone attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	116.4				98.95
91202	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Phone attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	72.65				61.8
91203	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Phone attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 50 minutes	102.6				87.25
91204	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Phone attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	72.65				61.8
91205	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	8	M18	N	Phone attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes	102.6				87.25
91206	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2025	8	M18	N	Video attendance by a participating nurse practitioner 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	134.35				114.2
91211	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M19	N	Short antenatal video attendance by a participating midwife, lasting at least 10 minutes	37.75				32.1
91212	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M19	N	Routine antenatal video attendance by a participating midwife, lasting at least 40 minutes	86.75				73.75
91214	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M19	N	Short postnatal video attendance by a participating midwife, lasting at least 20 minutes	62.3				53
91215	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M19	N	Routine postnatal video attendance by a participating midwife, lasting at least 40 minutes	127.5				108.4
91218	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M19	N	Short antenatal phone attendance by a participating midwife, lasting at least 10 minutes	37.75				32.1
91219	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M19	N	Routine antenatal phone attendance by a participating midwife, lasting at least 40 minutes	86.75				73.75
91221	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M19	N	Short postnatal phone attendance by a participating midwife, lasting at least 20 minutes	62.3				53
91222	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	8	M19	N	Routine postnatal phone attendance by a participating midwife, lasting at least 40 minutes	127.5				108.4
91790	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	20.05		20.05		
91792	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner) of not more than 5 minutes NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	11		11		
91794	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	16.1		16.1		

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% ($)
91800	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a general practitioner lasting at least 6 minutes but less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	43.9		43.9		
91801	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a general practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	84.9		84.9		
91802	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a general practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	125.1		125.1		
91803	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner) of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	21		21		
91804	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner) of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	38		38		
91805	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner) of more than 45 minutes in duration but not more than 60 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	61		61		
91806	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	35.05		35.05		
91807	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	67.95		67.95		
91808	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 45 minutes in duration but not more than 60 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	100.05		100.05		
91818	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	108.2		108.2		
91819	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes	154.85		154.85		

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% ($)
91820	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes	86.6		86.6		
91821	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes	123.9		123.9		
91822	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance was other than a second or subsequent attendance as part of a single course of treatment	101.3				86.15
91823	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is after the first attendance as part of a single course of treatment	50.95				43.35
91824	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the consultant physician; and (b) the attendance was of more than 5 minutes in duration; Where the attendance was other than a second or subsequent attendance as part of a single course of treatment	178.7				151.9
91825	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the consultant physician; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is not a minor attendance after the first as part of a single course of treatment	89.4				76
91826	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the consultant physician; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is a minor attendance after the first as part of a single course of treatment	50.95				43.35
91827	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes in duration; if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91828 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	51.3				43.65
91828	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration; if that attendance and another attendance to which item 296, 297, 299, or any of items 300, 302, 304, 306 to 308, 91827, 91829 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	102.4				87.05
91829	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a consultant psychiatrist; if:(a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration; if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827, 91828, 91830, 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	157.6				134
91830	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 45 minutes, but not more than 75 minutes in duration; if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91829, 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	217.5				184.9
91831	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Video attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 75 minutes in duration; if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91830, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	252.4				214.55
91833	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is after the first attendance as part of a single course of treatment.	50.95				43.35
91836	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the consultant physician; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is a minor attendance after the first as part of a single course of treatment.	50.95				43.35

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% ($)
91837	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration; Where the attendance is after the first attendance as part of a single course of treatment, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91838, 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	51.3				43.65
91838	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration; Where the attendance is after the first attendance as part of a single course of treatment, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91837, 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	102.4				87.05
91839	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration Where the attendance is after the first attendance as part of a single course of treatment, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91837, 91838 and 92437 applies have not exceeded 50 attendances in a calendar year	157.6				134
91842	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	108.2		108.2		
91843	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	154.85		154.85		
91844	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes	86.6		86.6		
91845	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	1	A40	N	Phone attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes	123.9		123.9		
91850	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	3	T4	N	Antenatal video service provided by a practice midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner.	31.8				27.05
91851	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	3	T4	N	Postnatal video attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided. Applicable once for a pregnancy	83.65				71.15
91852	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	3	T4	N	Postnatal video attendance (other than a service to which any other item applies) if: (a) the attendance is rendered by: (i) a practice midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 of the Health Insurance (Midwife and Nurse Practitioner) Determination 2015 or item 91214, 91215, 91221 or 91222 is not provided. Applicable once for a pregnancy	62.3				53
91853	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	3	T4	N	Antenatal video attendance	55				46.75
91855	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	3	T4	N	Antenatal phone service provided by a practice midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner.	31.8				27.05
91856	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	3	T4	N	Postnatal phone attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided. Applicable once for a pregnancy	83.65				71.15

