Note: The Data in this table is based on Date of processing (extracted from Qlik 011. All MBS by DOP month dataset, Schedule fees are based on Jun 2021 MBS schedule), data has not been confidentialised

ItemNum	Category	Group	Item Descriptor	Schedule Fee	Derived fee	100% Benefits	85% Benefits	75% Benefits	Anaes?	Item Start Date	Total Benefits paid 2020-21	Number of Services 2020-21	Total Patient count 2018-19	Total Provider count 2018-19	Provider Fee Charged 2020-21	Total Schedule fees 2020-21	EMSN benefits paid 2018-19	OMSN benefits paid 2018-19	Bulk billing rate 2020-21	% of services provided in-hospital 2020-21	5 year service change % (CAGR)	5 Year benefit change % (CAGR)	% of services provided by GPs (incl VR, non-VR and trainee GPs) 2018-19	% of services provided by specialists 2018-19	% of services provided by Allied Health 2018-19	% of services provided by Dentists 2018-19
3	1	A1	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	17.75	0	17.75	0	0	0	1/12/1989	$ 59,473,451	3,343,200			$ 63,911,754	$ 59,334,644			95%	0%	0.9%	1.8%	#REF!	#REF!	#REF!	#REF!
4	1	A1	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	0	The fee for item 3, plus $27.15 divided by the number of patients seen, up to a maximum	0	0	0	0	1/12/1989	$ 900,607	35,946			$ 994,846	$ 959,365			78%	27%	1.9%	2.9%				
23	1	A1	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting less than 20 minutes and including any of the	38.75	0	38.75	0	0	0	1/12/1989	$ 2,932,379,542	75,208,567			$ 3,423,003,185	$ 2,913,992,865			83%	0%	-3.6%	-2.7%				
24	1	A1	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting less	0	The fee for item 23, plus $27.15 divided by the number of patients seen, up to a maximum	0	0	0	0	1/12/1989	$ 25,551,586	516,494			$ 29,920,514	$ 27,886,437			64%	37%	-7.4%	-6.8%				
36	1	A1	Professional attendance 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	75.05	0	75.05	0	0	0	1/12/1989	$ 1,390,877,830	18,434,597			$ 1,532,558,796	$ 1,383,348,098			84%	0%	2.8%	3.7%				
37	1	A1	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	0	The fee for item 36, plus $27.15 divided by the number of patients seen, up to a maximum	0	0	0	0	1/12/1989	$ 17,358,716	196,806			$ 19,490,972	$ 18,535,410			74%	28%	-2.5%	-1.7%				
44	1	A1	Professional attendance 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	110.5	0	110.5	0	0	0	1/12/1989	$ 193,391,147	1,725,385			$ 217,005,758	$ 190,616,821			83%	0%	3.8%	4.7%				
47	1	A1	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	0	The fee for item 44, plus $27.15 divided by the number of patients seen, up to a maximum	0	0	0	0	1/12/1989	$ 7,143,617	58,918			$ 8,132,090	$ 7,696,877			72%	32%	-3.4%	-2.2%				
52	1	A2	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	11	0	11	0	0	0	1/12/1989	$ 520,477	47,184			$ 577,619	$ 519,013			96%	0%	-7.1%	-7.1%				
53	1	A2	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	21	0	21	0	0	0	1/12/1989	$ 39,777,706	1,871,415			$ 53,265,874	$ 39,298,606			89%	0%	-16.3%	-16.2%				
54	1	A2	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	38	0	38	0	0	0	1/12/1989	$ 17,833,149	460,828			$ 23,648,351	$ 17,510,677			86%	0%	-12.2%	-12.2%				
57	1	A2	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not	61	0	61	0	0	0	1/12/1989	$ 6,611,099	92,781			$ 10,616,636	$ 5,659,396			65%	0%	-9.0%	-8.7%				
58	1	A2	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	0	An amount equal to $8.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	1/12/1989	$ 43,739	3,940			$ 65,857	$ 57,215			29%	96%	-2.9%	-3.2%				
59	1	A2	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	0	An amount equal to $16.00, plus $17.50 divided by the number of patients seen, up to a maximum	0	0	0	0	1/12/1989	$ 660,774	36,630			$ 1,020,546	$ 853,975			19%	93%	-5.8%	-7.3%				
60	1	A2	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	0	An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	1/12/1989	$ 675,372	20,232			$ 1,004,174	$ 869,427			27%	90%	0.1%	-1.4%				
65	1	A2	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 45 minutes in	0	An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	1/12/1989	$ 755,233	15,552			$ 1,134,070	$ 989,012			27%	95%	1.5%	0.1%				
99	1	A3	Professional attendance on a patient by a specialist practising in the specialist's specialty if: (a) the attendance is by video conference; and (b) the attendance is for a service: (i) provided	0	50% of the fee for item 104 or 105. Benefit: 85% of the derived fee	0	0	0	0	1/07/2011	$ 1,943,792	27,766			$ 1,945,438	$ 2,285,882			100%	0%	22.8%	21.0%				
104	1	A3	Professional attendance at consulting rooms or hospital by a specialist in the practice of the specialist's specialty after referral of the patient to the specialist-each attendance, other than a second	89.55	0	0	76.15	67.2	0	1/11/1990	$ 412,396,113	5,188,966			$ 880,155,161	$ 464,233,057			21%	5%	0.3%	1.5%				
105	1	A3	Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-an attendance after the first in a single course of	45	0	0	38.25	33.75	0	1/11/1990	$ 252,738,532	6,027,353			$ 535,606,058	$ 271,183,120			32%	5%	-2.0%	-0.9%				
106	1	A3	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	74.3	0	0	63.2	55.75	0	1/12/1991	$ 45,416	660			$ 57,705	$ 49,022			82%	0%	-6.0%	-4.1%				
107	1	A3	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	131.4	0	0	111.7	98.55	0	1/11/1990	$ 251,008	2,248			$ 260,740	$ 295,338			95%	0%	2.9%	3.8%				
108	1	A3	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	83.2	0	0	70.75	62.4	0	1/11/1990	$ 103,994	1,407			$ 118,607	$ 117,034			87%	0%	-21.1%	-19.9%				
109	1	A3	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	201.85	0	0	171.6	151.4	0	1/05/2006	$ 6,131,536	34,908			$ 9,555,819	$ 7,044,801			10%	1%	-0.8%	0.0%				
110	1	A4	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	157.95	0	0	134.3	118.5	0	1/02/1984	$ 332,098,891	2,482,151			$ 498,363,369	$ 391,561,443			33%	26%	0.9%	1.8%				
111	1	A3	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-	45	0	0	38.25	33.75	0	1/11/2017	$ 947,140	24,334			$ 1,670,015	$ 1,091,735			22%	42%	#DIV/0!	#DIV/0!				

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112	1	A4	Professional attendance on a patient by a consultant physician practising in the consultant physician's specialty if: (a) the attendance is by video conference; and (b) the attendance is for a	0	50% of the fee for the associated item. Benefit: 85% of derived fee.	0	0	0	0	1/07/2011	$	30,267,050	195,705	$	30,269,725	$	35,600,112	100%	0%	31.1%	33.3%
113	1	A3	Initial professional attendance of 10 minutes or less in duration on a patient by a specialist in the practice of the specialist's speciality if: (a) the attendance is by video conference; and (b) the patient is	67.2		0	0	57.15	0	0	1/01/2013	$	14,834	260	$	15,981	$	17,469	98%	0%	63.9%	62.7%
114	1	A4	Initial professional attendance of 10 minutes or less in duration on a patient by a consultant physician practising in the consultant physician's specialty if: (a) the attendance is by video conference;	118.5		0	0	100.75	0	0	1/01/2013	$	11,138	108	$	14,152	$	12,768	50%	0%	23.9%	25.3%
115	1	A3	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	45		0	0	38.25	33.75	0	1/04/2019	$	26,368	672	$	54,327	$	29,714	17%	43%	#DIV/0!	#DIV/0!
116	1	A4	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	79.05		0	0	67.2	59.3	0	1/02/1984	$	557,671,676	8,424,038	$	863,052,039	$	665,580,452	27%	42%	-0.1%	0.9%
117	1	A4	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	79.05		0	0	67.2	59.3	0	1/11/2017	$	321,001	5,613	$	540,619	$	425,424	5%	96%	#DIV/0!	#DIV/0!
119	1	A4	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	45		0	0	38.25	33.75	0	22/12/1987	$	2,194,870	54,109	$	2,959,682	$	2,429,319	44%	34%	-11.5%	-8.6%
120	1	A4	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	45		0	0	38.25	33.75	0	1/11/2017	$	42,406	1,293	$	69,501	$	55,473	14%	86%	#DIV/0!	#DIV/0!
122	1	A4	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	191.65		0	0	162.95	143.75	0	1/02/1984	$	1,072,259	5,988	$	1,228,398	$	1,145,904	79%	0%	18.6%	21.0%
128	1	A4	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	115.9		0	0	98.55	86.95	0	1/02/1984	$	2,492,568	24,705	$	2,608,082	$	2,860,220	89%	0%	16.7%	18.1%
131	1	A4	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	83.5		0	0	71	62.65	0	22/12/1987	$	229,953	3,075	$	260,077	$	256,366	28%	0%	19.7%	19.9%
132	1	A4	Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient	276.25		0	0	234.85	207.2	0	1/11/2007	$	224,487,437	955,034	$	302,022,646	$	264,080,701	38%	15%	1.6%	2.6%
133	1	A4	Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single	138.3		0	0	117.6	103.75	0	1/11/2007	$	73,505,479	617,345	$	105,852,324	$	85,599,305	33%	21%	0.6%	1.6%
135	1	A29	Professional attendance of at least 45 minutes in duration at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty of paediatrics,	276.25		0	0	234.85	207.2	0	1/07/2008	$	2,410,597	9,688	$	3,245,959	$	2,670,013	39%	0%	-0.8%	0.5%
137	1	A29	Professional attendance of at least 45 minutes duration, at consulting rooms or hospital, by a specialist or consultant physician, for assessment, diagnosis and the preparation of a	276.25		0	0	234.85	207.2	0	1/07/2011	$	45,137	190	$	50,652	$	52,463	80%	0%	-17.1%	-16.3%
139	1	A29	Professional attendance of at least 45 minutes in duration at consulting rooms only, by a general practitioner (not including a specialist or consultant physician) for assessment, diagnosis and	138.7		0	138.7	0	0	0	1/07/2011	$	8,324	60	$	8,367	$	8,324	97%	0%	-16.5%	-15.8%
141	1	A28	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	473.8		0	0	402.75	355.35	0	1/11/2007	$	16,241,579	40,256	$	17,574,383	$	19,064,256	72%	3%	9.2%	10.4%
143	1	A28	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	296.2		0	0	251.8	222.15	0	1/11/2007	$	4,726,218	18,693	$	5,218,182	$	5,535,045	70%	5%	8.6%	9.8%
145	1	A28	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	574.5		0	0	489.8	0	0	1/11/2007	$	12,532,910	25,617	$	12,573,856	$	14,697,365	99%	0%	25.3%	26.4%
147	1	A28	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	359.1		0	0	305.25	0	0	1/11/2007	$	3,486,551	11,432	$	3,495,513	$	4,100,157	100%	0%	27.1%	28.2%
149	1	A28	Professional attendance on a patient by a consultant physician or specialist practising in the consultant physician's or specialist's specialty of geriatric medicine if: (a) the attendance is by video	0	50% of the fee for item 141 or 143. Benefit: 85% of the derived fee	0	0	0	0	0	1/07/2011	$	2,223,241	4,063	$	2,223,241	$	2,544,104	100%	0%	55.6%	54.8%
160	1	A5	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)	228.45		0	228.45	0	171.35	0	1/02/1984	$	2,714,801	12,554	$	3,192,836	$	2,861,405	70%	25%	-3.5%	-3.1%
161	1	A5	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)	380.7		0	380.7	0	285.55	0	1/02/1984	$	738,454	2,151	$	934,877	$	817,268	56%	41%	-2.7%	-2.3%
162	1	A5	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)	532.75		0	532.75	0	399.6	0	1/02/1984	$	423,204	872	$	499,667	$	464,117	55%	36%	-5.0%	-3.4%
163	1	A5	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)	685.35		0	685.35	0	514.05	0	1/02/1984	$	444,569	683	$	477,405	$	466,488	36%	14%	10.7%	12.0%
164	1	A5	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	761.45		0	761.45	0	571.1	0	1/02/1984	$	833,975	1,136	$	874,258	$	862,306	38%	9%	16.5%	18.0%
170	1	A6	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	121.25		0	121.25	0	90.95	0	1/08/1987	$	559,843	4,286	$	715,632	$	519,668	69%	3%	-15.7%	-15.6%
171	1	A6	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	127.75		0	127.75	0	95.85	0	1/08/1987	$	75,760	520	$	95,333	$	66,460	75%	3%	-20.3%	-19.0%
172	1	A6	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	155.4		0	155.4	0	116.55	0	1/08/1987	$	41,741	292	$	52,340	$	45,373	61%	37%	-4.1%	-5.1%

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173	1	A7	Professional attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by any means, including any consultation on the	21.65		0	21.65	0	16.25	0	1/12/1991	$	636,060	22,306	$	1,098,345	$	482,925	34%	0%	-9.7%	-8.1%
177	1	A7	Professional attendance for a heart health assessment by amedical practitioner (other than a specialist or consultant physician)at consulting rooms lasting at least 20 minutes and must include:(a)	60.05		0	60.05	0	0	0	1/04/2019	$	202,457	3,372	$	203,219	$	202,483	99%	0%	#DIV/0!	#DIV/0!
179	1	A7	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible	14.2		0	14.2	0	0	0	1/07/2018	$	407,060	28,640	$	441,267	$	406,620	95%	0%	#DIV/0!	#DIV/0!
181	1	A7	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	0	The fee for item 179, plus $21.70 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	13,128	462	$	14,132	$	13,164	99%	1%	#DIV/0!	#DIV/0!
185	1	A7	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	31		0	31	0	0	0	1/07/2018	$	23,694,100	763,633	$	26,156,561	$	23,666,198	91%	0%	#DIV/0!	#DIV/0!
187	1	A7	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	0	The fee for item 185, plus $21.70 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	71,475	1,771	$	78,227	$	80,568	71%	28%	#DIV/0!	#DIV/0!
189	1	A7	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	60.05		0	60.05	0	0	0	1/07/2018	$	10,435,878	173,620	$	10,981,808	$	10,423,820	93%	0%	#DIV/0!	#DIV/0!
191	1	A7	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	0	The fee for item 189, plus $21.70 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	27,720	367	$	29,189	$	29,038	87%	13%	#DIV/0!	#DIV/0!
193	1	A7	Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital, lasting less than 20 minutes and including any of the following that are	38.2		0	38.2	0	0	0	1/11/1998	$	11,320,946	278,469	$	13,577,948	$	10,635,114	80%	0%	-4.9%	-4.1%
197	1	A7	Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital, lasting at least 20 minutes and including any of the following that are	73.95		0	73.95	0	0	0	1/05/2003	$	7,686,980	100,975	$	8,644,455	$	7,466,063	78%	0%	-2.5%	-2.0%
199	1	A7	Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital, lasting at least 40 minutes and including any of the following that are	108.85		0	108.85	0	0	0	1/05/2003	$	1,111,660	9,833	$	1,336,741	$	1,070,199	64%	0%	-3.1%	-2.9%
203	1	A7	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible	88.4		0	88.4	0	0	0	1/07/2018	$	1,570,735	17,653	$	1,687,203	$	1,560,000	92%	0%	#DIV/0!	#DIV/0!
206	1	A7	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 45 minutes in	0	The fee for item 203, plus $21.70 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	45,768	425	$	47,392	$	46,198	94%	4%	#DIV/0!	#DIV/0!
214	1	A7	Professional attendance by a medical practitioner for a period of not less than 1 hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of	182.75		0	182.75	0	137.1	0	1/07/2018	$	98,878	649	$	137,063	$	118,502	30%	67%	#DIV/0!	#DIV/0!
215	1	A7	Professional attendance by a medical practitioner for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of	304.55		0	304.55	0	228.45	0	1/07/2018	$	24,838	92	$	29,747	$	27,996	57%	39%	#DIV/0!	#DIV/0!
218	1	A7	Professional attendance by a medical practitioner for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of	426.2		0	426.2	0	319.65	0	1/07/2018	$	13,090	34	$	16,272	$	14,472	56%	38%	#DIV/0!	#DIV/0!
219	1	A7	Professional attendance by a medical practitioner for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of	548.3		0	548.3	0	411.25	0	1/07/2018	$	6,564	13	$	6,839	$	7,120	69%	15%	#DIV/0!	#DIV/0!
220	1	A7	hours or more (other than a service to which another item applies) on a patient in imminent danger of death	609.15		0	609.15	0	456.9	0	1/07/2018	$	3,537	9	$	3,537	$	5,473	44%	0%	#DIV/0!	#DIV/0!
221	1	A7	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family	97		0	97	0	72.75	0	1/07/2018	$	67,787	615	$	93,356	$	59,623	59%	0%	#DIV/0!	#DIV/0!
222	1	A7	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family	102.2		0	102.2	0	76.65	0	1/07/2018	$	7,349	74	$	8,548	$	7,552	73%	0%	#DIV/0!	#DIV/0!
223	1	A7	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family	124.3		0	124.3	0	93.25	0	1/07/2018	$	31,985	256	$	32,445	$	31,821	91%	0%	#DIV/0!	#DIV/0!
224	1	A7	Professional attendance by a medical practitioner to perform a brief health assessment, lasting not more than 30 minutes and including: (a) collection of relevant information, including taking a	48.95		0	48.95	0	0	0	1/07/2018	$	58,523	1,196	$	58,523	$	58,524	100%	0%	#DIV/0!	#DIV/0!
225	1	A7	Professional attendance by a medical practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including: (a) detailed information collection,	113.75		0	113.75	0	0	0	1/07/2018	$	491,458	4,321	$	491,640	$	491,458	100%	0%	#DIV/0!	#DIV/0!
226	1	A7	Professional attendance by a medical practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including: (a) comprehensive information collection,	157		0	157	0	0	0	1/07/2018	$	657,226	4,187	$	657,281	$	657,226	100%	0%	#DIV/0!	#DIV/0!
227	1	A7	Professional attendance by a medical practitioner to perform a prolonged health assessment (lasting at least 60 minutes) including: (a) comprehensive information collection, including	221.75		0	221.75	0	0	0	1/07/2018	$	999,063	4,504	$	999,415	$	998,534	100%	0%	#DIV/0!	#DIV/0!
228	1	A7	Professional attendance by a medical practitioner at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of	175.1		0	175.1	0	0	0	1/07/2018	$	1,376,402	7,862	$	1,376,410	$	1,376,496	100%	0%	#DIV/0!	#DIV/0!
229	1	A7	Attendance by a medical practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items735 to 758 and items 235 to	119		0	119	0	89.25	0	1/07/2018	$	7,255,153	60,989	$	7,258,398	$	7,256,053	100%	0%	#DIV/0!	#DIV/0!
230	1	A7	Attendance by a medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758	94.3		0	94.3	0	70.75	0	1/07/2018	$	4,900,115	51,975	$	4,901,809	$	4,900,265	100%	0%	#DIV/0!	#DIV/0!
231	1	A7	Contribution by a medical practitioner, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other	58.1		0	58.1	0	43.6	0	1/07/2018	$	19,254	332	$	19,464	$	19,283	99%	1%	#DIV/0!	#DIV/0!