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% ($)
91857	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	3	T4	N	Postnatal phone attendance (other than a service to which any other item applies) if: (a) the attendance is rendered by: (i) a practice midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 of the Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020 or item 91214, 91215, 91221 or 91222 is not provided. Applicable once for a pregnancy	62.3				53
91858	N/A (Not hospital treatment)	N/A (Not hospital treatment)	13.03.2020	3	T4	N	Antenatal phone attendance.	55				46.75
91859	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A40	N	Video attendance by a general practitioner (not including a specialist or a consultant physician), registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	108.2		108.2		
91861	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A40	N	Video attendance by a general practitioner (not including a specialist or a consultant physician), registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	154.85		154.85		
91862	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A40	N	Video attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	86.55		86.55		
91863	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A40	N	Video attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	123.9		123.9		
91864	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A40	N	Phone attendance by a general practitioner (not including a specialist or a consultant physician), registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	108.2		108.2		
91865	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A40	N	Phone attendance by a general practitioner (not including a specialist or a consultant physician), registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	154.85		154.85		
91866	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A40	N	Phone attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	86.55		86.55		
91867	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A40	N	Phone attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	123.9		123.9		
91868	Common list	Type C	01.03.2024	1	A40	N	Video 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 and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91869, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	25.55				21.75
91869	Common list	Type C	01.03.2024	1	A40	N	Video 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 and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	51.3				43.65
91870	Common list	Type C	01.03.2024	1	A40	N	Video 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 and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	79				67.15

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% ($)
91871	Common list	Type C	01.03.2024	1	A40	N	Video 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 and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	108.85				92.55
91872	Common list	Type C	01.03.2024	1	A40	N	Video 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 and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91873, or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	126.2				107.3
91873	Common list	Type C	01.03.2024	1	A40	N	Video 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 psychiatrist by a referring practitioner, where the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment, if that attendance and another attendance to which any of items 296, 297, 299 or any of items 300, 302, 304, 306, 308, 319, 92437, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91872 or 91879 to 91881 applies has not exceeded 160 attendances in a calendar year for the patient	217.5				184.9
91874	Common list	Type C	01.03.2024	1	A40	N	Video attendance involving 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 attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91875, 91876, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	51.3			38.5	43.65
91875	Common list	Type C	01.03.2024	1	A40	N	Video attendance involving 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 attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91876, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	102.4			76.8	87.05
91876	Common list	Type C	01.03.2024	1	A40	N	Video attendance involving 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 attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	157.6			118.2	134
91877	Common list	Type C	01.03.2024	1	A40	N	Video attendance involving 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 attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91876 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	217.5			163.15	184.9
91878	Common list	Type C	01.03.2024	1	A40	N	Video attendance involving 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 attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91876, 91877, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	252.4			189.3	214.55
91879	Common list	Type C	01.03.2024	1	A40	N	Phone 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 and another attendance to which 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91880, 91881 or 92437 applies exceed 50 attendances in a calendar year for the patient	25.55				21.75
91880	Common list	Type C	01.03.2024	1	A40	N	Phone 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 and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91879, 91881 or 92437 applies exceed 50 attendances in a calendar year for the patient	51.3				43.65

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91881	Common list	Type C	01.03.2024	1	A40	N	Phone 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 and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91879, 91880 or 92437 applies exceed 50 attendances in a calendar year for the patient	79				67.15
91882	Common list	Type C	01.03.2024	1	A40	N	Phone attendance involving 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 attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	51.3			38.5	43.65
91883	Common list	Type C	01.03.2024	1	A40	N	Phone attendance involving 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 attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91882 or 91884 applies have not exceeded 15 in a calendar year for the patient	102.4			76.8	87.05
91884	Common list	Type C	01.03.2024	1	A40	N	Phone attendance involving 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 attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91882 or 91883 applies have not exceeded 15 in a calendar year for the patient	157.6			118.2	134
91890	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance by a general practitioner lasting less than 6 minutes for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	20.05		20.05		
91891	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance by a general practitioner lasting at least 6 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	43.9		43.9		
91892	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting less than 6 minutes for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	11		11		
91893	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 6 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	21		21		
91900	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Phone attendance by a general practitioner to a patient registered under MyMedicare with the billing practice, lasting at least 20 minutes, if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care; for one or more health related issues, with appropriate documentation	84.9		84.9		
91903	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner) to a patient registered under MyMedicare with the billing practice, of more than 25 minutes in duration but not more than 45 minutes, if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care; for one or more health related issues, with appropriate documentation	38		38		
91906	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, to a patient registered under MyMedicare with the billing practice, of more than 25 minutes in duration but not more than 45 minutes, if the attendance includes any of the following that are clinically relevant:(a) taking a detailed patient history;(b) arranging any necessary investigation;(c) implementing a management plan;(d) providing appropriate preventive health care;for one or more health related issues, with appropriate documentation	67.95		67.95		
91910	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Phone attendance by a general practitioner, to a patient registered under MyMedicare with the billing practice, lasting at least 40 minutes, if the attendance includes any of the following that are clinically relevant:(a) taking an extensive patient history;(b) arranging any necessary investigation;(c) implementing a management plan;(d) providing appropriate preventive health care;for one or more health related issues, with appropriate documentation	125.1		125.1		

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91913	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner), to a patient registered under MyMedicare with the billing practice, of more than 45 minutes in duration but not more than 60 minutes, if the attendance includes any of the following that are clinically relevant:(a) taking an extensive patient history;(b) arranging any necessary investigation;(c) implementing a management plan;(d) providing appropriate preventative health care;for one or more health related issues, with appropriate documentation	61		61		
91916	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, to a patient registered under MyMedicare with the billing practice, of more than 45 minutes in duration but not more than 60 minutes, if the attendance includes any of the following that are clinically relevant:(a) taking an extensive patient history;(b) arranging any necessary investigation;(c) implementing a management plan;(d) providing appropriate preventative health care;for one or more health related issues, with appropriate documentation	100.05		100.05		
91920	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Video attendance by a general practitioner, lasting at least 60 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	202.65		202.65		
91923	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner), of more than 60 minutes in duration and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health related issues, with appropriate documentation NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	98.4		98.4		
91926	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 60 minutes in duration and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	162.1		162.1		
92004	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner for a health assessment of a patient - this item or items 93470 or 93479 not more than once in a 9 month period. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	247.65		247.65		
92011	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for a health assessment - this item or items 93470 or 93479 not more than once in a 9 month period. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	198.1		198.1		
92026	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Contribution by a general practitioner by video, 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 235 to 240 or 735 to 758 of the general medical services table apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	82.1		82.1		
92027	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Contribution by a general practitioner by video 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 235 to 240 or 735 to 758 of the general medical services table apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	82.1		82.1		
92029	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance by a general practitioner to prepare a GP chronic condition management plan for a patient	156.55		156.55		
92030	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance by a general practitioner to review a GP chronic condition management plan prepared by the general practitioner or an associated medical practitioner	156.55		156.55		
92057	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) by video 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 235 to 240 or 735 to 758 of the general medical services table apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply)	65.7		65.7		

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92058	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) by video 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 235 to 240 or 735 to 758 of the general medical services table apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	65.7		65.7		
92060	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance by a prescribed medical practitioner to prepare a GP chronic condition management plan for a patient	125.3		125.3		
92061	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance by a prescribed medical practitioner to review a GP chronic condition management plan prepared by the prescribed medical practitioner or an associated medical practitioner	125.3		125.3		
92112	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	83.65		83.65		
92113	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	123.15		123.15		
92114	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a psychiatrist assessment and management plan	83.65		83.65		
92115	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video 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	83.65		83.65		
92116	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance, by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	106.2		106.2		
92117	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance, by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	156.45		156.45		
92118	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	66.9		66.9		
92119	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	98.5		98.5		
92120	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a psychiatrist assessment and management plan	66.9		66.9		
92121	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation	66.9		66.9		
92122	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner, (not including a general practitioner, specialist or consultant physician), who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	84.95		84.95		
92123	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner, (not including a general practitioner, specialist or consultant physician), who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	125.2		125.2		
92126	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.	83.65		83.65		
92127	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	83.65		83.65		
92132	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a psychiatrist assessment and management plan	66.9		66.9		