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232	1	A7	Contribution by a medical practitioner, to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a	58.1		0	58.1	0	43.6	0	1/07/2018	$	160,902	2,768	$	164,812	$	160,694	99%	0%	#DIV/0!	#DIV/0!
233	1	A7	Attendance by a medical practitioner to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which	59.45		0	59.45	0	44.6	0	1/07/2018	$	4,050,483	68,142	$	4,054,625	$	4,050,273	100%	0%	#DIV/0!	#DIV/0!
235	1	A7	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a	58.3		0	58.3	0	43.75	0	1/07/2018	$	22,659	388	$	22,659	$	22,863	100%	4%	#DIV/0!	#DIV/0!
236	1	A7	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a	99.8		0	99.8	0	74.85	0	1/07/2018	$	46,947	473	$	48,239	$	47,164	98%	1%	#DIV/0!	#DIV/0!
237	1	A7	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a	166.35		0	166.35	0	124.8	0	1/07/2018	$	59,186	356	$	59,186	$	59,186	100%	0%	#DIV/0!	#DIV/0!
238	1	A7	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case	42.85		0	42.85	0	32.15	0	1/07/2018	$	6,319	148	$	6,981	$	6,341	99%	1%	#DIV/0!	#DIV/0!
239	1	A7	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case	73.4		0	73.4	0	55.05	0	1/07/2018	$	23,047	314	$	23,047	$	23,047	100%	0%	#DIV/0!	#DIV/0!
240	1	A7	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case	122.25		0	122.25	0	91.7	0	1/07/2018	$	12,288	101	$	12,741	$	12,349	95%	2%	#DIV/0!	#DIV/0!
243	1	A7	Attendance by a medical practitioner, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary	67.25		0	67.25	0	50.45	0	1/07/2018	$	4,421	66	$	4,428	$	4,438	97%	2%	#DIV/0!	#DIV/0!
244	1	A7	Attendance by a medical practitioner, as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary	31.3		0	31.3	0	23.5	0	1/07/2018	$	273	9	$	573	$	281	78%	11%	#DIV/0!	#DIV/0!
245	1	A7	Participation by a medical practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the medical practitioner, with the patient's	127.7		0	127.7	0	0	0	1/07/2018	$	156,252	1,224	$	156,370	$	156,252	100%	0%	#DIV/0!	#DIV/0!
249	1	A7	Participation by a medical practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility—other than an RMMR	87.45		0	87.45	0	0	0	1/07/2018	$	68,159	779	$	68,449	$	68,107	100%	0%	#DIV/0!	#DIV/0!
251	1	A7	Professional attendance at consulting rooms of less than 5 minutes in duration by a medical practitioner in an eligible area at which a specimen for a cervical screening service is collected from the	13.95		0	13.95	0	0	0	1/07/2018	$	265	19	$	265	$	265	100%	0%	#DIV/0!	#DIV/0!
252	1	A7	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical	30.55		0	30.55	0	0	0	1/07/2018	$	12,647	413	$	15,261	$	12,616	85%	0%	#DIV/0!	#DIV/0!
253	1	A7	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a	0	The fee for item 252, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	1,078	21	$	1,110	$	1,091	90%	5%	#DIV/0!	#DIV/0!
254	1	A7	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical	59.15		0	59.15	0	0	0	1/07/2018	$	17,154	290	$	18,590	$	17,154	87%	0%	#DIV/0!	#DIV/0!
255	1	A7	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen	0	The fee for item 254, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	2,413	30	$	2,413	$	2,413	100%	0%	#DIV/0!	#DIV/0!
256	1	A7	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from	87.1		0	87.1	0	0	0	1/07/2018	$	2,003	23	$	2,003	$	2,003	100%	0%	#DIV/0!	#DIV/0!
259	1	A7	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum	30.55		0	30.55	0	0	0	1/07/2018	$	5,589	183	$	5,589	$	5,589	100%	0%	#DIV/0!	#DIV/0!
260	1	A7	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the	0	The fee for item 259, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	883	17	$	883	$	883	100%	0%	#DIV/0!	#DIV/0!
261	1	A7	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the requirements	59.15		0	59.15	0	0	0	1/07/2018	$	15,437	261	$	15,437	$	15,437	100%	0%	#DIV/0!	#DIV/0!
262	1	A7	Professional attendance at a place other than consulting rooms of more than 25 minutes but not more than 45 minutes, in duration by a medical practitioner in an eligible area, that completes the	0	The fee for item 261, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	1,772	22	$	1,772	$	1,772	100%	0%	#DIV/0!	#DIV/0!
263	1	A7	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a	87.1		0	87.1	0	0	0	1/07/2018	$	14,890	171	$	14,890	$	14,890	100%	0%	#DIV/0!	#DIV/0!
264	1	A7	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle	0	The fee for item 263, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	217	2	$	217	$	217	100%	0%	#DIV/0!	#DIV/0!
265	1	A7	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum	30.55		0	30.55	0	0	0	1/07/2018	$	3,544	116	$	3,544	$	3,544	100%	0%	#DIV/0!	#DIV/0!
266	1	A7	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the	0	The fee for item 265, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	2,078	40	$	2,156	$	2,078	95%	0%	#DIV/0!	#DIV/0!
268	1	A7	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum	59.15		0	59.15	0	0	0	1/07/2018	$	5,086	86	$	5,086	$	5,086	100%	0%	#DIV/0!	#DIV/0!
269	1	A7	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the	0	The fee for item 268, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	2,417	30	$	2,437	$	2,417	97%	0%	#DIV/0!	#DIV/0!
270	1	A7	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of	87.1		0	87.1	0	0	0	1/07/2018	$	2,140	25	$	2,333	$	2,178	92%	0%	#DIV/0!	#DIV/0!

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271	1	A7	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the	0	The fee for item 270, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	1/07/2018	$	6,610	61	$	6,610	$	6,619	97%	0%	#DIV/0!	#DIV/0!
272	1	A7	Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental	59.15	0	59.15	0	44.4	0	1/07/2018	$	411,921	6,960	$	426,988	$	411,617	96%	0%	#DIV/0!	#DIV/0!
276	1	A7	Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan	87.1	0	87.1	0	65.35	0	1/07/2018	$	402,967	4,627	$	407,726	$	402,923	98%	0%	#DIV/0!	#DIV/0!
277	1	A7	Professional attendance by a medical practitioner to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist	59.15	0	59.15	0	44.4	0	1/07/2018	$	532,326	8,986	$	541,868	$	531,408	97%	0%	#DIV/0!	#DIV/0!
279	1	A7	Professional attendance by a medical practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to	59.15	0	59.15	0	44.4	0	1/07/2018	$	4,891,524	82,009	$	5,114,459	$	4,849,952	95%	0%	#DIV/0!	#DIV/0!
281	1	A7	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental	75.1	0	75.1	0	56.35	0	1/07/2018	$	1,015,871	13,517	$	1,036,390	$	1,014,976	96%	0%	#DIV/0!	#DIV/0!
282	1	A7	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan	110.65	0	110.65	0	83	0	1/07/2018	$	1,011,873	9,143	$	1,023,979	$	1,011,486	97%	0%	#DIV/0!	#DIV/0!
283	1	A7	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with	76.5	0	76.5	0	0	0	1/07/2018	$	7,803	102	$	7,803	$	7,803	100%	0%	#DIV/0!	#DIV/0!
285	1	A7	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner	0	The fee for item 283, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	1/07/2018	$	3,515	37	$	3,515	$	3,515	100%	0%	#DIV/0!	#DIV/0!
286	1	A7	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with	109.5	0	109.5	0	0	0	1/07/2018	$	290,038	2,543	$	377,465	$	278,245	64%	0%	#DIV/0!	#DIV/0!
287	1	A7	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner	0	The fee for item 286, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	1/07/2018	$	40,080	308	$	40,425	$	40,146	98%	1%	#DIV/0!	#DIV/0!
288	1	A8	Professional attendance on a patient by a consultant physician practising inthe consultant physician's specialty of psychiatry if: (a) the attendance is by video conference; and (b) item 291, 293, 296,	0	50% of the fee for item 291, 293,296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319,	0	0	0	0	1/07/2011	$	34,416,020	120,434	$	34,442,983	$	39,896,253	100%	0%	24.1%	28.3%
289	1	A8	Professional attendance of at least 45 minutes in duration at consulting rooms or hospital, by a consultant physician in the practice ofthe consultant physician's specialty of psychiatry,	276.25		0	0	234.85	207.2	0	1/07/2008	$	41,454	164	$	54,194	$	45,280	44%	0%	-15.1%	-14.9%
291	1	A8	Professional attendance of more than 45 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the attendance	473.8		0	0	402.75	0	0	1/05/2005	$	13,291,610	32,698	$	14,738,906	$	15,531,510	68%	0%	-1.8%	-0.8%
293	1	A8	Professional attendance of more than 30 minutes but not more than 45 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of	296.2		0	0	251.8	0	0	1/05/2005	$	1,249,426	4,924	$	1,334,721	$	1,461,966	85%	0%	-8.4%	-7.5%
296	1	A8	Professional attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or	272.5		0	0	231.65	204.4	0	1/11/2006	$	27,894,889	114,327	$	45,073,599	$	31,274,845	18%	0%	0.2%	1.5%
297	1	A8	Professional attendance of more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or her by a	272.5		0	0	231.65	204.4	0	1/11/2006	$	5,073,581	24,876	$	7,807,977	$	6,764,006	1%	100%	5.3%	6.2%
299	1	A8	Professional attendance of more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or her by a	325.8		0	0	276.95	244.35	0	1/11/2006	$	489,980	1,767	$	508,800	$	574,511	93%	0%	-8.2%	-7.4%
300	1	A8	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	45.35		0	0	38.55	34.05	0	1/11/1996	$	790,023	18,758	$	1,434,168	$	855,907	43%	0%	-9.6%	-8.5%
302	1	A8	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	90.5		0	0	76.95	67.9	0	1/11/1996	$	13,616,082	157,000	$	22,822,275	$	14,398,170	32%	0%	-7.9%	-6.3%
304	1	A8	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	139.3		0	0	118.45	104.5	0	1/11/1996	$	62,783,978	465,344	$	96,051,461	$	65,189,008	27%	0%	-4.4%	-2.7%
306	1	A8	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	192.25		0	0	163.45	144.2	0	1/11/1996	$	78,784,211	377,567	$	104,792,300	$	73,236,415	28%	0%	-10.0%	-8.1%
308	1	A8	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	223.1		0	0	189.65	167.35	0	1/11/1996	$	4,780,529	21,285	$	5,704,778	$	4,770,645	57%	0%	-9.7%	-8.0%
310	1	A8	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	22.6		0	0	19.25	16.95	0	1/11/1996	$	2,681	42	$	4,339	$	949	2%	0%	-18.0%	0.4%
312	1	A8	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	45.35		0	0	38.55	34.05	0	1/11/1996	$	4,859	42	$	5,440	$	1,972	21%	0%	-31.9%	-26.8%
314	1	A8	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	69.8		0	0	59.35	52.35	0	1/11/1996	$	36,490	225	$	42,859	$	15,774	38%	0%	-18.8%	-20.3%
316	1	A8	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	96.25		0	0	81.85	72.2	0	1/11/1996	$	1,433,080	5,711	$	1,677,870	$	559,212	3%	0%	-18.1%	-16.7%
318	1	A8	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	111.6		0	0	94.9	83.7	0	1/11/1996	$	83,335	313	$	98,051	$	34,818	7%	0%	-2.9%	-2.2%
319	1	A8	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	192.25		0	0	163.45	144.2	0	1/01/1997	$	6,848,844	27,655	$	7,822,036	$	5,347,886	21%	0%	-10.3%	-8.8%

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320	1	A8	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	45.35	0	0	38.55	34.05	0	1/11/1996	$	528,771	15,552	$	815,172	$	704,277	0%	100%	-3.2%	-2.3%
322	1	A8	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	90.5	0	0	76.95	67.9	0	1/11/1996	$	8,958,342	132,117	$	13,788,294	$	11,939,863	1%	100%	2.4%	3.3%
324	1	A8	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	139.3	0	0	118.45	104.5	0	1/11/1996	$	17,124,982	164,097	$	26,097,311	$	22,828,128	1%	100%	2.2%	3.1%
326	1	A8	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	192.25	0	0	163.45	144.2	0	1/11/1996	$	14,603,993	101,449	$	22,251,750	$	19,470,794	1%	100%	2.1%	3.0%
328	1	A8	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	223.1	0	0	189.65	167.35	0	1/11/1996	$	3,005,805	17,993	$	4,707,495	$	4,007,205	1%	100%	2.5%	3.4%
330	1	A8	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	83.3	0	0	70.85	62.5	0	1/11/1996	$	54,051	756	$	55,288	$	62,902	92%	0%	-14.8%	-13.9%
332	1	A8	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	130.45	0	0	110.9	97.85	0	1/11/1996	$	315,703	2,825	$	330,204	$	368,094	95%	0%	-16.6%	-15.7%
334	1	A8	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	190.1	0	0	161.6	142.6	0	1/11/1996	$	911,625	5,608	$	939,108	$	1,063,881	96%	0%	-3.6%	-2.7%
336	1	A8	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	230	0	0	195.5	172.5	0	1/11/1996	$	782,806	3,886	$	823,694	$	889,328	91%	0%	-6.5%	-5.7%
338	1	A8	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	261.2	0	0	222.05	195.9	0	1/11/1996	$	103,798	465	$	107,789	$	121,022	91%	0%	-13.2%	-12.6%
342	1	A8	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	51.6	0	0	43.9	38.7	0	1/11/1996	$	927,049	21,639	$	1,375,008	$	1,114,358	6%	86%	-7.8%	-8.3%
344	1	A8	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	68.5	0	0	58.25	51.4	0	1/11/1996	$	14,394	183	$	24,756	$	12,622	33%	1%	-23.9%	-23.3%
346	1	A8	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	101.3	0	0	86.15	76	0	1/11/1996	$	271,056	1,842	$	367,128	$	186,669	16%	0%	-18.9%	-14.3%
348	1	A8	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	132.65	0	0	112.8	99.5	0	1/11/1996	$	2,838,952	25,684	$	3,303,349	$	3,402,623	67%	25%	10.0%	10.8%
350	1	A8	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	183.15	0	0	155.7	137.4	0	1/11/1996	$	2,728,612	17,496	$	3,181,347	$	3,213,196	70%	17%	8.4%	9.2%
352	1	A8	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	132.65	0	0	112.8	99.5	0	1/11/1996	$	4,713,354	41,353	$	5,058,222	$	5,480,726	85%	7%	11.2%	12.2%
353	1	A8	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	59.9	0	0	50.95	44.95	0	1/11/2002	$	22,058	399	$	36,815	$	24,001	48%	0%	6.8%	9.0%
355	1	A8	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	119.75	0	0	101.8	89.85	0	1/11/2002	$	102,680	924	$	156,868	$	111,374	36%	1%	6.2%	8.1%
356	1	A8	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	175.6	0	0	149.3	131.7	0	1/11/2002	$	449,912	2,874	$	551,711	$	505,297	55%	0%	29.8%	30.9%
357	1	A8	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	242.25	0	0	205.95	181.7	0	1/11/2002	$	433,931	1,932	$	548,471	$	468,075	47%	0%	31.5%	33.4%
358	1	A8	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	295.2	0	0	250.95	221.4	0	1/11/2002	$	13,156	51	$	14,898	$	15,074	75%	2%	14.4%	16.3%
359	1	A8	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry-a telepsychiatry consultation of more than 30 minutes but not more than 45	340.6	0	0	289.55	255.45	0	1/11/2007	$	1,737	6	$	1,737	$	2,044	100%	0%	-22.2%	-21.4%
361	1	A8	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	313.3	0	0	266.35	235	0	1/11/2007	$	160,467	590	$	185,355	$	184,754	69%	0%	61.3%	63.3%
364	1	A8	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	45.35	0	0	38.55	34.05	0	1/11/2002	$	154	4	$	154	$	181	100%	0%	#DIV/0!	#DIV/0!
366	1	A8	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	90.5	0	0	76.95	67.9	0	1/11/2002	$	789	7	$	1,074	$	634	29%	0%	18.5%	17.8%
367	1	A8	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	139.3	0	0	118.45	104.5	0	1/11/2002	$	858	7	$	1,536	$	971	29%	0%	-8.6%	-10.5%
369	1	A8	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	192.4	0	0	163.55	144.3	0	1/11/2002	$	8,746	49	$	12,242	$	9,428	4%	0%	-12.4%	-11.8%
372	1	A7	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with	109.5	0	109.5	0	0	0	1/11/2018	$	6,831	59	$	11,663	$	6,461	15%	0%	#DIV/0!	#DIV/0!
385	1	A12	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	89.55	0	0	76.15	67.2	0	1/07/1998	$	60,493	753	$	99,108	$	67,406	65%	0%	-1.6%	-0.5%

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386	1	A12	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	45		0	0	38.25	33.75	0	1/07/1998	$	24,806	537	$	39,695	$	24,139	66%	0%	-0.2%	2.6%
387	1	A12	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	131.4		0	0	111.7	98.55	0	1/07/1998	$	112	1	$	112	$	131	100%	0%	-36.9%	-36.3%
410	1	A13	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	20.45		0	0	17.4	15.35	0	1/11/1999	$	4,924	283	$	4,927	$	5,787	99%	0%	30.1%	31.2%
411	1	A13	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	44.75		0	0	38.05	33.6	0	1/11/1999	$	35,316	926	$	39,308	$	41,432	86%	0%	-29.0%	-28.4%
412	1	A13	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	86.55		0	0	73.6	64.95	0	1/11/1999	$	70,995	967	$	73,380	$	83,485	95%	0%	-16.8%	-16.2%
413	1	A13	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	127.45		0	0	108.35	95.6	0	1/11/1999	$	47,087	435	$	48,029	$	55,388	98%	0%	-0.2%	0.6%
415	1	A13	LEVEL BProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms, lasting less than 20 minutes, including any of	0	The fee for item 411, plus $26.65 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/1999	$	61	1	$	61	$	71	100%	0%	#DIV/0!	#DIV/0!
416	1	A13	LEVEL CProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms lasting at least 20 minutes, including any of	0	The fee for item 412, plus $26.65 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/1999	$	96	1	$	100	$	113	0%	0%	-27.5%	-25.5%
501	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	2,038	68	$	2,038	$	2,394	99%	0%	-49.2%	-49.1%
503	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	8,727	156	$	17,919	$	9,276	44%	0%	-59.7%	-59.2%
507	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	39,835	406	$	81,307	$	40,554	41%	0%	-58.3%	-57.6%
511	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	47,932	319	$	105,231	$	45,109	23%	0%	-60.7%	-59.5%
515	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	55,072	241	$	102,656	$	52,682	22%	0%	-60.6%	-59.3%
520	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	4,192	15	$	7,883	$	4,335	33%	0%	-55.3%	-54.5%
530	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,614	4	$	2,674	$	1,899	25%	0%	-58.8%	-58.9%
532	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	575	1	$	986	$	660	0%	0%	-61.0%	-61.0%
534	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	760	- 1	-$	760	-$	845	-	0%	-152.1%	-152.1%
536	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	853	1	$	1,207	$	938	0%	0%	-45.1%	-44.8%
585	1	A11	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	133.9		0	133.9	0	100.45	0	1/03/2018	$	31,509,419	235,848	$	32,057,543	$	31,576,230	96%	1%	-31.1%	-30.7%
588	1	A11	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	133.9		0	133.9	0	100.45	0	1/03/2018	$	3,846,151	28,824	$	3,884,548	$	3,860,050	98%	2%	#DIV/0!	#DIV/0!
591	1	A11	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	92.8		0	92.8	0	69.6	0	1/03/2018	$	10,250,291	111,831	$	10,650,983	$	10,364,397	94%	5%	10.3%	8.7%
594	1	A11	patient at an attendance that qualifies for item 585, 588 or 591 in relation to the first patient	43.25		0	43.25	0	32.45	0	1/03/2018	$	2,206,981	51,206	$	2,254,904	$	2,214,081	98%	1%	#DIV/0!	#DIV/0!
599	1	A11	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	157.8		0	157.8	0	118.35	0	1/05/2010	$	12,127,818	77,283	$	12,292,006	$	12,193,263	97%	2%	-21.4%	-21.0%
600	1	A11	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	126.1		0	126.1	0	94.6	0	1/05/2010	$	2,722,225	22,304	$	2,977,182	$	2,812,270	85%	15%	-2.8%	-1.8%
699	1	A14	Professional attendance for a heart health assessment by a general practitioner at consulting roomslasting at least 20 minutes and must include: (a) collection of relevant information, including	75.05		0	75.05	0	0	0	1/04/2019	$	6,745,066	89,873	$	6,805,079	$	6,744,538	98%	0%	#DIV/0!	#DIV/0!
701	1	A14	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	61.2		0	61.2	0	0	0	1/05/2010	$	1,646,697	26,903	$	1,654,458	$	1,646,215	99%	0%	-12.5%	-12.0%
703	1	A14	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,	142.2		0	142.2	0	0	0	1/05/2010	$	22,972,377	161,571	$	22,991,504	$	22,971,945	100%	0%	-4.7%	-4.1%
705	1	A14	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,	196.25		0	196.25	0	0	0	1/05/2010	$	43,403,721	221,196	$	43,419,154	$	43,402,967	100%	0%	0.8%	1.4%
707	1	A14	Professional attendance by a general practitioner to perform a prolonged health assessment (lasting at least 60 minutes) including: (a) comprehensive information collection, including	277.2		0	277.2	0	0	0	1/05/2010	$	91,979,115	331,876	$	91,979,028	$	91,977,648	100%	0%	1.9%	2.5%

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715	1	A14	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 management plan for a patient (other than a service associated with a service to which any of items 735 to 758 apply)	218.9		0	218.9	0	0	0	1/05/2010	$ 49,164,027	224,638	$ 49,164,969	$ 49,164,256	100%	0%	2.7%	3.3%
721	1	A15		148.75		0	148.75	0	111.6	0	1/07/2005	$ 377,924,340	2,540,817	$ 378,290,254	$ 377,896,459	99%	0%	2.2%	2.8%
723	1	A15	Attendance by a general practitioner to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 Contribution by a general practitioner to a multidisciplinary care plan prepared by another provider or a review of a	117.9		0	117.9	0	88.45	0	1/07/2005	$ 254,932,996	2,162,478	$ 255,071,627	$ 254,920,315	100%	0%	2.6%	3.2%
729	1	A15	multidisciplinary care plan prepared by another provider (other Contribution by a general practitioner to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared	72.6		0	72.6	0	0	0	1/07/2005	$ 173,819	2,395	$ 173,886	$ 173,819	99%	0%	0.3%	1.0%
731	1	A15	by that facility, or to a review of such a plan prepared by such a Attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general	72.6		0	72.6	0	0	0	1/07/2005	$ 11,937,811	164,483	$ 11,938,517	$ 11,937,816	100%	0%	7.0%	7.6%
732	1	A15	practitioner (or an associated general practitioner) to which item minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	74.3		0	74.3	0	55.75	0	1/05/2010	$ 253,770,304	3,415,555	$ 254,145,948	$ 253,740,275	100%	0%	3.2%	3.9%
733	1	A7		23.9		0	23.9	0	0	0	1/07/2018	$ 30,971	1,296	$ 31,577	$ 30,971	98%	0%	#DIV/0!	#DIV/0!
735	1	A15	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes in duration	72.9		0	72.9	0	54.7	0	1/05/2010	$ 1,483,834	20,411	$ 1,492,492	$ 1,487,756	99%	1%	-5.0%	-4.3%
737	1	A7	(other than a service to which another item applies) by a medical Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and	40.45		0	40.45	0	0	0	1/07/2018	$ 3,988,178	98,586	$ 4,037,056	$ 3,987,559	99%	0%	#DIV/0!	#DIV/0!
739	1	A15	coordinate: (a) a community case conference; or (b) a Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes in duration	124.75		0	124.75	0	93.6	0	1/05/2010	$ 2,603,951	20,918	$ 2,613,141	$ 2,607,571	99%	1%	9.5%	10.2%
741	1	A7	(other than a service to which another item applies) by a medical Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and	69.3		0	69.3	0	0	0	1/07/2018	$ 1,303,635	18,804	$ 1,318,207	$ 1,302,994	98%	0%	#DIV/0!	#DIV/0!
743	1	A15	coordinate: (a) a community case conference; or (b) a minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	207.95		0	207.95	0	156	0	1/05/2010	$ 2,708,354	13,037	$ 2,710,603	$ 2,709,264	100%	0%	5.9%	6.6%
745	1	A7		97.15		0	97.15	0	0	0	1/07/2018	$ 171,626	1,756	$ 184,025	$ 170,566	85%	0%	#DIV/0!	#DIV/0!
747	1	A15	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case	53.55		0	53.55	0	40.2	0	1/05/2010	$ 645,996	12,491	$ 696,165	$ 668,645	87%	14%	0.3%	0.6%
750	1	A15	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case	91.75		0	91.75	0	68.85	0	1/05/2010	$ 427,394	4,680	$ 431,166	$ 429,253	98%	2%	2.1%	2.7%
758	1	A15	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case	152.8		0	152.8	0	114.6	0	1/05/2010	$ 541,213	3,546	$ 541,659	$ 541,535	100%	0%	5.0%	5.7%
761	1	A7	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies),	0	The fee for item 733, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$ 1,970	49	$ 2,095	$ 1,970	98%	0%	#DIV/0!	#DIV/0!
763	1	A7	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies),	0	The fee for item 737, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$ 1,374,739	23,222	$ 1,377,165	$ 1,374,649	100%	0%	#DIV/0!	#DIV/0!
766	1	A7	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies),	0	The fee for item 741, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$ 226,564	2,579	$ 227,616	$ 226,564	99%	0%	#DIV/0!	#DIV/0!
769	1	A7	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies),	0	The fee for item 745, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$ 34,181	289	$ 34,181	$ 34,181	100%	0%	#DIV/0!	#DIV/0!
772	1	A7	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	0	The fee for item 733, plus $38.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$ 33,569	793	$ 33,569	$ 33,569	100%	0%	#DIV/0!	#DIV/0!
776	1	A7	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	0	The fee for item 737, plus $38.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$ 562,583	9,337	$ 562,583	$ 562,583	100%	0%	#DIV/0!	#DIV/0!
788	1	A7	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	0	The fee for item 741, plus $38.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$ 407,479	4,307	$ 407,479	$ 407,479	100%	0%	#DIV/0!	#DIV/0!
789	1	A7	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	0	The fee for item 745, plus $38.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$ 66,383	552	$ 66,383	$ 66,383	100%	0%	#DIV/0!	#DIV/0!
792	1	A7	Professional attendance of at least 20 minutes in duration at consulting rooms by a medical practitioner who is registered with the Chief Executive Medicare as meeting the credentialing	63.2		0	63.2	0	0	0	1/07/2018	$ 44,489	704	$ 44,509	$ 44,489	100%	0%	#DIV/0!	#DIV/0!
812	1	A7	Professional attendance at consulting rooms of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a	18.9		0	18.9	0	0	0	1/07/2018	$ 926	49	$ 926	$ 926	100%	0%	#DIV/0!	#DIV/0!
820	1	A15	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	145.6		0	0	123.8	109.2	0	1/05/2002	$ 3,465,258	28,026	$ 3,466,548	$ 4,075,434	100%	0%	9.5%	10.4%
822	1	A15	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	218.5		0	0	185.75	163.9	0	1/05/2002	$ 318,347	1,716	$ 318,506	$ 374,647	100%	0%	4.7%	5.7%
823	1	A15	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	291.1		0	0	247.45	218.35	0	1/05/2002	$ 719,018	2,902	$ 722,257	$ 844,143	99%	0%	-8.1%	-7.3%

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825	1	A15	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	104.55		0	0	88.9	78.45	0	1/05/2002	$	2,528,331	28,512	$	2,530,854	$	2,973,242	100%	0%	20.3%	21.3%
826	1	A15	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	166.75		0	0	141.75	125.1	0	1/05/2002	$	711,089	5,018	$	713,401	$	836,259	100%	0%	5.1%	6.0%
827	1	A7	Professional attendance not in consulting rooms of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	0	The fee for item 812, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	202	5	$	202	$	202	100%	0%	#DIV/0!	#DIV/0!
828	1	A15	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	229		0	0	194.65	171.75	0	1/05/2002	$	491,601	2,491	$	522,357	$	569,589	91%	0%	1.6%	2.8%
830	1	A15	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	145.6		0	0	123.8	109.2	0	1/05/2002	$	3,354,637	30,742	$	5,314,585	$	4,465,646	2%	99%	4.1%	5.1%
832	1	A15	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	218.5		0	0	185.75	163.9	0	1/05/2002	$	375,259	2,269	$	557,604	$	495,148	8%	92%	-2.2%	-1.1%
834	1	A15	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	291.1		0	0	247.45	218.35	0	1/05/2002	$	822,041	3,760	$	1,287,135	$	1,093,349	2%	98%	0.1%	1.0%
835	1	A15	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	104.55		0	0	88.9	78.45	0	1/05/2002	$	286,751	3,630	$	434,493	$	379,078	8%	94%	33.7%	34.7%
837	1	A15	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	166.75		0	0	141.75	125.1	0	1/05/2002	$	12,471	98	$	17,134	$	16,290	16%	85%	-7.7%	-7.2%
838	1	A15	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	229		0	0	194.65	171.75	0	1/05/2002	$	138,460	783	$	177,431	$	178,873	25%	76%	42.6%	44.3%
855	1	A15	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	145.6		0	0	123.8	109.2	0	1/11/2002	$	303,571	2,611	$	364,495	$	379,799	47%	52%	10.1%	9.9%
857	1	A15	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	218.5		0	0	185.75	163.9	0	1/11/2002	$	291,378	1,031	$	327,722	$	225,372	74%	2%	24.8%	37.2%
858	1	A15	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	291.1		0	0	247.45	218.35	0	1/11/2002	$	322,977	1,282	$	331,076	$	373,053	93%	1%	26.7%	27.3%
861	1	A15	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	145.6		0	0	123.8	109.2	0	1/11/2002	$	930,938	8,514	$	1,386,225	$	1,238,176	4%	98%	13.2%	14.1%
864	1	A15	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	218.5		0	0	185.75	163.9	0	1/11/2002	$	118,521	724	$	172,497	$	157,947	5%	100%	7.7%	8.4%
866	1	A15	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	291.1		0	0	247.45	218.35	0	1/11/2002	$	233,919	1,071	$	337,755	$	311,357	15%	99%	9.7%	10.7%
867	1	A7	Professional attendance at consulting rooms of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	41.2		0	41.2	0	0	0	1/07/2018	$	66,618	1,617	$	66,770	$	66,618	100%	0%	#DIV/0!	#DIV/0!
868	1	A7	Professional attendance not in consulting rooms of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	0	The fee for item 867, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	15,700	251	$	15,700	$	15,700	100%	0%	#DIV/0!	#DIV/0!
869	1	A7	Professional attendance of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video	0	The fee for item 867, plus $38.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	3,302	44	$	3,347	$	3,302	98%	0%	#DIV/0!	#DIV/0!
871	1	A15	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	84.05		0	0	71.45	63.05	0	1/11/2006	$	4,322,610	60,728	$	4,343,316	$	5,095,757	97%	2%	10.7%	11.7%
872	1	A15	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	39.15		0	0	33.3	29.4	0	1/11/2006	$	6,243,125	188,274	$	6,290,651	$	7,352,037	97%	1%	20.2%	21.3%
873	1	A7	Professional attendance at consulting rooms of at least 20 minutes in duration (whether or not continuous) by a medical practitioner who provides clinical support to a patient who: (a) is participating	79.9		0	79.9	0	0	0	1/07/2018	$	95,397	1,194	$	95,465	$	95,397	100%	0%	#DIV/0!	#DIV/0!
876	1	A7	Professional attendance not in consulting rooms of at least 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	0	The fee for item 873, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	7,598	75	$	7,598	$	7,598	100%	0%	#DIV/0!	#DIV/0!
880	1	A15	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	50.95		0	0	0	38.25	0	1/05/2006	$	4,699,450	123,099	$	7,383,123	$	6,260,848	2%	100%	3.1%	4.0%
881	1	A7	Professional attendance of at least 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video	0	The fee for item 873, plus $38.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	5,421	46	$	5,421	$	5,421	100%	0%	#DIV/0!	#DIV/0!
885	1	A7	Professional attendance at consulting rooms of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a	117.55		0	117.55	0	0	0	1/07/2018	$	86,026	732	$	86,082	$	86,026	100%	0%	#DIV/0!	#DIV/0!
891	1	A7	Professional attendance not in consulting rooms of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	0	The fee for item 885, plus $21.40 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	12,912	93	$	12,912	$	12,912	100%	0%	#DIV/0!	#DIV/0!
892	1	A7	Professional attendance of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video	0	The fee for item 885, plus $38.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2018	$	5,303	34	$	5,303	$	5,303	100%	0%	#DIV/0!	#DIV/0!
894	1	A7	Professional attendance by video conference by a medical practitioner, lasting more than 5 minutes but not more than 25 minutes, for providing mental health services to a patient with	36.45		0	0	31	0	0	1/11/2018	$	31	1	$	130	$	36	0%	0%	#DIV/0!	#DIV/0!

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896	1	A7	Professional attendance by video conference by a medical practitioner, lasting more than 25 minutes but not more than 45 minutes, for providing mental health services to a patient with	70.6		0	0	60.05	0	0	1/11/2018	$	1,080	18	$	1,080	$	1,270	100%	0%	#DIV/0!	#DIV/0!
898	1	A7	Professional attendance by video conference by a medical practitioner, lasting more than 45 minutes, for providing mental health services to a patient with mental health issues if the patient	103.95		0	0	88.4	0	0	1/11/2018	$	88	1	$	350	$	104	0%	0%	#DIV/0!	#DIV/0!
900	1	A17	Participation by a general practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the general practitioner, with the patient's	159.65		0	159.65	0	0	0	1/10/2001	$	12,223,269	76,578	$	12,225,057	$	12,222,860	100%	0%	2.1%	2.8%
903	1	A17	Participation by a general practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility-other than an RMMR for	109.3		0	109.3	0	0	0	1/11/2004	$	7,461,104	68,291	$	7,461,719	$	7,461,122	100%	0%	0.6%	1.2%
941	1	A7	Professional attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed	90		0	0	76.5	0	0	10/12/2020	$	77	1	$	77	$	90	100%	0%	#DIV/0!	#DIV/0!
942	1	A7	Professional attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed	128.8		0	0	109.5	0	0	10/12/2020	$	1,205	11	$	1,205	$	1,417	100%	0%	#DIV/0!	#DIV/0!
2100	1	A30	Professional attendance at consulting rooms of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a	23.6		0	23.6	0	0	0	1/07/2011	$	17,650	748	$	17,904	$	17,650	98%	0%	3.3%	3.9%
2121	1	A30	Professional attendance by video conference by a general practitioner, lasting less than 20 minutes, for providing mental health services to a patient with mental health issues, if the	45.55		0	0	38.75	0	0	1/11/2018	$	349	9	$	349	$	410	100%	0%	#DIV/0!	#DIV/0!
2122	1	A30	Professional attendance not in consulting rooms of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	0	The fee for item 2100 plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2011	$	3,322	66	$	3,322	$	3,322	100%	0%	17.9%	18.8%
2125	1	A30	Professional attendance at consulting rooms of at least 5 minutes in duration (whether or not continuous) by a general practitioner, specialist or consultant physician providing clinical support to a patient who: (a)	0	The fee for item 2100 plus $48.15 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2011	$	4,521	63	$	4,521	$	4,521	100%	0%	66.0%	67.0%
2126	1	A30	Professional attendance at consulting rooms of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	51.5		0	51.5	0	0	0	1/07/2011	$	956,538	18,571	$	963,718	$	956,302	99%	0%	3.1%	3.7%
2137	1	A30	Professional attendance not in consulting rooms of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	0	The fee for item 2126 plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2011	$	21,777	280	$	21,842	$	21,777	99%	0%	30.5%	30.7%
2138	1	A30	Professional attendance at consulting rooms of at least 20 minutes in duration (whether or not continuous) by a general practitioner, specialist or consultant physician providing clinical support to a patient who: (a)	0	The fee for item 2126 plus $48.15 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2011	$	67,157	873	$	67,219	$	67,157	100%	0%	75.8%	78.9%
2143	1	A30	Professional attendance not in consulting rooms of at least 20 minutes in duration (whether or not continuous) by a medical practitioner who provides clinical support to a patient who: (a) is participating	99.9		0	99.9	0	0	0	1/07/2011	$	2,294,979	22,974	$	2,305,952	$	2,294,709	98%	0%	8.3%	9.0%
2147	1	A30	Professional attendance not in consulting rooms of at least 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	0	The fee for item 2143 plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2011	$	110,210	849	$	111,757	$	107,117	67%	0%	28.6%	30.5%
2150	1	A30	Professional attendance by video conference by a general practitioner, lasting at least 20 minutes, for providing mental health services to a patient with mental health issues, if the	88.25		0	0	75.05	0	0	1/11/2018	$	524	7	$	524	$	616	100%	0%	#DIV/0!	#DIV/0!
2179	1	A30	Professional attendance of at least 20 minutes in duration (whether or not continuous) by a general practitioner, specialist or consultant physician providing clinical support to a patient who: (a)	0	The fee for item 2143 plus $48.15 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2011	$	34,017	243	$	34,017	$	34,039	100%	0%	35.1%	36.9%
2195	1	A30	Professional attendance at consulting rooms of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a	146.95		0	146.95	0	0	0	1/07/2011	$	1,296,205	8,821	$	1,297,723	$	1,296,063	100%	0%	8.0%	8.6%
2196	1	A30	Professional attendance by video conference by a general practitioner, lasting at least 40 minutes, for providing mental health services to a patient with mental health issues, if the	129.95		0	0	110.5	0	0	1/11/2018	$	3,842	30	$	4,233	$	3,897	50%	0%	#DIV/0!	#DIV/0!
2199	1	A30	Professional attendance not in consulting rooms of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is	0	The fee for item 2195 plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2011	$	41,771	241	$	41,888	$	41,771	99%	0%	22.0%	22.8%
2220	1	A30	Professional attendance at consulting rooms of at least 40 minutes in duration (whether or not continuous) by a general practitioner, specialist or consultant physician providing clinical support to a patient who: (a)	0	The fee for item 2195 plus $48.15 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/07/2011	$	7,537	39	$	7,537	$	7,537	100%	0%	7.6%	9.4%
2461	1	A30	Professional attendance by video conference by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient	17.75		0	17.75	0	0	0	1/11/2019	$	8,076	455	$	8,076	$	8,076	100%	0%	#DIV/0!	#DIV/0!
2463	1	A30	Professional attendance by video conference by a general practitioner (other than a service to which another item applies), lasting less than 20 minutes and including any of the following that	38.75		0	38.75	0	0	0	1/11/2019	$	139,718	3,606	$	139,814	$	139,718	100%	0%	#DIV/0!	#DIV/0!
2464	1	A30	Professional attendance by video conference by a general practitioner (other than a service to which another item applies), lasting at least 20 minutes but less than 40 minutes and including	75.05		0	75.05	0	0	0	1/11/2019	$	136,069	1,812	$	136,091	$	135,981	100%	0%	#DIV/0!	#DIV/0!
2465	1	A30	Professional attendance by video conference by a general practitioner (other than a service to which another item applies), lasting at least 40 minutes and including any of the following that	110.5		0	110.5	0	0	0	1/11/2019	$	60,950	359	$	68,424	$	39,670	63%	0%	#DIV/0!	#DIV/0!
2471	1	A30	Professional attendance by video conference of not more than 5 minutes in duration (other than a service to which another item applies) by a medical practitioner (who is not a general	11.15		0	11.15	0	0	0	1/11/2019	$	1,070	96	$	1,154	$	1,070	99%	0%	#DIV/0!	#DIV/0!
2472	1	A30	Professional attendance by video conference of more than 5 minutes in duration but not more than 25 minutes (other than a service to which another item applies) by a medical practitioner	21.3		0	21.3	0	0	0	1/11/2019	$	12,161	571	$	12,218	$	12,161	100%	0%	#DIV/0!	#DIV/0!
2475	1	A30	Professional attendance by video conference of more than 25 minutes in duration but not more than 45 minutes (other than a service to which another item applies) by a medical practitioner	38.55		0	38.55	0	0	0	1/11/2019	$	3,161	82	$	3,161	$	3,161	100%	0%	#DIV/0!	#DIV/0!
2478	1	A30	Professional attendance by video conference of more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner (who is not a general	61.9		0	61.9	0	0	0	1/11/2019	$	124	2	$	124	$	124	100%	0%	#DIV/0!	#DIV/0!