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% ($)
92133	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation	66.9		66.9		
92136	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who:(a) is currently pregnant; or(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or items 792 or 4001 of the general medical services table, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92137, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy	89.35		89.35		
92137	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician) who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who:(a) is currently pregnant; or(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or items 792 or 4001 of the general medical services table, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy	71.5		71.5		
92138	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who:(a) is currently pregnant; or(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 792 or 4001 of the general medical services table, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92137, 92139, 93026 or 93029 applies in relation to that pregnancy	89.35		89.35		
92139	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician) who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who:(a) is currently pregnant; or(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 792 or 4001 of the general medical services table, or item 81000, 81005 or 81010 of the Allied Health Determination or item 92136, 92137, 92138, 93026 or 93029 applies in relation to that pregnancy	71.5		71.5		
92140	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant paediatrician by a referring practitioner, for a patient aged under 25, if the consultant paediatrician: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92141, 92142 or 92434) Applicable only once per lifetime	312.45				265.6
92141	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance lasting at least 45 minutes by a specialist or consultant physician (not including a general practitioner), following referral of the patient to the specialist or consultant physician by a referring practitioner, for a patient aged under 25, if the specialist or consultant physician: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92142 or 92434) Applicable only once per lifetime	312.45				265.6

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% ($)
92142	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance lasting at least 45 minutes by a general practitioner (not including a specialist or consultant physician), for a patient aged under 25, if the general practitioner: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92141 or 92434) Applicable only once per lifetime	156.95		156.95		
92146	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	83.65		83.65		
92147	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	123.15		123.15		
92148	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	106.2		106.2		
92149	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	156.45		156.45		
92150	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	66.9		66.9		
92151	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	98.5		98.5		

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% ($)
92152	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	84.95		84.95		
92153	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	125.2		125.2		
92162	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for the preparation of an eating disorder treatment and management plan for an eligible patient, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and (E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	535.95				455.6
92163	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for the preparation of an eating disorder treatment and management plan for an eligible patient, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant paediatrician undertakes an assessment that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of diagnoses; and (c) within 2 weeks after the attendance, the consultant paediatrician: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that involves: (A) an opinion on diagnosis and risk assessment; and (B) treatment options and decisions; and (C) medication recommendations; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	312.45				265.6
92170	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner to review an eligible patient's eating disorder treatment and management plan prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the general practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	83.65		83.65		

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92171	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the speciality of psychiatry or paediatrics, if: (a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the speciality of psychiatry or paediatrics, where appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	66.9		66.9		
92172	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an eligible patient, if: (a) the consultant psychiatrist reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	335.05				284.8
92173	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance of at least 20 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an eligible patient, if: (a) the consultant paediatrician reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant paediatrician: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant paediatrician: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees	156.45				133
92176	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a general practitioner to review an eligible patient's eating disorder treatment and management plan prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the general practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	83.65		83.65		

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% ($)
92177	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	66.9		66.9		
92182	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	108.2		108.2		
92184	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	154.85		154.85		
92186	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan	86.6		86.6		
92188	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan	123.9		123.9		
92194	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	108.2		108.2		
92196	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	154.85		154.85		
92198	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan	86.6		86.6		
92200	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	123.9		123.9		
92210	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video 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	178.5		178.5		
92211	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	1	A40	N	Video 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	142.65		142.65		

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% ($)
92422	N/A (Not hospital treatment)	N/A (Not hospital treatment)	06.04.2020	1	A40	N	Video 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 of the general medical services table or item 91824, 91825, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) this item, or item 132 of the general medical services table, has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician	312.45				265.6
92423	N/A (Not hospital treatment)	N/A (Not hospital treatment)	06.04.2020	1	A40	N	Video 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 of the general medical services table or item 91824, 91825, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) item 132 of the general medical services table or item 92422 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 of the general medical services table or item 92422; and (f) this item, or item 133 of the general medical services table has not applied more than twice in any 12 month period	156.45				133
92434	N/A (Not hospital treatment)	N/A (Not hospital treatment)	06.04.2020	1	A40	N	Video attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant psychiatrist by a referring practitioner, for a patient aged under 25, if the consultant psychiatrist: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92141 or 92142) Applicable only once per lifetime	312.45				265.6
92435	N/A (Not hospital treatment)	N/A (Not hospital treatment)	06.04.2020	1	A40	N	Video attendance lasting more than 45 minutes 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 the referring practitioner a written report, which includes: (i) a comprehensive diagnostic assessment of the patient; and (ii) a management plan for the patient for the next 12 months for the patient 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 a 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 291 of the general medical services table applies has not been provided	535.95				455.6