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2481	1	A30	Professional attendance by video conference of more than 5 minutes in duration but not more than 25 minutes by a medical practitioner, only if: (a) the patient is not an admitted patient; and	31		0	31	0	0	0	1/11/2019	$	155	5	$	155	$	155	100%	0%	#DIV/0!	#DIV/0!
2482	1	A30	Professional attendance by video conference of more than 25 minutes in duration but not more than 45 minutes by a medical practitioner, only if: (a) the patient is not an admitted patient; and	60.05		0	60.05	0	0	0	1/11/2019	$	60	1	$	60	$	60	100%	0%	#DIV/0!	#DIV/0!
2483	1	A30	Professional attendance by video conference of more than 45 minutes in duration by a medical practitioner, only if:(a) the patient is not an admitted patient; and (b) the patient is located	88.4		0	88.4	0	0	0	1/11/2019	$	177	2	$	331	$	177	50%	0%	#DIV/0!	#DIV/0!
2497	1	A18	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a short patient history and, if required, limited examination and management; and (b) at which a	17.45		0	17.45	0	0	0	1/05/2005	$	5,338	306	$	5,546	$	5,339	98%	0%	-10.1%	-9.5%
2501	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b)	38.2		0	38.2	0	0	0	1/11/2001	$	343,386	8,973	$	419,464	$	342,728	78%	0%	-21.1%	-20.6%
2503	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient	0	The fee for item 2501, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	32,361	498	$	33,906	$	32,320	87%	0%	2.1%	2.8%
2504	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient	73.95		0	73.95	0	0	0	1/11/2001	$	1,386,661	18,734	$	1,495,939	$	1,385,224	87%	0%	-16.7%	-16.2%
2506	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a	0	The fee for item 2504, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	71,366	709	$	71,947	$	71,377	97%	0%	10.7%	11.4%
2507	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient	108.85		0	108.85	0	0	0	1/11/2001	$	166,823	1,531	$	174,346	$	166,633	90%	0%	-17.7%	-17.2%
2509	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an	0	The fee for item 2507, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	4,271	32	$	4,301	$	4,339	94%	6%	-12.1%	-11.8%
2517	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b)	38.2		0	38.2	0	0	0	1/11/2001	$	2,546,458	66,573	$	2,620,444	$	2,542,727	96%	0%	-14.2%	-13.7%
2518	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient	0	The fee for item 2517, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	31,077	488	$	31,165	$	31,077	99%	0%	-13.4%	-9.2%
2521	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient	73.95		0	73.95	0	0	0	1/11/2001	$	4,222,212	57,069	$	4,266,405	$	4,219,743	98%	0%	-11.1%	-10.6%
2522	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a	0	The fee for item 2521, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	41,010	414	$	41,211	$	41,010	98%	0%	-7.1%	-5.4%
2525	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient	108.85		0	108.85	0	0	0	1/11/2001	$	2,222,888	20,422	$	2,228,902	$	2,222,521	99%	0%	-2.7%	-2.1%
2526	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an	0	The fee for item 2525, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	21,934	162	$	21,982	$	21,934	99%	0%	-2.1%	-0.5%
2546	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b)	38.2		0	38.2	0	0	0	1/11/2001	$	351,976	9,197	$	370,967	$	351,277	94%	0%	-21.8%	-21.3%
2547	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient	0	The fee for item 2546, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	7,144	110	$	7,184	$	7,144	97%	0%	-6.5%	-4.8%
2552	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient	73.95		0	73.95	0	0	0	1/11/2001	$	571,408	7,723	$	580,088	$	570,994	97%	0%	-20.2%	-19.7%
2553	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a	0	The fee for item 2552, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	10,070	100	$	10,159	$	10,070	97%	0%	6.5%	7.9%
2558	1	A18	Professional attendance by a general practitioner at consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient	108.85		0	108.85	0	0	0	1/11/2001	$	141,303	1,298	$	141,449	$	141,271	100%	0%	-17.0%	-16.5%
2559	1	A18	Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an	0	The fee for item 2558, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	1,083	8	$	1,083	$	1,083	100%	0%	-16.7%	-16.0%
2598	1	A19	Professional attendance at consulting rooms of less than 5 minutes in duration by a medical practitioner who practices in general practice (other than a general practitioner)at which a specimen for	11		0	11	0	0	0	1/05/2005	$	865	73	$	1,583	$	803	73%	0%	-3.4%	-2.0%
2600	1	A19	Professional attendance at consulting rooms of more than 5, but not more than 25 minutes in duration by a medical practitioner who practises in general practice (other than a general	21		0	21	0	0	0	1/11/2001	$	14,175	675	$	14,619	$	14,175	99%	0%	-16.8%	-16.8%
2603	1	A19	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general	38		0	38	0	0	0	1/11/2001	$	16,682	439	$	17,005	$	16,682	99%	0%	-25.9%	-25.9%
2606	1	A19	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general practitioner), at which a	61		0	61	0	0	0	1/11/2001	$	5,855	96	$	5,948	$	5,856	93%	0%	-18.8%	-18.8%
2610	1	A19	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner who practises in general practice (other than	0	An amount equal to $16.00, plus $17.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	838	25	$	844	$	838	96%	0%	3.5%	3.5%
2613	1	A19	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner who practises in general practice (other	0	An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	918	18	$	918	$	918	100%	0%	-1.1%	-0.5%
2616	1	A19	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general practitioner), at	0	An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	730	10	$	769	$	730	90%	0%	-9.0%	-9.0%

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2620	1	A19	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner who practises in general practice (other than a general	21		0	21	0	0	0	1/11/2001	$	8,862	422	$	8,862	$	8,862	100%	0%	-21.4%	-21.4%
2622	1	A19	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general	38		0	38	0	0	0	1/11/2001	$	12,920	340	$	12,920	$	12,920	100%	0%	-20.9%	-20.9%
2624	1	A19	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes	61		0	61	0	0	0	1/11/2001	$	14,823	243	$	14,823	$	14,823	100%	0%	-5.9%	-5.9%
2631	1	A19	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner who practises in general practice (other than	0	An amount equal to $16.00, plus $17.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	268	8	$	268	$	268	100%	0%	-16.7%	-15.5%
2633	1	A19	Professional attendance at a place other than consulting rooms of more than 25 minutes but not more than 45 minutes, in duration by a medical practitioner who practises in general practice (other	0	An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	377	8	$	377	$	377	100%	0%	-29.8%	-30.3%
2635	1	A19	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general practitioner),	0	An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	365	5	$	365	$	365	100%	0%	-23.4%	-23.0%
2664	1	A19	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner who practises in general practice (other than a general	21		0	21	0	0	0	1/11/2001	$	2,205	105	$	2,504	$	2,205	92%	0%	-27.4%	-27.4%
2666	1	A19	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general	38		0	38	0	0	0	1/11/2001	$	3,762	99	$	3,878	$	3,762	97%	0%	-19.8%	-19.8%
2668	1	A19	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes	61		0	61	0	0	0	1/11/2001	$	10,126	166	$	10,126	$	10,126	100%	0%	23.8%	23.8%
2675	1	A19	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner who practises in general practice (other	0	An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	102	2	$	102	$	102	100%	0%	-12.9%	-12.9%
2677	1	A19	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general practitioner),	0	An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2001	$	73	1	$	73	$	73	100%	0%	-30.1%	-30.1%
2700	1	A20	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	73.95		0	73.95	0	55.5	0	1/11/2011	$	9,019,635	121,663	$	9,733,911	$	8,995,811	87%	0%	-5.4%	-4.8%
2701	1	A20	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	108.85		0	108.85	0	81.65	0	1/11/2011	$	4,591,903	42,131	$	4,765,646	$	4,585,378	91%	0%	-10.3%	-9.7%
2712	1	A20	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	73.95		0	73.95	0	55.5	0	1/11/2006	$	34,017,130	455,634	$	36,942,137	$	33,689,437	85%	0%	1.2%	1.9%
2713	1	A20	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	73.95		0	73.95	0	0	0	1/11/2006	$	101,894,187	1,373,170	$	104,897,237	$	101,531,779	95%	0%	-2.6%	-2.0%
2715	1	A20	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	93.9		0	93.9	0	70.45	0	1/11/2011	$	78,035,166	828,742	$	84,227,219	$	77,809,507	84%	0%	4.4%	5.1%
2717	1	A20	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	138.3		0	138.3	0	103.75	0	1/11/2011	$	33,993,297	245,467	$	35,024,976	$	33,944,083	91%	0%	-1.9%	-1.2%
2721	1	A20	Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with	95.65		0	95.65	0	0	0	1/11/2002	$	421,777	4,375	$	442,974	$	418,416	90%	0%	0.9%	1.6%
2723	1	A20	Professional attendance at a place other than consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner	0	The fee for item 2721, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2002	$	8,656	70	$	8,946	$	8,401	94%	0%	36.1%	31.0%
2725	1	A20	Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with	136.85		0	136.85	0	0	0	1/11/2002	$	2,840,254	19,814	$	3,307,345	$	2,710,947	65%	0%	-7.6%	-6.8%
2727	1	A20	Professional attendance at a place other than consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner	0	The fee for item 2725, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/11/2002	$	36,419	230	$	36,692	$	36,542	99%	1%	7.0%	8.1%
2729	1	A20	Professional attendance at consulting rooms, by a general practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this	95.65		0	95.65	0	0	0	1/11/2018	$	13,295	139	$	13,694	$	13,295	93%	0%	#DIV/0!	#DIV/0!
2731	1	A20	Professional attendance at consulting rooms, by a general practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this	136.85		0	136.85	0	0	0	1/11/2018	$	91,246	646	$	102,563	$	88,467	80%	0%	#DIV/0!	#DIV/0!
2735	1	A20	Professional attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a care recipient in a residential aged	161		0	0	136.85	0	0	10/12/2020	$	411	3	$	411	$	483	100%	0%	#DIV/0!	#DIV/0!
2801	1	A24	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	157.95		0	0	134.3	118.5	0	1/05/2006	$	6,121,693	44,322	$	11,427,169	$	7,011,612	12%	36%	7.7%	8.8%
2806	1	A24	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	79.05		0	0	67.2	59.3	0	1/05/2006	$	5,662,975	81,034	$	9,585,294	$	6,420,127	20%	39%	6.7%	7.9%
2814	1	A24	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	45		0	0	38.25	33.75	0	1/05/2006	$	28,951	687	$	51,346	$	29,959	3%	62%	-11.6%	-7.6%
2820	1	A24	Professional attendance on a patient by a specialist or consultant physician practising in the specialist's or consultant physician's specialty of pain medicine if: (a) the attendance is by video	0	50% of the fee for item 2801, 2806 or 2814. Benefit: 85% of the derived fee	0	0	0	0	0	1/07/2011	$	319,951	2,249	$	319,951	$	376,326	100%	0%	50.9%	53.4%
2824	1	A24	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	191.65		0	0	162.95	0	0	1/05/2006	$	4,400	27	$	4,428	$	5,175	96%	0%	5.2%	6.1%

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2832	1	A24	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	115.9		0	0	98.55	0	0	1/05/2006	$	3,305	29	$	6,531	$	3,361	21%	0%	-16.9%	-15.5%
2840	1	A24	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	83.5		0	0	71	0	0	1/05/2006	$	3,195	45	$	3,195	$	3,758	100%	0%	#DIV/0!	#DIV/0!
2946	1	A24	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	145.6		0	0	123.8	109.2	0	1/05/2006	$	188,782	1,562	$	201,434	$	227,260	81%	20%	13.2%	13.9%
2949	1	A24	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	218.5		0	0	185.75	163.9	0	1/05/2006	$	30,028	162	$	30,125	$	35,348	99%	1%	15.4%	16.7%
2954	1	A24	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	291.1		0	0	247.45	218.35	0	1/05/2006	$	10,509	43	$	10,922	$	12,500	91%	9%	-12.9%	-12.4%
2958	1	A24	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	104.55		0	0	88.9	78.45	0	1/05/2006	$	106,342	1,197	$	106,369	$	125,089	100%	0%	12.1%	13.2%
2972	1	A24	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	166.75		0	0	141.75	125.1	0	1/05/2006	$	6,375	45	$	6,375	$	7,499	100%	0%	-9.0%	-8.2%
2974	1	A24	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	229		0	0	194.65	171.75	0	1/05/2006	$	584	3	$	584	$	687	100%	0%	-45.9%	-45.4%
2978	1	A24	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	145.6		0	0	123.8	109.2	0	1/05/2006	$	2,292	21	$	3,508	$	3,055	10%	100%	-19.5%	-18.7%
3000	1	A24	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	229		0	0	194.65	171.75	0	1/05/2006	$	172	1	$	269	$	229	0%	100%	#DIV/0!	#DIV/0!
3005	1	A24	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	157.95		0	0	134.3	118.5	0	1/05/2006	$	1,474,558	12,132	$	2,151,397	$	1,912,616	15%	81%	1.4%	2.0%
3010	1	A24	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	79.05		0	0	67.2	59.3	0	1/05/2006	$	2,804,778	46,621	$	4,293,910	$	3,680,509	8%	89%	-1.8%	-1.2%
3014	1	A24	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	45		0	0	38.25	33.75	0	1/05/2006	$	5,297	157	$	7,690	$	7,050	0%	99%	-26.1%	-25.6%
3015	1	A24	Professional attendance on a patient by a specialist or consultant physician practising in the specialist's or consultant physician's specialty of palliative medicine if: (a) the attendance is by video	0	50% of the fee for item 3005, 3010 or 3014. Benefit: 85% of the derived fee	0	0	0	0	0	1/07/2011	$	91,118	786	$	91,118	$	107,169	100%	0%	25.4%	27.4%
3018	1	A24	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	191.65		0	0	162.95	0	0	1/05/2006	$	263,548	1,617	$	264,570	$	309,636	99%	0%	-0.5%	0.4%
3023	1	A24	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	115.9		0	0	98.55	0	0	1/05/2006	$	432,145	4,384	$	435,438	$	507,653	98%	0%	10.5%	11.3%
3028	1	A24	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	83.5		0	0	71	0	0	1/05/2006	$	781	11	$	781	$	919	100%	0%	22.4%	23.6%
3032	1	A24	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	145.6		0	0	123.8	109.2	0	1/05/2006	$	276,580	2,250	$	279,698	$	327,185	96%	5%	-6.3%	-4.9%
3040	1	A24	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	218.5		0	0	185.75	163.9	0	1/05/2006	$	33,220	180	$	33,783	$	39,307	95%	5%	7.4%	8.2%
3044	1	A24	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	291.1		0	0	247.45	218.35	0	1/05/2006	$	32,532	132	$	32,940	$	38,408	97%	3%	16.7%	17.8%
3051	1	A24	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	104.55		0	0	88.9	78.45	0	1/05/2006	$	199,456	2,272	$	203,448	$	236,804	93%	8%	10.5%	12.2%
3055	1	A24	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	166.75		0	0	141.75	125.1	0	1/05/2006	$	6,503	46	$	6,549	$	7,671	96%	4%	17.0%	20.7%
3062	1	A24	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	229		0	0	194.65	171.75	0	1/05/2006	$	32,484	167	$	32,541	$	38,243	99%	1%	88.6%	91.6%
3069	1	A24	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	145.6		0	0	123.8	109.2	0	1/05/2006	$	260,996	2,391	$	424,699	$	347,994	0%	100%	9.1%	10.1%
3074	1	A24	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	218.5		0	0	185.75	163.9	0	1/05/2006	$	16,698	102	$	27,119	$	22,261	0%	100%	3.7%	4.6%
3078	1	A24	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	291.1		0	0	247.45	218.35	0	1/05/2006	$	172,474	791	$	277,649	$	229,942	0%	100%	27.4%	28.5%
3083	1	A24	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	104.55		0	0	88.9	78.45	0	1/05/2006	$	72,076	920	$	117,166	$	96,059	0%	100%	20.6%	21.6%
3088	1	A24	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	166.75		0	0	141.75	125.1	0	1/05/2006	$	3,874	31	$	5,886	$	5,164	0%	100%	5.3%	6.2%
3093	1	A24	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	229		0	0	194.65	171.75	0	1/05/2006	$	11,674	68	$	18,193	$	15,565	0%	100%	57.6%	58.4%

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4001	1	A27	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	79		0	79	0	0	0	1/11/2006	$ 1,868,689	23,638	$ 1,950,611	$ 1,867,228	93%	0%	18.0%	18.8%
5000	1	A22	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	29.9		0	29.9	0	0	0	1/01/2005	$ 4,338,118	145,001	$ 4,430,359	$ 4,334,889	98%	0%	13.0%	13.7%
5001	1	A21	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	60.5		0	0	51.45	45.4	0	1/03/2020	$ 2,430,866	44,826	$ 4,789,136	$ 2,710,677	57%	0%	#DIV/0!	#DIV/0!
5003	1	A22	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies)	0	The fee for item 5000, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/01/2005	$ 161,294	3,656	$ 161,317	$ 161,294	100%	0%	-9.6%	-8.6%
5004	1	A21	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	101.6		0	0	86.4	76.2	0	1/03/2020	$ 298,345	3,228	$ 523,728	$ 327,729	52%	0%	#DIV/0!	#DIV/0!
5010	1	A22	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	0	The fee for item 5000, plus $48.15 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/01/2005	$ 2,021,853	47,631	$ 2,022,014	$ 2,021,844	100%	0%	7.1%	7.8%
5011	1	A21	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	101.6		0	0	86.4	76.2	0	1/03/2020	$ 706,431	7,654	$ 934,266	$ 777,090	70%	0%	#DIV/0!	#DIV/0!
5012	1	A21	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	159.25		0	0	135.4	119.45	0	1/03/2020	$ 12,568,347	88,647	$ 20,283,318	$ 14,112,288	50%	0%	#DIV/0!	#DIV/0!
5013	1	A21	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	200.35		0	0	170.3	150.3	0	1/03/2020	$ 549,094	3,111	$ 777,594	$ 623,071	53%	0%	#DIV/0!	#DIV/0!
5014	1	A21	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	200.35		0	0	170.3	150.3	0	1/03/2020	$ 4,704,801	25,702	$ 6,758,997	$ 5,147,198	51%	0%	#DIV/0!	#DIV/0!
5016	1	A21	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	268.85		0	0	228.55	201.65	0	1/03/2020	$ 8,471,496	35,954	$ 11,099,880	$ 9,663,701	55%	0%	#DIV/0!	#DIV/0!
5017	1	A21	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	310		0	0	263.5	232.5	0	1/03/2020	$ 166,147	611	$ 221,265	$ 189,373	53%	0%	#DIV/0!	#DIV/0!
5019	1	A21	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	310		0	0	263.5	232.5	0	1/03/2020	$ 8,217,124	29,839	$ 10,374,144	$ 9,247,026	51%	0%	#DIV/0!	#DIV/0!
5020	1	A22	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting less than 20 minutes and including any of the	50.55		0	50.55	0	0	0	1/01/2005	$ 278,992,799	5,508,989	$ 294,502,209	$ 278,440,616	93%	0%	-5.4%	-4.8%
5021	1	A21	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	45.35		0	0	38.55	34.05	0	1/03/2020	$ 1,262,736	30,097	$ 3,340,623	$ 1,364,334	53%	0%	#DIV/0!	#DIV/0!
5022	1	A21	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	76.2		0	0	64.8	57.15	0	1/03/2020	$ 176,512	2,485	$ 383,298	$ 189,244	50%	0%	#DIV/0!	#DIV/0!
5023	1	A22	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies),	0	The fee for item 5020, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/01/2005	$ 14,622,936	199,785	$ 14,665,946	$ 14,615,924	100%	0%	-9.5%	-8.6%
5027	1	A21	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	76.2		0	0	64.8	57.15	0	1/03/2020	$ 406,068	5,567	$ 638,489	$ 423,896	62%	0%	#DIV/0!	#DIV/0!
5028	1	A22	Professional attendance by a general practitioner (other than a service to which another item in the table applies), at a residential aged care facility to residents of the facility, lasting less than 20	0	The fee for item 5020, plus $48.15 divided by the number of patients seen, up to a maximum	0	0	0	0	0	1/01/2005	$ 38,717,752	588,608	$ 38,732,708	$ 38,716,161	100%	0%	5.0%	5.0%
5030	1	A21	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	119.4		0	0	101.5	89.55	0	1/03/2020	$ 6,368,247	58,171	$ 12,325,144	$ 6,943,286	43%	0%	#DIV/0!	#DIV/0!
5031	1	A21	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	150.25		0	0	127.75	112.7	0	1/03/2020	$ 326,908	2,413	$ 552,945	$ 362,445	51%	0%	#DIV/0!	#DIV/0!
5032	1	A21	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	150.25		0	0	127.75	112.7	0	1/03/2020	$ 2,601,006	18,045	$ 4,299,974	$ 2,710,073	40%	0%	#DIV/0!	#DIV/0!
5033	1	A21	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	201.65		0	0	171.45	151.25	0	1/03/2020	$ 5,117,515	28,396	$ 7,912,747	$ 5,724,754	48%	0%	#DIV/0!	#DIV/0!
5035	1	A21	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	232.5		0	0	197.65	174.4	0	1/03/2020	$ 142,381	697	$ 242,455	$ 162,025	38%	0%	#DIV/0!	#DIV/0!
5036	1	A21	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	232.5		0	0	197.65	174.4	0	1/03/2020	$ 4,114,793	19,473	$ 5,858,430	$ 4,525,989	42%	0%	#DIV/0!	#DIV/0!
5039	1	A21	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	146.95		0	0	124.95	110.25	0	1/03/2020	$ 401,265	3,191	$ 420,045	$ 468,644	75%	0%	#DIV/0!	#DIV/0!
5040	1	A22	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	86.6		0	86.6	0	0	0	1/01/2005	$ 77,304,992	891,635	$ 79,470,124	$ 77,205,494	95%	0%	0.4%	1.0%
5041	1	A21	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	276.25		0	0	234.85	207.2	0	1/03/2020	$ 16,653	71	$ 18,388	$ 19,606	70%	0%	#DIV/0!	#DIV/0!
5042	1	A21	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	110.25		0	0	93.75	82.7	0	1/03/2020	$ 188,946	1,994	$ 203,351	$ 219,669	52%	0%	#DIV/0!	#DIV/0!

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5043	1	A22	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies),	0	The fee for item 5040, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 5,116,024	46,634	$ 5,135,462	$ 5,106,832	99%	0%	3.3%	3.9%
5044	1	A21	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	207.15	0	0	176.1	155.4	0	1/03/2020	$ 9,662	55	$ 12,588	$ 11,390	22%	2%	#DIV/0!	#DIV/0!
5049	1	A22	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	0	The fee for item 5040, plus $48.15 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 10,840,068	97,126	$ 10,845,808	$ 10,839,513	100%	0%	9.8%	10.2%
5060	1	A22	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	121.45	0	121.45	0	0	0	1/01/2005	$ 7,428,182	61,041	$ 7,693,056	$ 7,407,447	92%	0%	0.7%	0.4%
5063	1	A22	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies),	0	The fee for item 5060, plus $26.75 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 1,072,277	7,305	$ 1,084,453	$ 1,063,433	98%	0%	-2.1%	-1.4%
5067	1	A22	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	0	The fee for item 5060, plus $48.15 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 2,564,864	16,891	$ 2,568,621	$ 2,563,820	100%	0%	8.9%	9.3%
5200	1	A23	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	21	0	21	0	0	0	1/01/2005	$ 48,046	2,286	$ 49,922	$ 48,006	98%	0%	-0.1%	-0.1%
5203	1	A23	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	31	0	31	0	0	0	1/01/2005	$ 6,625,680	213,569	$ 6,820,436	$ 6,620,639	98%	0%	0.3%	0.2%
5207	1	A23	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	48	0	48	0	0	0	1/01/2005	$ 2,263,761	47,031	$ 2,316,025	$ 2,257,488	98%	0%	3.5%	2.2%
5208	1	A23	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general	71	0	71	0	0	0	1/01/2005	$ 589,503	7,342	$ 792,169	$ 521,282	76%	0%	-20.0%	-21.0%
5220	1	A23	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	0	An amount equal to $18.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 4,798	143	$ 4,798	$ 4,798	100%	0%	18.6%	22.0%
5223	1	A23	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	0	An amount equal to $26.00, plus $17.50 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 202,901	4,765	$ 203,008	$ 202,901	100%	0%	-8.9%	-7.4%
5227	1	A23	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	0	An amount equal to $45.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 56,684	945	$ 56,793	$ 56,684	100%	0%	1.9%	2.5%
5228	1	A23	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	0	An amount equal to $67.50, plus $15.50 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 38,864	477	$ 38,864	$ 38,864	100%	0%	15.3%	15.9%
5260	1	A23	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	0	An amount equal to $18.50, plus $27.95 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 19,270	427	$ 19,270	$ 19,270	100%	0%	44.0%	46.4%
5263	1	A23	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	0	An amount equal to $26.00, plus $31.55 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 256,402	6,948	$ 256,402	$ 256,402	100%	0%	-4.3%	-6.5%
5265	1	A23	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	0	An amount equal to $45.50, plus $27.95 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 207,081	3,530	$ 207,081	$ 207,081	100%	0%	10.2%	9.5%
5267	1	A23	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	0	An amount equal to $67.50, plus $27.95 divided by the number of patients seen, up to a maximum	0	0	0	0	1/01/2005	$ 21,264	239	$ 21,264	$ 21,264	100%	0%	-17.0%	-16.6%
6004	1	A26	Initial professional attendance of 10 minutes or less in duration on a patient by a specialist practising in his or her specialty of neurosurgery if: (a) the attendance is by video conference; and (b)	101.75	0	0	86.5	0	0	1/01/2013	$ 87	1	$ 300	$ 102	0%	0%	-24.2%	-35.9%
6007	1	A26	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	135.65	0	0	115.35	101.75	0	1/11/2006	$ 11,816,455	95,631	$ 26,951,647	$ 13,009,101	9%	10%	1.6%	2.6%
6009	1	A26	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	45	0	0	38.25	33.75	0	1/11/2006	$ 1,643,927	40,173	$ 3,664,641	$ 1,819,519	13%	39%	-5.0%	-4.4%
6011	1	A26	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	89.55	0	0	76.15	67.2	0	1/11/2006	$ 6,156,384	76,084	$ 11,911,751	$ 6,826,617	17%	22%	0.4%	1.4%
6013	1	A26	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	124.05	0	0	105.45	93.05	0	1/11/2006	$ 1,165,516	10,704	$ 1,967,821	$ 1,327,024	31%	30%	0.2%	2.1%
6015	1	A26	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	157.95	0	0	134.3	118.5	0	1/11/2006	$ 279,624	1,787	$ 612,165	$ 282,227	34%	22%	-0.1%	4.6%
6016	1	A26	Professional attendance on a patient by a specialist practising in the specialist's specialty of neurosurgery if: (a) the attendance is by video conference; and (b) the attendance is for a service: (i)	0	50% of the fee for item 6007, 6009, 6011, 6013 or 6015. Benefit: 85% of the derived fee	0	0	0	0	1/07/2011	$ 306,955	2,267	$ 307,085	$ 361,046	100%	0%	28.4%	35.7%
6018	1	A31	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	157.95	0	0	134.3	118.5	0	1/11/2016	$ 181,876	1,433	$ 246,393	$ 226,167	40%	51%	#DIV/0!	#DIV/0!
6019	1	A31	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	79.05	0	0	67.2	59.3	0	1/11/2016	$ 779,363	11,751	$ 1,054,423	$ 928,340	51%	32%	#DIV/0!	#DIV/0!
6023	1	A31	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	276.25	0	0	234.85	207.2	0	1/11/2016	$ 437,858	1,936	$ 570,699	$ 534,503	49%	37%	#DIV/0!	#DIV/0!
6024	1	A31	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	138.3	0	0	117.6	103.75	0	1/11/2016	$ 143,547	1,315	$ 196,706	$ 181,667	37%	63%	#DIV/0!	#DIV/0!

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6025	1	A31	Initial professional attendance of 10 minutes or less, on a patient by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, if: (a) the attendance is by video	118.5		0	0	100.75	0	0	1/11/2016	$	3,922	39	$	3,922	$	4,613	100%	0%	#DIV/0!	#DIV/0!
6026	1	A31	Professional attendance on a patient by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, if: (a) the attendance is by video conference; and (b) the	0	50% of the fee for item 6018, 6019, 6023, or 6024 Benefit: 85% of the derived fee	0	0	0	0	0	1/11/2016	$	640,975	4,620	$	640,975	$	753,934	100%	0%	#DIV/0!	#DIV/0!
6028	1	A31	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	51.6		0	0	43.9	38.7	0	1/11/2016	$	2,010	46	$	2,010	$	2,363	100%	0%	#DIV/0!	#DIV/0!
6029	1	A31	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	44.7		0	0	38	33.55	0	1/11/2016	$	15,995	462	$	20,027	$	20,631	56%	75%	#DIV/0!	#DIV/0!
6031	1	A31	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	79.05		0	0	67.2	59.3	0	1/11/2016	$	23,419	379	$	31,989	$	29,885	38%	66%	#DIV/0!	#DIV/0!
6032	1	A31	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	118.6		0	0	100.85	88.95	0	1/11/2016	$	870	9	$	1,030	$	1,066	67%	33%	#DIV/0!	#DIV/0!
6034	1	A31	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	157.95		0	0	134.3	118.5	0	1/11/2016	$	2,249	16	$	2,249	$	2,645	100%	0%	#DIV/0!	#DIV/0!
6035	1	A31	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	35.75		0	0	30.4	26.85	0	1/11/2016	$	3,430	128	$	5,465	$	4,567	0%	100%	#DIV/0!	#DIV/0!
6037	1	A31	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	63.25		0	0	53.8	47.45	0	1/11/2016	$	5,143	108	$	8,107	$	6,822	6%	96%	#DIV/0!	#DIV/0!
6051	1	A32	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	157.95		0	0	134.3	118.5	0	1/11/2016	$	403,702	2,934	$	594,954	$	463,504	41%	0%	#DIV/0!	#DIV/0!
6052	1	A32	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	79.05		0	0	67.2	59.3	0	1/11/2016	$	625,632	8,920	$	933,316	$	706,138	46%	0%	#DIV/0!	#DIV/0!
6057	1	A32	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	276.25		0	0	234.85	207.2	0	1/11/2016	$	556,710	2,349	$	671,307	$	649,112	50%	0%	#DIV/0!	#DIV/0!
6058	1	A32	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	138.3		0	0	117.6	103.75	0	1/11/2016	$	154,247	1,289	$	194,972	$	178,364	63%	0%	#DIV/0!	#DIV/0!
6059	1	A32	Initial professional attendance of 10 minutes or less, on a patient by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, if: (a) the attendance is by	118.5		0	0	100.75	0	0	1/11/2016	$	403	4	$	403	$	474	100%	0%	#DIV/0!	#DIV/0!
6060	1	A32	Professional attendance on a patient by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty if: (a) the attendance is by video conference; and (b) the	0	50% of the fee for item 6051, 6052, 6057 or 6058 Benefit: 85% of the derived fee	0	0	0	0	0	1/11/2016	$	32,216	207	$	32,216	$	37,895	100%	0%	#DIV/0!	#DIV/0!
6064	1	A32	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	44.7		0	0	38	33.55	0	1/11/2016	$	1,102	29	$	1,102	$	1,296	100%	0%	#DIV/0!	#DIV/0!
6065	1	A32	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	79.05		0	0	67.2	59.3	0	1/11/2016	$	572	8	$	580	$	632	88%	0%	#DIV/0!	#DIV/0!
6067	1	A32	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	118.6		0	0	100.85	88.95	0	1/11/2016	$	303	3	$	303	$	356	100%	0%	#DIV/0!	#DIV/0!
6068	1	A32	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	157.95		0	0	134.3	118.5	0	1/11/2016	$	134	1	$	134	$	158	100%	0%	#DIV/0!	#DIV/0!
6072	1	A32	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	63.25		0	0	53.8	47.45	0	1/11/2016	$	108	2	$	108	$	127	100%	0%	#DIV/0!	#DIV/0!
6080	1	A33	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	52.5		0	0	44.65	39.4	0	1/11/2017	$	30,153	726	$	38,145	$	37,362	57%	44%	#DIV/0!	#DIV/0!
6081	1	A33	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	39.15		0	0	33.3	29.4	0	1/11/2017	$	38,067	1,181	$	43,473	$	46,167	74%	26%	#DIV/0!	#DIV/0!
6087	1	A34	A professional attendance, including by telephone or videoconference, on a patient participating in the Health Care Homes Program by or on behalf of a medical practitioner (including	1.15		0	0	1	0	0	1/10/2017	$	1,194	1,153	$	7,315	$	1,326	78%	0%	#DIV/0!	#DIV/0!
10660	1	A44	Professional attendance by a general practitioner, if all of the following apply: (a) the service is associated with a service to which item 93624, 93625, 93634, 93635, 93644, 93645, 93653 or 93654	45.55		0	0	38.75	0	0	18/06/2021	$	503,711	12,999	$	503,718	$	592,104	100%	0%	#DIV/0!	#DIV/0!
10661	1	A44	Professional attendance by a medical practitioner (other than a general practitioner), if all of the following apply: (a) the service is associated with a service to which item 93626, 93627, 93636,	36.45		0	0	31	0	0	18/06/2021	$	9,052	293	$	9,052	$	10,643	100%	0%	#DIV/0!	#DIV/0!
10801	1	A9	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	127.35		0	0	108.25	95.55	0	1/12/1991	$	1,949	18	$	2,196	$	2,292	61%	0%	0.0%	1.0%
10802	1	A9	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	127.35		0	0	108.25	95.55	0	1/12/1991	$	1,191	11	$	1,191	$	1,401	100%	0%	4.1%	5.0%
10806	1	A9	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	127.35		0	0	108.25	95.55	0	1/12/1991	$	108	1	$	108	$	127	100%	0%	#DIV/0!	#DIV/0!
10807	1	A9	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	127.35		0	0	108.25	95.55	0	1/12/1991	$	949	9	$	1,032	$	1,146	44%	22%	55.2%	55.8%

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10809	1	A9	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	127.35		0	0	108.25	95.55	0	1/12/1991	$	14,911	137	$	18,147	$	17,443	53%	0%	-5.8%	-5.2%
10816	1	A9	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	127.35		0	0	108.25	95.55	0	19/06/1997	$	32,397	304	$	45,421	$	38,707	8%	31%	18.9%	20.1%
10900	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	121	2	$	142	$	142	0%	0%	-71.2%	-71.3%
10905	1	A10	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	68.85		0	0	58.55	0	0	1/11/1997	$	840,832	14,281	$	978,024	$	983,116	81%	0%	8.2%	8.9%
10907	1	A10	COMPREHENSIVE INITIAL CONSULTATION BY ANOTHER PRACTITIONER Professional attendance of more than 15 minutes in duration, being the first in a course of attention if the patient has	34.5		0	0	29.35	0	0	1/11/1997	$	10,082,324	341,959	$	11,590,821	$	11,793,941	93%	0%	1.4%	2.0%
10910	1	A10	COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS LESS THAN 65 YEARS OF AGE Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: (a)	68.85		0	0	58.55	0	0	1/01/2015	$	123,051,634	2,100,706	$	126,115,728	$	144,613,901	95%	0%	3.1%	3.8%
10911	1	A10	COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS AT LEAST 65 YEARS OF AGE Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: (a)	68.85		0	0	58.55	0	0	1/01/2015	$	82,630,666	1,409,317	$	84,816,171	$	97,021,596	94%	0%	5.2%	5.8%
10912	1	A10	OTHER COMPREHENSIVE CONSULTATIONS Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has suffered a significant change of visual	68.85		0	0	58.55	0	0	1/11/1997	$	17,188,587	293,329	$	17,580,273	$	20,193,896	96%	0%	11.2%	11.9%
10913	1	A10	Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has new signs or symptoms, unrelated to the earlier course of attention,	68.85		0	0	58.55	0	0	1/11/1997	$	41,815,608	713,454	$	43,084,459	$	49,116,186	94%	0%	10.6%	11.2%
10914	1	A10	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	68.85		0	0	58.55	0	0	1/11/1997	$	72,446,198	1,235,953	$	74,760,475	$	85,084,484	94%	0%	13.1%	13.8%
10915	1	A10	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	68.85		0	0	58.55	0	0	1/11/2003	$	16,459,339	280,947	$	16,853,210	$	19,340,970	95%	0%	4.9%	5.6%
10916	1	A10	BRIEF INITIAL CONSULTATION Professional attendance, being the first in a course of attention, of not more than 15 minutes duration, not being a service associated with a service to which	34.5		0	0	29.35	0	0	1/11/1997	$	29,121,863	991,481	$	29,872,628	$	34,198,847	97%	0%	1.5%	2.1%
10918	1	A10	SUBSEQUENT CONSULTATION Professional attendance being the second or subsequent in a course of attention not related to the prescription and fitting of contact lenses, not being a service	34.5		0	0	29.35	0	0	1/11/1997	$	65,343,668	2,216,450	$	70,337,534	$	76,455,397	93%	0%	-0.6%	0.1%
10921	1	A10	CONTACT LENSES FOR SPECIFIED CLASSES OF PATIENTS - BULK ITEMS FOR ALL SUBSEQUENT CONSULTATIONS All professional attendances after the first, being those attendances regarded as a	171		0	0	145.35	0	0	1/12/1991	$	5,098,075	35,082	$	5,129,578	$	5,998,025	99%	0%	1.1%	1.7%
10922	1	A10	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,	171		0	0	145.35	0	0	1/12/1991	$	783,999	5,392	$	798,359	$	921,915	96%	0%	-0.3%	0.3%
10923	1	A10	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,	171		0	0	145.35	0	0	1/12/1991	$	620,504	4,260	$	636,301	$	728,331	96%	0%	1.0%	1.7%
10924	1	A10	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,	215.75		0	0	183.4	0	0	1/12/1991	$	478,410	2,566	$	561,087	$	553,506	77%	0%	-0.4%	0.6%
10925	1	A10	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,	171		0	0	145.35	0	0	1/12/1991	$	154,103	1,060	$	155,997	$	181,237	97%	0%	-0.2%	0.4%
10926	1	A10	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,	171		0	0	145.35	0	0	1/12/1991	$	5,669	39	$	5,669	$	6,669	100%	0%	15.5%	16.2%
10927	1	A10	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,	215.75		0	0	183.4	0	0	1/12/1991	$	19,796	108	$	21,502	$	23,288	83%	0%	-7.2%	-6.6%
10928	1	A10	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,	171		0	0	145.35	0	0	1/12/1991	$	19,106	132	$	19,136	$	22,572	98%	0%	18.7%	19.5%
10929	1	A10	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,	215.75		0	0	183.4	0	0	1/12/1991	$	139,191	759	$	142,264	$	163,700	95%	0%	9.0%	9.6%
10930	1	A10	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	171		0	0	145.35	0	0	1/11/1997	$	702,666	4,829	$	732,468	$	825,570	94%	0%	-0.3%	0.3%
10931	1	A10	DOMICILIARY VISITS An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10932, 10933, 10940 or 10941) applies (the applicable item) if the service	24		0	0	20.4	0	0	1/11/2005	$	44,806	-	$	45,937	$	52,710	-	-	-100.0%	-2.3%
10932	1	A10	An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10931, 10933, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place	12		0	0	10.2	0	0	1/11/2005	$	6,681	-	$	6,820	$	7,845	-	-	-100.0%	-1.9%
10933	1	A10	An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10931, 10932, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place	7.9		0	0	6.75	0	0	1/11/2005	$	103,253	-	$	103,361	$	120,849	-	-	-100.0%	-1.2%
10940	1	A10	COMPUTERISED PERIMETRY Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, where indicated by the presence of	65.7		0	0	55.85	0	0	1/11/2003	$	34,254,746	613,065	$	34,650,783	$	40,274,998	97%	0%	10.7%	11.4%
10941	1	A10	COMPUTERISED PERIMETRY Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, where indicated by the presence of	39.65		0	0	33.75	0	0	1/11/2003	$	718,385	21,269	$	726,246	$	843,235	98%	0%	9.5%	10.2%
10942	1	A10	LOW VISION ASSESSMENT Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N.12 or worse in the better eye or a	34.5		0	0	29.35	0	0	1/05/2005	$	171,073	5,827	$	172,286	$	200,976	98%	0%	-1.5%	-0.9%