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% ($)
92436	N/A (Not hospital treatment)	N/A (Not hospital treatment)	06.04.2020	1	A40	N	Video attendance lasting more than 30 minutes, but not more than 45 minutes, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or 92435; and (b) the attendance follows referral of the patient to the consultant, 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) a 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 the 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 of the general medical services table or item 92435 applies has been provided; and (g) in the preceding 12 months, a service to which this item or item 293 of the general medical services table applies has not been provided	335.05				284.8
92437	N/A (Not hospital treatment)	N/A (Not hospital treatment)	06.04.2020	1	A40	N	Video attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner: (a) if the patient: (i) is a new patient for this consultant physician; or (ii) has not received an attendance from this consultant physician in the preceding 24 months; and (b) the patient has not received an attendance under this item, or item 91827 to 91831, 91837 to 91839, 92455 to 92457, 91868 to 91873, 91879 to 91881 or item 296, 297, 299, 300, 302, 304, 306 to 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344 or 346 of the general medical services table, in the preceding 24 months	308.3				262.1
92455	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	58.35				49.6
92456	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a family group of 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	77.45				65.85
92457	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a family group of 2 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	114.65				97.5
92478	Hospital psychiatric services	Unlisted	01.11.2024	1	A40	N	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the patient is located at a hospital; and (c) the attendance is not more than 15 minutes duration; and (d) the patient has not received a service to which this item or item 92479, 92480, 92481, 92482 or 92483 applies in the last seven days (H)	51.3			38.5	
92479	Hospital psychiatric services	Unlisted	01.11.2024	1	A40	N	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the patient is located at a hospital; and (c) the attendance is at least 15 minutes, but not more than 30 minutes in duration; and (d) the patient has not received a service to which this item or item 92478, 92480, 92481, 92482 or 92483 applies in the last seven days (H)	102.4			76.8	
92480	Hospital psychiatric services	Unlisted	01.11.2024	1	A40	N	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the patient is located at a hospital; and (c) the attendance was at least 30 minutes, but not more than 45 minutes in duration; and (d) the patient has not received a service to which this item or item 92478, 92479, 92481, 92482 or 92483 applies in the last seven days (H)	157.6			118.2	
92481	Hospital psychiatric services	Unlisted	01.11.2024	1	A40	N	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the patient is located at a hospital; and (c) the attendance was at least 45 minutes, but not more than 75 minutes in duration; and (d) the patient has not received a service to which this item or item 92478, 92479, 92480, 92482 or 92483 applies in the last seven days (H)	217.5			163.15	

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% ($)
92482	Hospital psychiatric services	Unlisted	01.11.2024	1	A40	N	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the patient is located at a hospital; and (c) the attendance was at least 75 minutes in duration; and (d) the patient has not received a service to which this item or item 92478, 92479, 92480, 92481 or 92483 applies in the last seven days (H)	252.4			189.3	
92483	Hospital psychiatric services	Unlisted	01.11.2024	1	A40	N	Video attendance of more than 45 minutes by a consultant psychiatrist following referral of the patient to the consultant psychiatrist by a referring practitioner – an attendance on a patient located at a hospital if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from the 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, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 92437 and 92478 to 92482 has applied in the preceding 24 months (H)	308.3			231.25	
92513	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance by a public health physician in the practice of the public health physician's specialty of public health medicine—attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	23.15				19.7
92514	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	50.6				43.05
92515	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	97.95				83.3
92516	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	144.2				122.6
92521	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine—attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management; Where the attendance is not the first attendance for that particular clinical indication	23.15				19.7
92522	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, where the attendance is not the first attendance for those particular health-related issues, with appropriate documentation	50.6				43.05
92610	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist (other than a second or subsequent attendance in a single course of treatment)	153.4				130.4
92611	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video 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	50.95				43.35
92612	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 15 minutes in duration but not more than 30 minutes in duration	101.3				86.15
92613	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 30 minutes in duration but not more than 45 minutes in duration	140.35				119.3
92614	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Video attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 45 minutes in duration	178.7				151.9
92618	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	1	A40	N	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment.	50.95				43.35

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% ($)
92623	N/A (Not hospital treatment)	N/A (Not hospital treatment)	06.04.2020	1	A40	N	Video attendance of more than 60 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (not including a specialist or consultant physician) or a participating nurse practitioner; and (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and (c) during the attendance: (i) all relevant aspects of the patient's health are evaluated in detail using appropriately validated assessment tools if indicated (the assessment); and (ii) the patient's various health problems and care needs are identified and prioritised (the formulation); and (iii) a detailed management plan is prepared (the management plan) setting out: (A) the prioritised list of health problems and care needs; and (B) short and longer term management goals; and (C) recommended actions or intervention strategies to be undertaken by the patient's general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient and the patient's family and carers; and (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and (v) the management plan is communicated in writing to the referring practitioner; and (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826 or 91836 applies has not been provided to the patient on the same day by the same practitioner; and (e) an attendance to which this item or item 145 of the general medical services table applies has not been provided to the patient by the same practitioner in the preceding 12 months	535.95				455.6
92624	N/A (Not hospital treatment)	N/A (Not hospital treatment)	06.04.2020	1	A40	N	Video attendance of more than 30 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141, 92623 or 92628 or 145, if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan prepared under item 141, 92623 or 92628 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 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826 or 91836 applies was not provided to the patient on the same day by the same practitioner; and (d) an attendance to which item 141 or 145 of the general medical services table, or item 92623 or 92628 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item, or item 147 of the general medical services table applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	335.05				284.8
92701	N/A (Not hospital treatment)	N/A (Not hospital treatment)	22.05.2020	1	A40	N	Video attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a selective history and the formulation of a written patient management plan documented in the patient notes, and lasting more than 15 minutes (other than a service associated with a service to which any of items 2801 to 3000 of the general medical services table apply)	101.3				86.15
92715	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	20.05		20.05		
92716	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	11		11		
92717	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items	16.1		16.1		

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92718	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	43.9		43.9		
92719	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	21		21		
92720	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items	35.05		35.05		
92721	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	84.9		84.9		
92722	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	38		38		
92723	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items	67.95		67.95		
92724	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	125.1		125.1		
92725	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	61		61		
92726	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items	100.05		100.05		

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92731	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	20.05		20.05		
92732	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	11		11		
92733	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items	16.1		16.1		
92734	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	43.9		43.9		
92735	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	21		21		
92736	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items	35.05		35.05		
92737	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	84.9		84.9		
92738	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	38		38		
92739	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items	67.95		67.95		

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% ($)
92740	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	125.1		125.1		
92741	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	61		61		
92742	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2021	1	A40	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items	100.05		100.05		
92748	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine if: (a) the attendance follows referral of the patient to the consultant occupational physician (b) the attendance is of more than 5 minutes in duration; (c) the attendance is an initial attendance in a single course of treatment; and (d) the attendance on the patient, being an attendance to which item 385, 91822, or 104 applies did not take place on the same day by the same consultant occupational physician.	101.3				86.15
92749	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine if: (a) the attendance follows referral of the patient to the consultant occupational physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is after the first in a single course of treatment.	50.95				43.35
92750	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Phone attendance for a person by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine if: (a) the attendance follows referral of the patient to the consultant occupational physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is after the first attendance in a single course of treatment.	50.95				43.35
92751	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; (c) the attendance is an initial attendance in a single course of treatment; and (d) the attendance on the patient, being an attendance to which item 2801, 91824 or 110 applies did not take place on the same day by the same pain medicine specialist or consultant physician.	178.7				151.9
92752	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is not a minor attendance after the first in a single course of treatment.	89.4				76
92753	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is a minor attendance after the first in a single course of treatment.	50.95				43.35
92754	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Phone attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is a minor attendance after the first of a single course of treatment.	50.95				43.35
92755	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialists' or consultant physician's specialty of palliative medicine if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; (c) the attendance is an initial attendance in a single course of treatment; and (d) the attendance on the patient, being an attendance to which item 3005, 91824 or 110 applies did not take place on the same day by the same palliative medicine specialist or consultant physician.	178.7				151.9