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10943	1	A10	CHILDREN'S VISION ASSESSMENT Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction, in a patient aged 3 to 14	34.5		0	0	29.35	0	0	1/11/2005	$	3,877,757	131,716		$	4,199,429	$	4,544,711	88%	0%	8.2%	8.9%
10944	1	A10	CORNEA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) The item is not to be billed on the same	74.4		0	0	63.25	0	0	1/09/2015	$	1,260,446	19,919		$	1,314,880	$	1,481,766	89%	0%	19.4%	20.1%
10945	1	A10	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	34.5		0	0	29.35	0	0	1/09/2015	$	20,894	712		$	20,894	$	24,560	100%	0%	36.5%	37.1%
10946	1	A10	A professional attendance of at least 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical support to a patient who: (a)is participating in	68.85		0	0	58.55	51.65	0	1/09/2015	$	35,172	601		$	35,260	$	41,359	100%	0%	12.3%	13.0%
10947	1	A10	A professional attendance (not being a service to which any other item applies) of less than 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical	34.5		0	0	29.35	0	0	1/09/2015	$	851	29		$	851	$	1,001	100%	0%	14.1%	15.0%
10948	1	A10	A professional attendance (not being a service to which any other item applies) of at least 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical	68.85		0	0	58.55	0	0	1/09/2015	$	1,191	21		$	1,202	$	1,446	90%	0%	18.5%	20.8%
10950	8	M3	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE Aboriginal or Torres Strait Islander health service provided to a person by an eligible Aboriginal health worker or eligible Aboriginal	64.2		0	0	54.6	0	0	1/07/2004	$	103,522	1,897		$	103,522	$	121,723	100%	0%	-3.4%	-2.8%
10951	8	M3	DIABETES EDUCATION SERVICE Diabetes education health service provided to a person by an eligible diabetes educator if: (a)the service is provided to a person who has: a chronic condition; and	64.2		0	0	54.6	0	0	1/11/2004	$	4,796,890	87,169		$	5,393,730	$	5,593,946	84%	0%	-0.9%	-0.2%
10952	8	M3	AUDIOLOGY Audiology health service provided to a person by an eligible audiologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed	64.2		0	0	54.6	0	0	1/07/2004	$	180,818	3,210		$	259,164	$	205,860	63%	0%	14.2%	14.2%
10953	8	M3	EXERCISE PHYSIOLOGY Exercise physiology service provided to a person by an eligible exercise physiologist if: (a)the service is provided to a person who has: a chronic condition; and complex	64.2		0	0	54.6	0	0	1/01/2006	$	18,462,112	334,115		$	21,110,359	$	21,443,981	74%	0%	6.6%	7.4%
10954	8	M3	DIETETICS SERVICES Dietetics health service provided to a person by an eligible dietician if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being	64.2		0	0	54.6	0	0	1/07/2004	$	23,609,350	426,409		$	27,954,106	$	27,367,724	76%	0%	1.8%	2.5%
10956	8	M3	MENTAL HEALTH SERVICE Mental health service provided to a person by an eligible mental health worker if: (a)the service is provided to a person who has: a chronic condition; and complex	64.2		0	0	54.6	0	0	1/07/2004	$	406,867	6,612		$	573,850	$	424,205	64%	0%	2.1%	3.9%
10958	8	M3	OCCUPATIONAL THERAPY Occupational therapy health service provided to a person by an eligible occupational therapist if: (a)the service is provided to a person who has: a chronic condition; and	64.2		0	0	54.6	0	0	1/07/2004	$	4,445,877	73,036		$	8,062,779	$	4,686,015	27%	0%	3.3%	3.7%
10960	8	M3	PHYSIOTHERAPY Physiotherapy health service provided to a person by an eligible physiotherapist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs	64.2		0	0	54.6	0	0	1/07/2004	$	173,483,093	3,141,409		$	199,658,820	$	201,635,015	73%	0%	10.1%	10.9%
10962	8	M3	PODIATRY Podiatry health service provided to a person by an eligible podiatrist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a	64.2		0	0	54.6	0	0	1/07/2004	$	199,457,393	3,639,147		$	214,332,306	$	233,575,101	74%	0%	5.5%	6.2%
10964	8	M3	CHIROPRACTIC SERVICE Chiropractic health service provided to a person by an eligible chiropractor if: (a)the service is provided to a person who has: a chronic condition; and complex care needs	64.2		0	0	54.6	0	0	1/07/2004	$	32,357,483	591,709		$	34,430,264	$	37,976,749	74%	0%	13.0%	13.7%
10966	8	M3	OSTEOPATHY Osteopathy health service provided to a person by an eligible osteopath if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed	64.2		0	0	54.6	0	0	1/07/2004	$	15,745,896	283,065		$	22,211,055	$	18,169,965	29%	0%	13.5%	14.3%
10968	8	M3	PSYCHOLOGY Psychology health service provided to a person by an eligible psychologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed	64.2		0	0	54.6	0	0	1/07/2004	$	1,789,219	19,673		$	2,910,030	$	1,262,210	29%	0%	-3.6%	0.9%
10970	8	M3	SPEECH PATHOLOGY Speech pathology health service provided to a person by an eligible speech pathologist if: (a)the service is provided to a person who has: a chronic condition; and complex	64.2		0	0	54.6	0	0	1/07/2004	$	6,820,868	114,806		$	12,983,271	$	7,364,418	16%	0%	-5.2%	-4.5%
10981	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	64,351,185	-		$	64,352,970	$	75,543,615	-	-	#DIV/0!	#DIV/0!
10982	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	24,972,338	-		$	24,973,816	$	29,368,233	-	-	#DIV/0!	#DIV/0!
10983	8	M12	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	33.4		0	33.4	0	0	0	1/07/2011	$	441,836	13,228		$	446,056	$	441,677	99%	0%	12.6%	13.3%
10984	8	M12	Service by a practice nurse or Aboriginal health worker or Aboriginal and Torres Strait Islander health practitioner provided on behalf of, and under the supervision of, a medical practitioner	33.4		0	33.4	0	0	0	1/07/2011	$	94,430	2,828		$	94,430	$	94,430	100%	0%	143.6%	145.0%
10987	8	M12	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	24.75		0	24.75	0	0	0	1/11/2008	$	7,032,191	284,302		$	7,032,371	$	7,032,197	100%	0%	10.2%	10.9%
10988	8	M12	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	12.4		0	12.4	0	0	0	1/05/2006	$	139,452	11,254		$	139,592	$	139,452	100%	0%	0.2%	0.8%
10989	8	M12	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	12.4		0	12.4	0	0	0	1/05/2006	$	123,169	9,940		$	123,184	$	123,169	100%	0%	-2.9%	-2.2%
10990	8	M1	A medical service to which an item in this table (other than this item or item 10991) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the	7.6		0	0	6.5	0	0	1/02/2004	$	499,533,976	-		$	499,533,976	$	585,003,909	-	-	#DIV/0!	14.7%
10991	8	M1	A medical service to which an item in this table (other than this item or item 10990) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under	11.5		0	0	9.8	0	0	1/05/2004	$	310,045,987	-		$	310,045,987	$	364,158,009	-	-	#DIV/0!	-2.2%
10992	8	M1	A medical service to which item 585, 588, 591, 594, 599, 600, 761, 763, 766, 769, 772, 776, 788, 789, 5003, 5010, 5023, 5028, 5043, 5049, 5063, 5067, 5220, 5223, 5227, 5228, 5260, 5263, 5265 or	11.5		0	0	9.8	0	0	1/01/2005	$	2,142,326	-		$	2,142,326	$	2,516,022	-	-	#DIV/0!	-13.0%

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10997	8	M12	Service provided to a person with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner if: (a) the service is provided on behalf of and under the	12.4		0	12.4	0	0	0	1/07/2007	$	34,902,964	2,815,153		$	34,997,895	$	34,898,897	100%	0%	12.9%	13.7%
11000	2	D1	ELECTROENCEPHALOGRAPHY, not being a service: (a)associated with a service to which item 11003 or 11009 applies; or (b)involving quantitative topographic mapping using neurometrics	126.95		0	0	107.95	95.25	Y	1/12/1991	$	5,092,589	46,258		$	7,411,430	$	5,865,145	56%	10%	-1.3%	-0.7%
11003	2	D1	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	335.85		0	0	285.5	251.9	0	1/12/1991	$	289,568	1,052		$	357,651	$	352,674	58%	33%	-25.5%	-24.8%
11004	2	D1	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	335.85		0	0	285.5	251.9	0	1/11/2003	$	1,855,348	6,548		$	2,003,303	$	2,195,606	89%	8%	28.9%	30.3%
11005	2	D1	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	335.85		0	0	285.5	251.9	0	1/11/2003	$	7,342,763	25,862		$	7,474,707	$	8,670,583	96%	3%	62.1%	64.8%
11009	2	D1	ELECTROCORTICOGRAPHY	335.85		0	0	285.5	251.9	0	1/12/1991	$	8,884	39		$	11,597	$	11,677	21%	72%	4.7%	10.6%
11012	2	D1	NEUROMUSCULAR ELECTRODIAGNOSISconduction studies on 1 nerve OR ELECTROMYOGRAPHY of 1 or more muscles using concentric needle electrodes OR both these examinations (not 3 nerves with or without electromyography (not being a service associated with a service to which item 11012 or 11018 applies)	115.5		0	0	98.2	86.65	0	1/12/1991	$	2,040,186	20,887		$	2,371,471	$	2,410,906	80%	9%	12.1%	12.7%
11015	2	D1	NEUROMUSCULAR ELECTRODIAGNOSISconduction studies on 4 or more nerves with or without electromyography OR recordings from	154.6		0	0	131.45	115.95	0	1/12/1991	$	1,689,212	12,907		$	2,466,069	$	1,994,010	47%	18%	-0.5%	-0.1%
11018	2	D1	single fibres of nerves and muscles OR both of these examinations study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations	230.95		0	0	196.35	173.25	0	1/12/1991	$	23,790,545	119,100		$	29,901,442	$	27,496,512	58%	2%	1.5%	2.2%
11021	2	D1	CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques, not being a service	154.6		0	0	131.45	115.95	0	1/12/1991	$	2,004,295	15,701		$	2,618,996	$	2,426,099	66%	26%	5.2%	5.6%
11024	2	D1	involving quantitative topographic mapping of event-related CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques, not being a service	117.4		0	0	99.8	88.05	0	1/12/1991	$	877,984	8,778		$	930,191	$	1,030,209	92%	2%	-1.1%	-0.5%
11027	2	D1	involving quantitative topographic mapping of event-related PROVOCATIVE TEST OR TESTS FOR OPEN ANGLE GLAUCOMA, including water drinking	174.15		0	0	148.05	130.65	0	1/12/1991	$	1,166,817	7,811		$	1,338,024	$	1,359,375	74%	2%	-9.6%	-8.9%
11200	2	D1	ELECTRORETINOGRAPHY of one or both eyes by computerised averaging techniques, including 3 or more studies performed	42.05		0	0	35.75	31.55	0	1/12/1991	$	144,596	3,907		$	179,625	$	164,275	57%	0%	16.1%	16.4%
11204	2	D1	according to current professional guidelines or ELECTROOCULOGRAPHY of one or both eyes performed according to current professional guidelines or standards, performed by or on	111.65		0	0	94.95	83.75	0	1/11/2001	$	215,390	2,213		$	271,270	$	246,918	64%	0%	5.4%	5.9%
11205	2	D1	behalf of a specialist or consultant physician in the practice of his PATTERN ELECTRORETINOGRAPHY of one or both eyes by computerised averaging techniques, including 3 or more studies	111.65		0	0	94.95	83.75	0	1/11/2001	$	1,227,226	12,857		$	1,311,064	$	1,434,920	82%	0%	0.3%	0.9%
11210	2	D1	performed according to current professional guidelines or cd/m2) estimation of threshold in log lumens at 45 minutes of dark adaptations	111.65		0	0	94.95	83.75	0	1/11/2001	$	158,835	1,617		$	200,846	$	180,500	57%	0%	16.5%	16.9%
11211	2	D1	RETINAL ANGIOGRAPHY, multiple exposures of 1 eye with intravenous dye injection	111.65		0	0	94.95	83.75	0	1/11/2001	$	14,784	156		$	16,639	$	17,416	68%	1%	-4.6%	-4.4%
11215	2	D1	RETINAL ANGIOGRAPHY, multiple exposures of both eyes with intravenous dye injection	126.8		0	0	107.8	95.1	0	1/12/1991	$	44,380	388		$	71,666	$	49,193	32%	3%	-18.9%	-19.3%
11218	2	D1	Optical coherence tomography for diagnosis of an ocular condition for the treatment of which there is a medication that is: (a) listed	156.7		0	0	133.2	117.55	0	1/12/1991	$	2,287,278	15,214		$	3,636,020	$	2,383,628	31%	1%	-14.8%	-14.1%
11219	2	D1	on the pharmaceutical benefits scheme; and (b) indicated for OPTICAL COHERENCE TOMOGRAPHY for the assessment of the need for treatment following provision of pharmaceutical benefits	41.25		0	0	35.1	30.95	0	1/11/2016	$	1,983,238	52,764		$	3,511,316	$	2,175,975	29%	0%	#DIV/0!	#DIV/0!
11220	2	D1	scheme-subsidised ocriplasmin. Maximum of one service per eye Full quantitative computerised perimetry (automated absolute static threshold), other than a service involving multifocal	41.25		0	0	35.1	30.95	0	1/12/2016	$	9,831	257		$	15,244	$	10,600	30%	0%	#DIV/0!	#DIV/0!
11221	2	D1	multichannel objective perimetry, performed by or on behalf of a Full quantitative computerised perimetry (automated absolute static threshold), other than a service involving multifocal	69.9		0	0	59.45	52.45	0	1/12/1991	$	24,116,861	383,361		$	41,253,149	$	26,793,443	24%	0%	4.0%	4.8%
11224	2	D1	multichannel objective perimetry, performed by or on behalf of a EXAMINATION OF THE EYE BY IMPRESSION CYTOLOGY OF CORNEA for the investigation of ocular surface dysplasia, including the	42.1		0	0	35.8	31.6	0	1/12/1991	$	362,527	9,251		$	661,287	$	389,424	27%	0%	1.5%	2.4%
11235	2	D1	collection of cells, processing and all cytological examinations and OCULAR CONTENTS, simultaneous ultrasonic echography by both unidimensional and bidimensional techniques, for the diagnosis,	126.55		0	0	107.6	94.95	0	1/11/1996	$	9,080	81		$	10,944	$	10,228	57%	0%	-8.5%	-7.3%
11237	2	D1	monitoring or measurement of choroidal and ciliary body ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of one	84		0	0	71.4	63	0	1/11/2003	$	343,000	4,499		$	598,372	$	377,837	23%	1%	3.0%	3.8%
11240	2	D1	eye prior to lens surgery on that eye, not being a service associated ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for bilateral eye measurement	84		0	0	71.4	63	0	1/03/1999	$	2,286,722	29,181		$	4,097,079	$	2,450,791	28%	0%	-2.5%	-6.4%
11241	2	D1	prior to lens surgery on both eyes, not being a service associated ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of an	106.9		0	0	90.9	80.2	0	1/11/2001	$	13,597,407	141,976		$	24,412,381	$	15,174,690	21%	0%	4.7%	5.5%
11242	2	D1	eye previously measured and on which lens surgery has been ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of a	82.6		0	0	70.25	61.95	0	1/11/2001	$	46,866	652		$	64,079	$	53,843	55%	0%	9.5%	9.9%
11243	2	D1	second eye where surgery for the first eye has resulted in more	82.6		0	0	70.25	61.95	0	1/11/2001	$	179,675	2,260		$	299,140	$	186,646	30%	3%	3.1%	4.0%

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11244	2	D1	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	79.4		0	0	67.5	59.55	0	1/03/2013	$ 258,534	3,589	$ 362,874	$ 284,924	47%	0%	1.2%	2.6%
11300	2	D1	BRAIN stem evoked response audiometry (Anaes.)	198.5		0	0	168.75	148.9	Y	1/12/1991	$ 8,178,869	47,774	$ 8,599,345	$ 9,478,562	92%	1%	2.9%	3.5%
11303	2	D1	ELECTROCOCHLEOGRAPHY, extratympanic method, 1 or both ears	198.5		0	0	168.75	148.9	0	1/12/1991	$ 416,505	2,456	$ 453,885	$ 487,250	68%	0%	-7.0%	-6.7%
11304	2	D1	ELECTROCOCHLEOGRAPHY, transtympanic membrane insertion technique, 1 or both ears	326.85		0	0	277.85	245.15	0	1/11/1994	$ 34,081	126	$ 39,939	$ 41,169	78%	22%	0.2%	0.9%
11306	2	D1	Nondeterminate AUDIOMETRY	22.6		0	0	19.25	16.95	0	1/12/1991	$ 582,524	29,804	$ 747,960	$ 673,235	89%	0%	-3.8%	-3.3%
11309	2	D1	AUDIOGRAM, air conduction	27.1		0	0	23.05	20.35	0	1/12/1991	$ 845,830	35,402	$ 1,404,667	$ 959,165	53%	0%	-4.1%	-3.9%
11312	2	D1	AUDIOGRAM, air and bone conduction or air conduction and speech discrimination	38.3		0	0	32.6	28.75	0	1/12/1991	$ 1,604,008	47,252	$ 2,439,484	$ 1,809,260	50%	0%	-6.9%	-6.2%
11315	2	D1	AUDIOGRAM, air and bone conduction and speech	50.75		0	0	43.15	38.1	0	1/12/1991	$ 2,157,126	48,737	$ 3,102,733	$ 2,472,720	55%	0%	-6.1%	-5.5%
11318	2	D1	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests	62.65		0	0	53.3	47	0	1/12/1991	$ 3,289,300	60,236	$ 4,912,177	$ 3,772,989	46%	0%	0.8%	1.3%
11324	2	D1	IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her	33.9		0	0	28.85	25.45	0	1/12/1991	$ 807,578	27,674	$ 999,981	$ 937,802	70%	0%	-2.0%	-1.5%
11327	2	D1	IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her	20.35		0	0	17.3	15.3	0	1/12/1991	$ 2,452,125	135,467	$ 4,390,892	$ 2,756,083	40%	0%	-2.5%	-2.1%
11330	2	D1	IMPEDANCE AUDIOGRAM where the patient is not referred by a medical practitioner - 1 examination in any 4 week period	8.15		0	0	6.95	6.15	0	1/12/1991	$ 208,059	29,304	$ 312,256	$ 238,775	82%	0%	-10.4%	-9.9%
11332	2	D1	OTO-ACOUSTIC EMISSION AUDIOMETRY for the detection of permanent congenital hearing impairment, performed by or on behalf of a specialist or consultant physician, on an infant or child	60.4		0	0	51.35	45.3	0	1/05/2000	$ 112,398	2,188	$ 124,559	$ 131,984	71%	0%	-2.2%	-1.7%
11333	2	D1	CALORIC TEST OF LABYRINTH OR LABYRINTHS	46		0	0	39.1	34.5	0	1/12/1991	$ 283,436	7,015	$ 401,077	$ 322,586	70%	0%	-2.2%	-1.7%
11336	2	D1	SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS	46		0	0	39.1	34.5	0	1/12/1991	$ 14,479	365	$ 17,179	$ 16,789	0%	0%	4.0%	4.2%
11339	2	D1	ELECTRONYSTAGMOGRAPHY	46		0	0	39.1	34.5	0	1/12/1991	$ 637,275	15,744	$ 830,723	$ 723,996	74%	0%	1.5%	1.7%
11503	2	D1	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	142.95		0	0	121.55	107.25	0	1/12/1991	$ 35,908,428	293,587	$ 40,678,619	$ 41,952,458	74%	2%	-0.2%	0.6%
11505	2	D1	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)	42.4		0	0	36.05	31.8	0	1/11/2018	$ 1,944,276	53,842	$ 2,047,312	$ 2,282,586	89%	0%	#DIV/0!	#DIV/0!
11506	2	D1	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	21.2		0	0	18.05	15.9	0	1/12/1991	$ 1,520,669	82,635	$ 1,849,161	$ 1,751,356	81%	0%	-21.4%	-22.6%
11507	2	D1	Measurement of spirometry: (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before	103.35		0	0	87.85	77.55	0	1/11/2018	$ 1,920,265	21,680	$ 2,125,367	$ 2,239,968	76%	1%	#DIV/0!	#DIV/0!
11508	2	D1	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	299.9		0	0	254.95	224.95	0	1/11/2018	$ 445,177	1,736	$ 463,154	$ 520,315	89%	1%	#DIV/0!	#DIV/0!
11512	2	D1	Measurement of spirometry: (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before	63.7		0	0	54.15	47.8	0	1/12/1991	$ 3,262,381	59,158	$ 4,019,385	$ 3,766,894	62%	3%	-7.4%	-6.6%
11600	2	D1	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	71.45		0	0	60.75	53.6	0	1/12/1991	$ 651,404	11,839	$ 984,555	$ 839,928	25%	75%	12.8%	13.3%
11602	2	D1	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	59.55		0	0	50.65	44.7	0	1/11/2003	$ 10,657,324	182,671	$ 12,136,388	$ 10,846,568	81%	7%	11.4%	12.5%
11604	2	D1	Investigation of chronic venous disease in the upper and lower extremities, one or more limbs, by plethysmography (excluding photoplethysmography)—examination, hard copy trace and	78.05		0	0	66.35	58.55	0	1/11/2003	$ 4,879	72	$ 5,002	$ 5,620	94%	4%	17.6%	18.9%
11605	2	D1	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	78.05		0	0	66.35	58.55	0	1/11/2003	$ 7,934	120	$ 8,021	$ 9,361	97%	3%	26.5%	27.6%
11610	2	D1	MEASUREMENT OF ANKLE: BRACHIAL INDICES AND ARTERIAL WAVEFORM ANALYSIS, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally	65.7		0	0	55.85	49.3	0	1/11/2003	$ 8,890,303	159,213	$ 9,076,815	$ 10,454,784	95%	1%	7.1%	7.7%
11611	2	D1	MEASUREMENT OF WRIST: BRACHIAL INDICES AND ARTERIAL WAVEFORM ANALYSIS, measurement of radial and ulnar (or finger) and brachial arterial pressures bilaterally using Doppler or	65.7		0	0	55.85	49.3	0	1/11/2003	$ 175,086	3,140	$ 178,256	$ 206,156	96%	1%	-11.7%	-11.2%
11612	2	D1	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	115.9		0	0	98.55	86.95	0	1/12/1991	$ 1,361,371	13,814	$ 1,388,910	$ 1,600,500	91%	0%	-3.8%	-3.2%