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% ($)
92756	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's, or consultant physician's, specialty of palliative medicine if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is not a minor attendance after the first in a single course of treatment.	89.4				76
92757	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is a minor attendance after the first in a single course of treatment.	50.95				43.35
92758	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Phone attendance for a person by a specialist, or consultant physician, in the practice of the specialists' or consultant physician's specialty of palliative medicine if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is a minor attendance after the first in a single course of treatment.	50.95				43.35
92759	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; (b) the attendance includes a comprehensive assessment; (c) the attendance is the first or only time in a single course of treatment that a comprehensive assessment is provided; and (d) an attendance on the patient, being an attendance to which item 6018, 91824 or 110 applies did not take place on the same day by the same addiction medicine specialist.	178.7				151.9
92760	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is a patient assessment: (i) before or after a comprehensive assessment under item 110, 6018, 91824 or 92759 in a single course of treatment; or (ii) that follows an initial assessment under item 132, 6023, 92422 or 92762 in a single course of treatment; or (iii) that follows a review under item 133, 6024, 92423 or 92763 in a single course of treatment.	89.4				76
92761	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Phone attendance for a person by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is a minor attendance after the first in a single course of treatment.	50.95				43.35
92762	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person 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, 91824, 91825, 91826, 91836, 92759, 92760, 92763, 132, 133, 6018, 6019 or 6023 applies did not take place on the same day by the same addiction medicine specialist; and (d) neither this item nor item 6023, 132 or 92422 has applied to an attendance on the patient in the preceding 12 months by the same addiction medicine specialist	312.45				265.6
92763	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person 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, 6019, 91824, 91825, 91826, 91836, 92423, 92759 or 6024 applies did not take place on the same day by the same addiction medicine specialist; and (d) item 132, 6023, 92422 or 92762 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 132, 6023, 92422, or 92762 by locum tenens; and (f) this item has not applied more than twice in any 12-month period.	156.45				133
92764	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty if: (a) the attendance follows referral of the patient to the sexual health medicine specialist; and (b) the attendance is of more than 5 minutes in duration, and includes a comprehensive assessment; and (c) the attendance is the first or only time in a single course of treatment; and (d) an attendance on the patient, being an attendance to which item 6051, 91824, or 110 applies did not take place on the same day by the same sexual health medicine specialist.	178.7				151.9

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% ($)
92765	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; (b) the attendance is a patient assessment: (i) before or after a comprehensive assessment under item 6051, 91824 or 92764 in a single course of treatment; or (ii) that follows an initial assessment under item 6057 or 92767 in a single course of treatment; or (iii) that follows a review under item 6058 or 92768 in a single course of treatment.	89.4				76
92766	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Phone attendance for a person by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty if: (a) the attendance follows referral of the patient to the sexual health medicine specialist; and (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is a minor attendance after the first in a single course of treatment.	50.95				43.35
92767	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty of sexual health 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, 6052, 6057, 91822, 91823, 91824, 91825, 91826, 91833, 91836, 92422, 92423, 92764, or 92765 applies did not take place on the same day by the same sexual health medicine specialist; and (d) neither this item nor items 6057, 92422 or 132 has applied to an attendance on the patient in the preceding 12 months by the same sexual health medicine specialist.	312.45				265.6
92768	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2025	1	A40	Y	Video attendance for a person 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, 6052, 91822, 91823, 91824, 91825, 91826, 91836, 92422, 92423, 92764, 92765 or 6058 applies did not take place on the same day by the same sexual health medicine specialist; and (d) item 6057, 132, 92422 or 92767 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, 132, 92422 or 92767 by locum tenens; and (f) neither this item nor item 6058 has not applied more than twice in any 12-month period.	156.45				133
93000	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Video attendance by an eligible allied health practitioner if: (a) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of —in relation to those matters; to a maximum of 5 services (including any services to which this item, item 93013 or any item in Subgroup 1 of Group M3 of the Allied Health Determination applies) in a calendar year	72.65				61.8

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% ($)
93013	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Phone attendance by an eligible allied health practitioner if: (a) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (b) the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of —in relation to those matters; to a maximum of 5 services (including any services to which this item, item 93000 or any item in Subgroup 1 of Group M3 of the Allied Health Determination applies) in a calendar year	72.65				61.8
93026	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Non directive pregnancy support counselling health service provided to a person who is currently pregnant or who has been pregnant in the preceding 12 months by an eligible psychologist, eligible social worker or eligible mental health nurse as a video attendance if: (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the service is provided to the person individually; and (d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (e) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93029, 92136 and 92138 apply) for each pregnancy. The service may be used to address any pregnancy related issues for which non directive counselling is appropriate	85.3				72.55
93029	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Non directive pregnancy support counselling health service provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months by an eligible psychologist, eligible social worker or eligible mental health nurse as a phone attendance if: (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the service is provided to the person individually; and (d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (e) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93026, 92136 and 92138 apply) for each pregnancy. The service may be used to address any pregnancy related issues for which non directive counselling is appropriate	85.3				72.55
93032	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Psychology health service provided by video attendance to a patient aged under 25 years by an eligible psychologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93033, 93040 or 93041 apply may be provided to the same patient on the same day	116.4				98.95
93033	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by video attendance to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93040 or 93041 apply may be provided to the same patient on the same day	102.6				87.25

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% ($)
93035	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Psychology health service provided by video attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day	116.4				98.95
93036	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by video attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93043 or 93044 apply may be provided to the same patient on the same day	102.6				87.25
93040	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Psychology health service provided by phone attendance to a patient aged under 25 years by an eligible psychologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93041 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category	116.4				98.95
93041	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by phone attendance to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93040 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category	102.6				87.25
93043	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Psychology health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93044 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category	116.4				98.95

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% ($)
93044	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible audiologist, dietitian, exercise physiologist, optometrist, orthoptist, physiotherapist, or speech pathologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93043 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category	102.6				87.25
93048	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Video attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; (c) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 10 services (including any services to which this item or 93000, 93013 or 93061 or any item in Subgroup 1 of Group M3 or any item in Group M11 of the Allied Health Determination applies) in a calendar year	72.65			54.5	61.8
93061	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Phone attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs; (c) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 10 services (including any services to which this item or item 93000, 93013, 93048 or any item in Subgroup 1 of Group M3 or any item in Group M11 of the Allied Health Determination applies) in a calendar year	72.65				61.8
93074	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Dietetics health service provided by video attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration	72.65				61.8
93076	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration	116.4				98.95
93079	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration	170.85				145.25

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% ($)
93084	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration	82.5				70.15
93087	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration	116.4				98.95
93092	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration	72.65				61.8
93095	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration	102.6				87.25
93100	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration	72.65				61.8
93103	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration	102.6				87.25
93108	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Dietetics health service provided by phone attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration.	72.65				61.8
93110	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration.	116.4				98.95
93113	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	170.85				145.25
93118	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	82.5				70.15
93121	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	116.4				98.95
93126	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration	72.65				61.8
93129	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	102.6				87.25
93134	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	72.65				61.8
93137	N/A (Not hospital treatment)	N/A (Not hospital treatment)	30.03.2020	8	M18	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	102.6				87.25
93200	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	8	M18	N	Follow-up video attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health check if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the service is consistent with the needs identified through the health assessment	32.85				27.95

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% ($)
93201	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	8	M18	N	Video attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition, if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person has in place: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements, prepared before 1 July 2025; or (iii) a multidisciplinary care plan; and (c) the service is consistent with the plan or arrangements	16.55				14.1
93202	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	8	M18	N	Follow-up phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health check if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the service is consistent with the needs identified through the health assessment.	32.85				27.95
93203	N/A (Not hospital treatment)	N/A (Not hospital treatment)	20.04.2020	8	M18	N	Phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition, if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person has in place: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements, prepared before 1 July 2025; or (iii) a multidisciplinary care plan; and (c) the service is consistent with the plan or arrangements	16.55				14.1
93284	N/A (Not hospital treatment)	N/A (Not hospital treatment)	22.05.2020	8	M18	N	Video attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (c) the patient is referred to an eligible diabetes educator by the medical practitioner; and (d) the service is provided to the person individually; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services to which this item, item 92386, or items 81100, 81110 and 81120 of the Allied Health Determination apply)	93.25				79.3
93285	N/A (Not hospital treatment)	N/A (Not hospital treatment)	22.05.2020	8	M18	N	Video attendance by an eligible dietitian to provide a dietetics health service, as a group service for the management of type 2 diabetes if: (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment items 81100, 81110 or 81120 of the Allied Health Determination or items 93284 or 93286; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is of at least 60 minutes duration; and (d) after the last service in the group services program provided to the person under this item or items 81105, 81115 or 81125 of the Allied Health Determination, the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (e) an attendance record for the group is maintained by the eligible dietitian; to a maximum of 8 group services in a calendar year (including services to which this item or items 81105, 81115 and 81125 of the Allied Health Determination apply)	23.2				19.75
93286	N/A (Not hospital treatment)	N/A (Not hospital treatment)	22.05.2020	8	M18	N	Phone attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (c) the patient is referred to an eligible diabetes educator by the medical practitioner; and (d) the service is provided to the person individually; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services to which this item, item 92384, or in items 81100, 81110 and 81120 of the Allied Health Determination apply)	93.25				79.3