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11614	2	D1	TRANSCRANIAL DOPPLER, examination of the intracranial arterial circulation using CW Doppler or pulsed Doppler with hard copy recording of waveforms, examination and report, not associated	78.05		0	0	66.35	58.55	0	1/11/2003	$	15,667	200	$	69,021	$	15,595	14%	2%	26.8%	33.3%
11615	2	D1	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	78.25		0	0	66.55	58.7	0	1/12/1991	$	5,490	83	$	5,622	$	6,482	96%	4%	32.9%	33.8%
11700	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	9,663,973	363,827	$	12,538,380	$	11,657,720	59%	28%	-33.4%	-33.2%
11701	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	45,157	3,373	$	48,767	$	53,694	89%	11%	-34.3%	-33.9%
11702	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	195,931	15,742	$	262,883	$	250,432	39%	69%	-32.7%	-32.7%
11704	2	D1	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	32.25		0	0	27.45	0	0	1/08/2020	$	11,045,657	399,904	$	12,913,492	$	12,883,626	87%	0%	#DIV/0!	#DIV/0!
11705	2	D1	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	19		0	0	16.15	14.25	0	1/08/2020	$	2,367,404	163,735	$	3,675,526	$	3,106,232	15%	88%	#DIV/0!	#DIV/0!
11707	2	D1	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	19		0	0	16.15	0	0	1/08/2020	$	14,378,628	886,137	$	15,767,418	$	16,836,314	91%	0%	#DIV/0!	#DIV/0!
11708	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,364,970	12,566	$	1,503,350	$	1,642,080	80%	19%	14.1%	15.0%
11709	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	7,698,552	52,449	$	8,386,010	$	9,020,821	80%	2%	-29.2%	-28.8%
11710	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	28,787	626	$	37,018	$	33,378	69%	3%	-38.8%	-38.5%
11711	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	3,761	145	$	4,538	$	4,210	90%	2%	-28.9%	-29.0%
11712	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	7,476,847	55,780	$	8,756,096	$	8,727,104	73%	2%	-34.7%	-34.4%
11713	2	D1	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,	71.9		0	0	61.15	53.95	0	1/07/1992	$	266,844	4,479	$	318,085	$	321,875	63%	26%	-6.0%	-5.6%
11714	2	D1	Twelve-lead electrocardiography, trace and clinical note, by a specialist or consultant physician, if the service is not associated with a service to which item12203, 12204, 12205, 12207, 12208,	25		0	0	21.25	0	0	1/08/2020	$	18,180,820	819,088	$	27,399,680	$	20,449,115	58%	0%	#DIV/0!	#DIV/0!
11715	2	D1	BLOOD DYEDILUTION INDICATOR TEST	124.55		0	0	105.9	93.45	0	1/12/1991	$	1,776	19	$	1,956	$	2,361	68%	5%	6.3%	1.8%
11716	2	D1	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	172.75		0	0	146.85	0	0	1/08/2020	$	53,416,987	360,514	$	58,820,506	$	62,268,296	79%	0%	#DIV/0!	#DIV/0!
11717	2	D1	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	101.5		0	0	86.3	0	0	1/08/2020	$	317,037	3,652	$	357,435	$	370,591	75%	0%	#DIV/0!	#DIV/0!
11718	2	D1	IMPLANTED PACEMAKER TESTING involving electrocardiography, measurement of rate, width and amplitude of stimulus, including reprogramming when required, not being a service associated with	35.85		0	0	30.5	26.9	0	1/07/1992	$	377,215	12,265	$	457,374	$	439,263	72%	8%	0.3%	1.1%
11719	2	D1	IMPLANTED PACEMAKER (including cardiac resynchronisation pacemaker) REMOTE MONITORING involving reviews (without patient attendance) of arrhythmias, lead and device parameters, if	68.9		0	0	58.6	51.7	0	1/09/2015	$	1,867,777	28,131	$	3,222,162	$	1,934,814	65%	1%	48.2%	49.3%
11720	2	D1	IMPLANTED PACEMAKER TESTING, with patient attendance, following detection of abnormality by remote monitoring involving electrocardiography, measurement of rate, width and amplitude of	68.9		0	0	58.6	51.7	0	1/09/2015	$	52,345	891	$	55,717	$	61,343	87%	2%	28.7%	29.0%
11721	2	D1	IMPLANTED PACEMAKER TESTING of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service	71.9		0	0	61.15	53.95	0	1/07/1992	$	10,196,559	166,454	$	11,927,265	$	11,958,295	62%	10%	2.5%	3.2%
11722	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	43,933	1,419	$	53,897	$	50,682	71%	5%	-31.9%	-31.5%
11723	2	D1	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	53.55		0	0	45.55	0	0	1/08/2020	$	185,984	4,045	$	222,729	$	216,496	78%	0%	#DIV/0!	#DIV/0!
11724	2	D1	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	174.15		0	0	148.05	130.65	0	1/07/1995	$	237,477	1,520	$	349,222	$	264,126	46%	2%	-4.3%	-3.1%
11725	2	D1	IMPLANTED DEFIBRILLATOR (including cardiac resynchronisation defibrillator) REMOTE MONITORING involving reviews (without patient attendance) of arrhythmias, lead and device parameters, if	195.45		0	0	166.15	146.6	0	1/09/2015	$	2,006,744	11,746	$	2,452,630	$	2,291,164	72%	0%	32.8%	33.4%
11726	2	D1	IMPLANTED DEFIBRILLATOR TESTING with patient attendance following detection of abnormality by remote monitoring involving electrocardiography, measurement of rate, width and amplitude of	97.7		0	0	83.05	73.3	0	1/09/2015	$	48,212	582	$	50,861	$	56,827	83%	4%	19.2%	19.8%
11727	2	D1	IMPLANTED DEFIBRILLATOR TESTING involving electrocardiography, assessment of pacing and sensing thresholds for pacing and defibrillation electrodes, download and	97.7		0	0	83.05	73.3	0	1/11/2006	$	4,421,424	53,313	$	5,019,384	$	5,204,418	67%	8%	0.1%	0.7%
11728	2	D1	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	35.85		0	0	30.5	26.9	0	1/05/2018	$	24,655	802	$	28,646	$	28,741	79%	1%	#DIV/0!	#DIV/0!

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11729	2	D1	Note:the service only applies if the patient meets the requirements of the descriptor and the requirements in note DR.1.2 Multi channel electrocardiogram monitoring and recording during	156.95		0	0	133.45	117.75	0	1/08/2020	$	8,513,483	62,974	$	11,147,788	$	9,877,889	54%	1%	#DIV/0!	#DIV/0!
11730	2	D1	Note:the service only applies if the patient meets the requirements of the descriptor and the requirements in note DR.1.3 Multi channel electrocardiogram monitoring and recording during	156.95		0	0	133.45	117.75	0	1/08/2020	$	138,758	1,033	$	152,805	$	162,084	85%	0%	#DIV/0!	#DIV/0!
11731	2	D1	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)	35.85		0	0	30.5	26.9	0	1/08/2020	$	478,834	15,365	$	592,934	$	550,650	73%	2%	#DIV/0!	#DIV/0!
11735	2	D1	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	131.9		0	0	112.15	0	0	15/09/2020	$	4,172,527	37,204	$	4,172,797	$	4,907,208	100%	0%	#DIV/0!	#DIV/0!
11800	2	D1	OESOPHAGEAL MOTILITY TEST, manometric	179.9		0	0	152.95	134.95	0	1/12/1991	$	911,459	5,772	$	1,220,911	$	1,037,710	64%	3%	2.3%	3.2%
11801	2	D1	CLINICAL ASSESSMENT OF GASTRO-OESOPHAGEAL REFLUX DISEASE that involves 48 hour catheter-free wireless ambulatory oesophageal pH monitoring including administration of the device involving 24 hour pH monitoring, including analysis, interpretation and report and including any associated consultation	271.2		0	0	230.55	203.4	Y	1/09/2015	$	9,573	43	$	10,616	$	11,662	74%	21%	#DIV/0!	#DIV/0!
11810	2	D1	Capsule endoscopy to investigate an episode of obscure gastrointestinal bleeding, using a capsule endoscopy device (including administration of the capsule, associated endoscopy	179.9		0	0	152.95	134.95	0	1/07/1992	$	632,986	3,993	$	842,730	$	717,900	61%	4%	-0.5%	0.1%
11820	2	D1	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 manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex	1267.75		0	0	1183.05	950.85	0	1/05/2004	$	14,299,674	12,311	$	15,505,664	$	15,599,824	73%	11%	-1.0%	-10.5%
11823	2	D1		1267.75		0	0	1183.05	950.85	0	1/03/2009	$	57,917	50	$	61,992	$	63,313	76%	10%	5.1%	-5.4%
11830	2	D1	muscles involving electromyography or measurement of pudendal and spinal nerve motor latency	192.65		0	0	163.8	144.5	0	1/07/1992	$	1,554,736	9,534	$	1,632,200	$	1,835,763	87%	6%	11.8%	12.5%
11833	2	D1	being a service associated with a service to which item 11919 applies	257.55		0	0	218.95	193.2	0	1/07/1992	$	999,831	4,618	$	1,089,099	$	1,188,568	80%	12%	8.6%	9.2%
11900	2	D1	service to which any of items 11012-11027, 11912, 11915, 11919, 11921 and 36800 or any item in Group I3 of Category 5 applies	28.4		0	0	24.15	21.3	0	1/12/1991	$	1,762,392	71,016	$	2,524,117	$	2,015,817	52%	5%	5.3%	5.9%
11903	2	D1	URETHRAL PRESSURE PROFILOMETRY, not being a service associated with a service to which any of items 11012-11027, 11909, 11919, 11921 and 36800 or any item in Group I3 of	114.6		0	0	97.45	85.95	0	1/12/1991	$	10,976	100	$	23,949	$	11,440	25%	27%	-4.1%	-1.3%
11906	2	D1	URETHRAL PRESSURE PROFILOMETRY WITH simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11906, 11915,	114.6		0	0	97.45	85.95	0	1/12/1991	$	23,991	245	$	34,869	$	28,075	16%	4%	-15.6%	-14.9%
11909	2	D1	CYSTOMETROGRAPHY with simultaneous measurement of rectal pressure, not being a service associated with a service to which any of items 11012-11027, 11903, 11915, 11919, 11921 and 36800 or	170.3		0	0	144.8	127.75	0	1/12/1991	$	290	2	$	290	$	341	100%	0%	-50.7%	-50.4%
11912	2	D1	CYSTOMETROGRAPHY with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which any of items 11012-11027, 11903, 11909, 11912,	170.3		0	0	144.8	127.75	Y	1/12/1991	$	151,170	1,063	$	249,254	$	180,961	39%	28%	-5.2%	-4.5%
11915	2	D1	CYSTOMETROGRAPHY IN CONJUNCTION WITH ULTRASOUND OF 1 OR MORE COMPONENTS OF THE URINARY TRACT, with measurement of any 1 or more of urine flow rate, urethral	170.3		0	0	144.8	127.75	Y	1/12/1991	$	143	1	$	143	$	168	100%	0%	-27.5%	-26.9%
11917	2	D1	CYSTOMETROGRAPHY IN CONJUNCTION WITH CONTRAST MICTURATING CYSTOURETHROGRAPHY, with measurement of any one or more of urine flow rate, urethral pressure profile, rectal	441.75		0	0	375.5	331.35	Y	1/11/2002	$	5,478,052	14,849	$	7,241,320	$	6,555,717	41%	30%	-3.0%	-2.4%
11919	2	D1	BLADDER WASHOUT TEST for localisation of urinary infectionnot including bacterial counts for organisms in specimens	441.75		0	0	375.5	331.35	Y	1/05/2003	$	1,553,557	4,296	$	2,361,013	$	1,896,728	36%	48%	-2.3%	-2.0%
11921	2	D1		77.4		0	0	65.8	58.05	0	1/12/1991	$	10,879	177	$	18,074	$	13,675	18%	56%	24.6%	26.6%
12000	2	D1	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	40.15		0	0	34.15	30.15	0	1/12/1991	$	1,964,257	55,149	$	3,769,807	$	2,213,781	34%	0%	-4.6%	-4.2%
12001	2	D1	Skin prick testing for aeroallergens, including all allergens tested on the same day, not being a service associated with a service to which item12000, 12002, 12005, 12012, 12017, 12021, 12022 or	40.15		0	0	34.15	30.15	0	1/11/2018	$	503,459	13,991	$	1,282,303	$	561,681	21%	0%	#DIV/0!	#DIV/0!
12002	2	D1	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	40.15		0	0	34.15	30.15	0	1/11/2018	$	3,176	93	$	3,749	$	3,734	89%	0%	#DIV/0!	#DIV/0!
12003	2	D1	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	40.15		0	0	34.15	30.15	0	1/12/1991	$	2,403,154	67,020	$	4,679,802	$	2,690,462	33%	0%	6.0%	-1.6%
12004	2	D1	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	60.7		0	0	51.6	45.55	0	1/11/2018	$	69,558	1,277	$	120,161	$	77,501	31%	2%	#DIV/0!	#DIV/0!
12005	2	D1	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	81.65		0	0	69.45	61.25	0	1/11/2018	$	21,696	306	$	27,545	$	24,964	63%	11%	#DIV/0!	#DIV/0!
12012	2	D1	Epicutaneous patch testing in the investigation of allergic dermatitis using not more than 25 allergens	21.45		0	0	18.25	16.1	0	1/11/1995	$	5,458	263	$	15,244	$	5,640	31%	0%	2.0%	4.6%
12017	2	D1	dermatitis using more than 25 allergens but not more than 50 allergens	72.45		0	0	61.6	54.35	0	1/11/2016	$	50,480	759	$	123,723	$	54,980	24%	0%	-15.8%	-15.2%
12021	2	D1	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	119.1		0	0	101.25	89.35	0	1/11/1995	$	199,976	1,828	$	425,900	$	217,681	14%	0%	-4.4%	-4.0%

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12022	2	D1	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	139.85	0	0	118.9	104.9	0	1/11/2016	$ 42,560	310	$ 101,648	$ 43,325	8%	0%	#DIV/0!	#DIV/0!
12024	2	D1	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	159.3	0	0	135.45	119.5	0	1/11/2016	$ 78,869	499	$ 183,734	$ 79,467	5%	0%	#DIV/0!	#DIV/0!
12200	2	D1	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis	38.35	0	0	32.6	28.8	0	1/12/1991	$ 7,762	252	$ 7,483	$ 9,774	90%	13%	-15.6%	-17.1%
12201	2	D1	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	2467.65	0	0	2382.95	1850.75	0	1/05/2004	$ 384,417	162	$ 384,652	$ 398,114	99%	0%	2.2%	2.9%
12203	2	D1	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	606.35	0	0	521.65	454.8	0	1/12/1991	$ 16,356,753	33,674	$ 21,751,627	$ 20,398,309	38%	54%	-20.7%	-20.4%
12204	2	D1	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	606.35	0	0	521.65	454.8	0	1/11/2018	$ 6,328,005	12,817	$ 7,951,795	$ 7,764,411	49%	43%	#DIV/0!	#DIV/0!
12205	2	D1	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	606.35	0	0	521.65	454.8	0	1/11/2018	$ 1,746,348	3,592	$ 2,286,675	$ 2,175,755	40%	54%	#DIV/0!	#DIV/0!
12207	2	D1	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	606.35	0	0	521.65	454.8	0	19/06/1997	$ 97,136	197	$ 121,973	$ 119,316	54%	43%	#DIV/0!	#DIV/0!
12208	2	D1	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	606.35	0	0	521.65	454.8	0	1/11/2018	$ 34,314	69	$ 44,402	$ 41,802	38%	54%	#DIV/0!	#DIV/0!
12210	2	D1	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	723.8	0	0	639.1	542.85	0	1/11/2001	$ 4,132,774	6,860	$ 5,320,003	$ 4,961,354	45%	44%	-1.6%	-0.8%
12213	2	D1	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	652.05	0	0	567.35	489.05	0	1/11/2001	$ 808,186	1,499	$ 1,014,011	$ 976,601	53%	40%	-2.8%	-2.1%
12215	2	D1	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	723.8	0	0	639.1	542.85	0	1/11/2001	$ 5,332	9	$ 6,827	$ 6,471	56%	44%	#DIV/0!	#DIV/0!
12217	2	D1	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	652.05	0	0	567.35	489.05	0	1/11/2001	$ 7,666	13	$ 9,750	$ 8,457	31%	46%	#DIV/0!	#DIV/0!
12250	2	D1	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	345.75	0	0	293.9	259.35	0	1/10/2008	$ 33,031,759	112,268	$ 34,432,004	$ 38,795,340	90%	0%	8.1%	8.8%
12254	2	D1	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	942.2	0	0	857.5	706.65	0	1/11/2018	$ 1,846,952	2,343	$ 2,305,705	$ 2,205,948	47%	47%	#DIV/0!	#DIV/0!
12258	2	D1	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	942.2	0	0	857.5	706.65	0	1/11/2018	$ 668,621	827	$ 799,543	$ 778,851	55%	34%	#DIV/0!	#DIV/0!
12261	2	D1	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	987.95	0	0	903.25	741	0	1/11/2018	$ 159,678	200	$ 214,997	$ 197,444	26%	65%	#DIV/0!	#DIV/0!
12265	2	D1	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	987.95	0	0	903.25	741	0	1/11/2018	$ 14,326	17	$ 18,944	$ 16,751	18%	65%	#DIV/0!	#DIV/0!
12268	2	D1	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	1059.65	0	0	974.95	794.75	0	1/11/2018	$ 33,901	38	$ 42,881	$ 40,267	34%	50%	#DIV/0!	#DIV/0!
12272	2	D1	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	1059.65	0	0	974.95	794.75	0	1/11/2018	$ 1,805	2	$ 2,695	$ 2,119	0%	50%	#DIV/0!	#DIV/0!
12306	2	D1	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	105.6	0	0	89.8	79.2	0	31/10/1995	$ 15,537,987	172,609	$ 17,072,384	$ 18,218,736	86%	0%	14.6%	15.3%
12312	2	D1	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	105.6	0	0	89.8	79.2	0	31/10/1995	$ 9,535,465	105,759	$ 10,531,040	$ 11,162,404	85%	0%	10.1%	10.8%
12315	2	D1	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	105.6	0	0	89.8	79.2	0	31/10/1995	$ 5,420,791	60,137	$ 6,064,874	$ 6,346,968	84%	1%	11.9%	12.5%
12320	2	D1	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	105.6	0	0	89.8	79.2	0	1/11/2017	$ 12,842,193	142,835	$ 13,245,838	$ 15,077,102	95%	0%	#DIV/0!	#DIV/0!
12321	2	D1	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	105.6	0	0	89.8	79.2	0	31/10/1995	$ 3,066,306	33,991	$ 3,309,710	$ 3,587,935	87%	0%	13.9%	14.6%
12322	2	D1	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	105.6	0	0	89.8	79.2	0	1/11/2017	$ 6,446,741	71,653	$ 6,659,139	$ 7,562,888	93%	0%	#DIV/0!	#DIV/0!
12325	2	D1	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	51.55	0	0	43.85	38.7	0	1/11/2016	$ 58,500	1,335	$ 58,500	$ 68,773	100%	0%	#DIV/0!	#DIV/0!
12326	2	D1	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	51.55	0	0	43.85	38.7	0	1/11/2016	$ 53,926	1,231	$ 53,932	$ 63,397	100%	0%	#DIV/0!	#DIV/0!
12500	2	D2	BLOOD VOLUME ESTIMATION	223.4	0	0	189.9	167.55	0	1/12/1991	$ 9,492	50	$ 9,492	$ 11,167	100%	0%	-10.7%	-10.4%

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12524	2	D2	RENAL FUNCTION TEST (without imaging procedure)	163.3	0	0	138.85	122.5	0	1/12/1991	$	256,532	1,858	$	261,488	$	303,166	95%	5%	-6.1%	-5.5%
12527	2	D2	RENAL FUNCTION TEST (with imaging and at least 2 blood samples)	87.6	0	0	74.5	65.7	0	1/12/1991	$	59,526	801	$	61,878	$	70,137	96%	2%	0.7%	1.4%
12533	2	D2	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	87.3	0	0	74.25	65.5	0	1/07/1995	$	1,706,976	24,219	$	1,989,073	$	2,113,602	66%	43%	1.0%	1.5%
13015	3	T1	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	262.75	0	0	223.35	197.1	0	1/11/2001	$	1,510,740	7,107	$	1,780,878	$	1,863,875	60%	40%	-2.0%	-1.3%
13020	3	T1	HYPERBARIC OXYGEN THERAPY, for treatment of decompression illness, gas gangrene, air or gas embolism; diabetic wounds including diabetic gangrene and diabetic foot ulcers; necrotising	266.95	0	0	226.95	200.25	0	1/07/1996	$	1,105,953	5,116	$	1,308,142	$	1,363,248	61%	39%	-13.7%	-13.1%
13025	3	T1	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	119.3	0	0	101.45	89.5	0	1/07/1996	$	3,205	7	$	3,857	$	4,834	29%	71%	47.6%	30.4%
13100	3	T1	SUPERVISION IN HOSPITAL by a medical specialist ofhaemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on	140.95	0	0	119.85	105.75	0	1/12/1991	$	99,512	943	$	150,967	$	132,509	1%	99%	-216.7%	-217.8%
13103	3	T1	SUPERVISION IN HOSPITAL by a medical specialist ofhaemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on	73.45	0	0	62.45	55.1	0	1/12/1991	$	6,110,520	111,027	$	9,163,274	$	8,140,870	3%	100%	6.0%	6.4%
13104	3	T1	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	152.55	0	0	129.7	0	0	1/11/2005	$	2,118,394	16,363	$	2,120,232	$	2,491,506	100%	0%	-3.7%	-3.2%
13105	3	T1	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	610.45	0	610.45	0	0	0	1/11/2018	$	7,263,181	11,920	$	7,263,181	$	7,263,181	100%	0%	#DIV/0!	#DIV/0!
13106	3	T1	DECLOTTING OF AN ARTERIOVENOUS SHUNT	125.15	0	0	106.4	93.9	0	1/12/1991	$	376	4	$	601	$	501	0%	100%	-4.4%	-4.3%
13109	3	T1	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSISINSERTION AND FIXATION OF (Anaes.)	234.85	0	0	199.65	176.15	Y	1/12/1991	$	68,183	384	$	103,532	$	89,997	13%	89%	-1.4%	-1.0%
13110	3	T1	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS , removal of (including catheter cuffs) (Anaes.)	235.65	0	0	200.35	176.75	Y	1/05/1997	$	34,958	196	$	53,694	$	46,056	12%	89%	1.5%	2.5%
13200	3	T1	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including	3207.9	0	0	3123.2	2405.95	0	1/12/1991	$	149,226,025	34,798	$	239,320,882	$	111,528,521	23%	0%	5.6%	5.0%
13201	3	T1	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including	3000.65	0	0	2915.95	2250.5	0	1/01/2010	$	82,460,054	17,822	$	118,711,127	$	53,430,334	24%	0%	5.5%	4.1%
13202	3	T1	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE THAT IS CANCELLED BEFORE OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation	480.1	0	0	408.1	360.1	0	1/01/2010	$	2,392,386	5,772	$	3,019,760	$	2,768,353	54%	0%	5.8%	6.1%
13203	3	T1	OVULATION MONITORING SERVICES, for artificial insemination - including quantitative estimation of hormones and ultrasound examinations, being services rendered during 1 treatment cycle but	501.95	0	0	426.7	376.5	0	1/12/1991	$	4,272,718	9,260	$	9,566,300	$	4,643,881	16%	0%	1.2%	2.0%
13206	3	T1	ASSISTED REPRODUCTIVE TECHNOLOGIES TREATMENT CYCLE using either the natural cycle or oral medication only to induce oocyte growth and development, and including quantitative estimation of	480.1	0	0	408.1	360.1	0	1/12/1991	$	133,311	316	$	237,462	$	151,612	22%	0%	28.3%	25.6%
13209	3	T1	PLANNING and MANAGEMENT of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies or for artificial insemination payable once only during 1 treatment	87.35	0	0	74.25	65.55	0	1/12/1991	$	8,365,632	105,135	$	24,867,742	$	9,174,411	33%	0%	6.0%	6.3%
13212	3	T1	technologies-only if rendered in connection with a service to which item 13200, 13201 or 13206 applies (Anaes.)	365.5	0	0	310.7	274.15	Y	1/12/1991	$	14,167,318	49,973	$	22,865,840	$	18,250,027	35%	83%	5.4%	6.1%
13215	3	T1	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, 13206 or	114.6	0	0	97.45	85.95	Y	1/12/1991	$	5,928,737	58,708	$	10,084,340	$	6,723,648	40%	45%	4.2%	5.0%
13218	3	T1	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	818.35	0	0	733.65	613.8	Y	1/12/1991	$	44,135,544	39,898	$	83,947,218	$	32,618,484	27%	0%	6.8%	6.0%
13221	3	T1	only if rendered in connection with a service to which item 13203 applies	52.35	0	0	44.5	39.3	0	1/12/1991	$	377,576	7,200	$	1,124,876	$	376,727	16%	0%	0.0%	1.1%
13251	3	T1	assisted reproductive technologies, for male factor infertility, excluding a service to which Item 13203 or 13218 applies	431	0	0	366.35	323.25	0	1/05/2007	$	12,899,185	29,057	$	21,519,110	$	12,518,244	19%	1%	2.6%	2.3%
13260	3	T1	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	427.95	0	0	363.8	321	0	1/11/2018	$	237,057	653	$	238,353	$	279,035	90%	0%	#DIV/0!	#DIV/0!
13290	3	T1	SEMEN, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, bya medical practitioner using a vibrator	210.6	0	0	179.05	157.95	0	1/05/1997	$	179	1	$	179	$	211	100%	0%	-24.2%	-21.3%
13300	3	T1	UMBILICAL OR SCALP VEIN CATHETERISATION in a NEONATE with or without infusion; or cannulation of a vein in a neonate	58.7	0	0	49.9	44.05	0	1/12/1991	$	179,395	3,983	$	275,093	$	232,669	3%	94%	-3.0%	-2.2%
13303	3	T1	UMBILICAL ARTERY CATHETERISATION with or without infusion	87.05	0	0	74	65.3	0	1/12/1991	$	8,171	126	$	11,769	$	10,891	2%	100%	-12.0%	-11.6%
13306	3	T1	BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor	344.55	0	0	292.9	258.45	0	1/12/1991	-$	132,227	- 466	-$	131,445	-$	155,350	-	-1%	-325.5%	-332.8%

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13309	3	T1	BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected	293.75		0	0	249.7	220.35	0	1/12/1991	$	29,857	136	$	40,552	$	39,611	4%	96%	9.3%	9.4%
13312	3	T1	BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS	29.35		0	0	24.95	22.05	0	1/12/1991	$	1,585	70	$	2,497	$	2,048	0%	91%	11.8%	11.1%
13318	3	T1	CENTRAL VEIN CATHETERISATION - by open exposure in a person under 12 years of age (Anaes.)	234.55		0	0	199.4	175.95	Y	1/12/1991	$	1,760	10	$	2,372	$	2,346	0%	100%	2.1%	1.6%
13319	3	T1	CENTRAL VEIN CATHETERISATION in a neonate via peripheral vein (Anaes.)	234.55		0	0	199.4	175.95	Y	1/05/1997	$	74,801	428	$	104,760	$	99,716	0%	100%	3.1%	3.6%
13400	3	T1	(cardioversion), other than in the course of cardiac surgery (Anaes.)	99.85		0	0	84.9	74.9	Y	1/12/1991	$	1,028,322	13,646	$	1,664,600	$	1,355,097	9%	91%	4.1%	4.7%
13506	3	T1	GASTRO-OESOPHAGEAL balloon intubation, for control of bleeding from gastric oesophageal varices	190.25		0	0	161.75	142.7	0	1/05/1994	$	1,180	8	$	1,499	$	1,522	63%	75%	-6.2%	-5.2%
13700	3	T1	AUTOLOGOUS bone marrow for the purpose of transplantation (Anaes.)	343.7		0	0	292.15	257.8	Y	1/12/1991	$	90,812	333	$	124,908	$	114,299	44%	56%	7.3%	8.0%
13703	3	T1	Transfusion of blood, including collection from donor, when used for intra-operative normovolaemic haemodilution	123.2		0	0	104.75	92.4	0	1/12/1991	$	303,871	3,058	$	465,125	$	376,739	38%	54%	-2.6%	-3.3%
13706	3	T1	TRANSFUSION OF BLOOD or bone marrow already collected	85.95		0	0	73.1	64.5	0	1/12/1991	$	12,238,303	183,091	$	17,275,257	$	15,711,218	29%	72%	4.4%	5.0%
13709	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	6,319	153	$	7,136	$	7,633	78%	22%	-26.4%	-26.0%
13750	3	T1	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 DONOR HAEMAPHERESIS for the collection of blood products for transfusion, utilising continuous or intermittent flow techniques;	140.95		0	0	119.85	105.75	0	1/07/1996	$	532,515	4,718	$	652,879	$	663,776	52%	48%	-1.5%	-0.7%
13755	3	T1	including morphological tests for cell counts and viability studies; THERAPEUTIC VENESECTION for the management of haemochromatosis, polycythemia vera or porphyria cutanea tarda	140.95		0	0	119.85	105.75	0	1/07/1996	$	26,763	231	$	32,695	$	32,318	79%	22%	11.2%	11.8%
13757	3	T1	In vitro processing with cryopreservation of bone marrow or peripheral blood, for autologous stem cell transplantation for a	75.2		0	0	63.95	56.4	0	1/05/1997	$	5,978,529	94,419	$	6,424,330	$	7,096,154	83%	9%	-1.3%	-0.7%
13760	3	T1	patient receiving high-dose chemotherapy for management of: (a) Central vein catheterisation, including under ultrasound guidance where clinically appropriate, by percutaneous or open exposure	786.4		0	0	701.7	589.8	0	1/07/1996	$	600,545	952	$	766,919	$	747,019	38%	62%	-1.9%	-1.3%
13815	3	T1	other than a service to which item 13318 applies (Anaes.) No pulmonary wedge pressure and cardiac output measurement (Anaes.)	117.2		0	0	99.65	87.9	Y	1/07/1993	$	1,441,992	16,370	$	2,204,425	$	1,897,642	10%	90%	-5.8%	-0.2%
13818	3	T1	subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician - each day	117.25		0	0	99.7	87.95	Y	1/07/1993	$	15,221	172	$	23,136	$	20,120	6%	94%	-10.6%	-10.0%
13830	3	T1	Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-arterial cardiopulmonary	77.7		0	0	66.05	58.3	0	1/07/1993	$	171,456	2,947	$	250,437	$	228,503	0%	100%	4.7%	5.3%
13832	3	T1	extracorporeal life support No separate ultrasound item is payable Veno–arterial cardiopulmonary extracorporeal life support, management of—the first day	909.3		0	0	824.6	682	0	1/03/2020	$	4,235	6	$	5,922	$	5,456	17%	83%	#DIV/0!	#DIV/0!
13834	3	T1	Veno–arterial cardiopulmonary extracorporeal life support, management of—each day after the first	509.05		0	0	432.7	381.8	0	1/03/2020	$	12,942	34	$	18,295	$	17,255	0%	100%	#DIV/0!	#DIV/0!
13835	3	T1	Veno-venous pulmonary extracorporeal life support, management of—the first day	118.45		0	0	100.7	88.85	0	1/03/2020	$	21,719	245	$	30,783	$	28,954	0%	100%	#DIV/0!	#DIV/0!
13837	3	T1	Veno-venous pulmonary extracorporeal life support, management of—each day after the first	509.05		0	0	432.7	381.8	0	1/03/2020	$	3,436	9	$	4,704	$	4,581	0%	100%	#DIV/0!	#DIV/0!
13838	3	T1	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes	118.45		0	0	100.7	88.85	0	1/03/2020	$	16,636	187	$	23,823	$	22,147	1%	99%	#DIV/0!	#DIV/0!
13839	3	T1	clinically appropriate, for veno-venous pulmonary extracorporeal life support No separate ultrasound item is payable with this item	23.75		0	0	20.2	17.85	0	1/05/1994	$	103,440	5,217	$	116,638	$	123,767	80%	16%	-10.4%	-9.8%
13840	3	T1	Intra-arterial cannulation, including under ultrasound guidance where clinically appropriate, for the purpose of intra-arterial	609.2		0	0	524.5	456.9	0	1/03/2020	$	2,802	6	$	3,614	$	3,646	17%	83%	#DIV/0!	#DIV/0!
13842	3	T1	pressure monitoring or arterial blood sampling (or both) No Counterpulsation by intra-aortic balloon-management including associated consultations and monitoring of parameters by means	96.5		0	0	82.05	72.4	0	1/05/1994	$	553,225	7,698	$	857,588	$	735,181	3%	98%	0.8%	7.4%
13848	3	T1	of full haemodynamic assessment and management on several Ventricular assist device, management of,for a patient admitted to an intensive care unit for implantation of the device or for	161		0	0	136.85	120.75	0	1/05/1994	$	73,869	613	$	116,138	$	98,470	1%	100%	-3.9%	0.1%
13851	3	T1	complications arising from implantation or management of the Ventricular assist device, management of, for a patient admitted to an intensive care unit, including management ofcomplications	509.05		0	0	432.7	381.8	0	1/05/1994	$	29,673	78	$	44,698	$	39,562	0%	100%	-7.5%	-7.0%
13854	3	T1	arising from implantation or management of the device - each day AIRWAY ACCESS, ESTABLISHMENT OF AND INITIATION OF MECHANICAL VENTILATION (other than in the context of an	118.45		0	0	100.7	88.85	0	1/05/1994	$	28,459	323	$	39,311	$	37,938	2%	100%	-10.5%	-10.4%
13857	3	T1	anaesthetic for surgery), outside an Intensive Care Unit, for the	151		0	0	128.35	113.25	0	1/11/1994	$	34,665	301	$	50,013	$	45,313	14%	85%	-10.5%	-10.4%

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13870	3	T1	(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	373.4		0	0	0	280.05	0	1/05/1994	$	22,186,030	79,321		$	35,744,833	$	29,581,428	1%	100%	3.0%	3.6%
13873	3	T1	MANAGEMENT of a patient in an Intensive Care Unit by a specialist or consultant physician who is immediately available and	277		0	0	0	207.75	0	1/05/1994	$	43,481,596	209,676		$	68,311,626	$	57,975,558	1%	100%	0.8%	1.4%
13876	3	T1	exclusively rostered for intensive care - including all attendances, CENTRAL VENOUS PRESSURE, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure,	79.3		0	0	0	59.5	0	1/05/1994	$	17,220,654	289,806		$	26,025,058	$	22,951,141	0%	100%	0.3%	0.8%
13881	3	T1	continuous monitoring by indwelling catheter in an intensive care AIRWAY ACCESS, ESTABLISHMENT OF AND INITIATION OF MECHANICAL VENTILATION, in an Intensive Care Unit, not in	151		0	0	0	113.25	0	1/11/2005	$	359,946	3,188		$	538,929	$	479,900	1%	100%	-4.5%	-4.0%
13882	3	T1	association with any anaesthetic service, by a specialist or VENTILATORY SUPPORT in an Intensive Care Unit, management of, by invasive means, or by non-invasive means where the only	118.85		0	0	0	89.15	0	1/05/1994	$	6,330,759	71,209		$	9,650,740	$	8,439,648	0%	100%	-2.6%	-2.0%
13885	3	T1	alternative to non-invasive ventilatory support would be invasive CONTINUOUS ARTERIO VENOUS OR VENO VENOUS HAEMOFILTRATION, in an intensive care unit, management by a	158.45		0	0	0	118.85	0	1/05/1994	$	166,668	1,405		$	242,105	$	222,198	0%	100%	-0.4%	0.2%
13888	3	T1	specialist or consultant physician who is immediately available and CONTINUOUS ARTERIO VENOUS OR VENO VENOUS HAEMOFILTRATION, in an intensive care unit, management by a	79.3		0	0	0	59.5	0	1/05/1994	$	380,950	6,415		$	557,151	$	507,707	0%	100%	-0.4%	0.2%
13899	3	T1	specialist or consultant physician who is immediately available and Preparation of Goals of Care is provided outside of an intensive care unit. Refer to explanatory note TN.1.11 for further information aboutGoals of Care attendance Professional	276.25		0	0	234.85	207.2	0	1/03/2020	$	18,039	87		$	27,227	$	24,013	1%	99%	#DIV/0!	#DIV/0!
13915	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	3,096,353	58,148		$	3,983,660	$	3,891,372	45%	55%	-12.5%	-12.1%
13918	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	11,280,348	141,624		$	15,012,701	$	14,263,429	41%	59%	-14.8%	-14.3%
13921	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,183,618	13,434		$	1,705,207	$	1,530,754	23%	77%	-16.7%	-16.2%
13924	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	866,725	15,994		$	1,054,841	$	1,072,935	58%	43%	-24.7%	-24.5%
13927	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	7,470	104		$	8,083	$	8,977	86%	18%	-5.2%	-3.5%
13930	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,032	11		$	1,532	$	1,327	27%	73%	-40.8%	-41.5%
13939	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	31,832	384		$	36,146	$	38,742	70%	28%	4.6%	5.0%
13942	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	152,077	2,703		$	172,037	$	181,542	87%	14%	-22.3%	-21.7%
13945	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	4,031,031	94,588		$	5,340,945	$	5,111,096	38%	62%	-14.3%	-13.7%
13948	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	269,274	4,848		$	399,051	$	325,523	22%	71%	-11.5%	-11.2%
13950	3	T1	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	111.4		0	0	94.7	83.55	0	1/11/2020	$	31,238,147	353,661		$	40,572,186	$	39,397,825	43%	57%	#DIV/0!	#DIV/0!
14050	3	T1	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	54.4		0	0	46.25	40.8	0	1/12/1991	$	36,629,231	790,817		$	37,144,628	$	43,011,678	95%	0%	5.6%	6.3%
14100	3	T1	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	157.25		0	0	133.7	117.95	Y	1/11/1995	$	3,999,350	27,197		$	9,854,061	$	4,275,753	14%	0%	2.0%	2.8%
14106	3	T1	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	165.15		0	0	140.4	123.9	Y	1/11/1995	$	495,566	2,697		$	896,449	$	445,004	21%	1%	-0.2%	3.4%
14109	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	159	1		$	159	$	187	100%	0%	-67.8%	-69.8%
14115	3	T1	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	264.5		0	0	224.85	198.4	Y	1/11/1995	$	188,494	717		$	275,073	$	189,572	16%	2%	34.8%	27.9%
14118	3	T1	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	335.9		0	0	285.55	251.95	Y	1/11/1995	$	67,205	190		$	110,382	$	63,755	29%	3%	6.3%	2.3%
14124	3	T1	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	157.25		0	0	133.7	117.95	Y	19/06/1997	$	50,780	138		$	73,372	$	21,691	2%	0%	12.1%	35.6%
14201	3	T1	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	244.25		0	0	207.65	183.2	0	1/07/2011	$	6,609	32		$	9,495	$	7,802	44%	3%	-18.9%	-18.4%
14202	3	T1	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	123.65		0	0	105.15	92.75	0	1/07/2011	$	30,285	286		$	54,725	$	35,353	50%	0%	-10.1%	-9.4%
14203	3	T1	HORMONE OR LIVING TISSUE IMPLANTATION, by direct implantation involving incision and suture (Anaes.)	52.75		0	0	44.85	39.6	Y	1/12/1991	$	408,199	8,915		$	611,155	$	470,034	56%	3%	-9.5%	-8.8%

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14206	3	T1	HORMONE OR LIVING TISSUE IMPLANTATIONby cannula	36.7		0	0	31.2	27.55	0	1/12/1991	$	4,257,036	135,406	$	5,353,329	$	4,968,327	74%	2%	0.7%	1.3%
14209	3	T1	INTRAARTERIAL INFUSION or retrograde intravenous perfusion of a sympatholytic agent	91.45		0	0	77.75	68.6	0	1/07/1993	$	50,336	713	$	86,074	$	65,055	20%	78%	1.3%	-0.6%
14212	3	T1	INTUSSUSCEPTION, management of fluid or gas reduction for (Anaes.)	191.05		0	0	162.4	143.3	Y	1/11/1994	$	4,366	28	$	4,836	$	5,338	68%	32%	25.5%	28.7%
14218	3	T1	IMPLANTED INFUSION PUMP REFILLING OF reservoir, with a therapeutic agent or agents, for infusion to the subarachnoid or epidural space, with or without re-programming of a AGENTS, accessing of, not being a service associated with a service to which item 13950 applies	101		0	0	85.85	75.75	0	1/03/1999	$	107,483	1,301	$	140,719	$	131,230	52%	40%	-8.3%	-7.6%
14221	3	T1	stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation (Anaes.)	54.15		0	0	46.05	40.65	0	1/03/1999	$	8,197,065	192,293	$	11,378,611	$	10,400,002	38%	63%	7.9%	8.6%
14224	3	T1	IMPLANTED INFUSION PUMP, REFILLING of reservoir, with baclofen, for infusion to the subarachnoid or epidural space, with	72.55		0	0	61.7	54.45	Y	1/03/1999	$	1,959,249	36,021	$	3,335,500	$	2,610,125	1%	100%	2.0%	2.5%
14227	3	T1	or without re-programming of a programmable pump, for the	101		0	0	85.85	75.75	0	1/05/2006	$	59,889	700	$	60,681	$	70,644	97%	2%	4.9%	5.5%
14230	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	231	1	$	457	$	307	0%	100%	-27.5%	-25.3%
14233	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	832	3	$	1,287	$	1,109	0%	100%	8.4%	8.9%
14234	3	T1	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	373.2		0	0	0	279.9	Y	1/11/2020	$	1,400	5	$	2,188	$	1,866	0%	100%	#DIV/0!	#DIV/0!
14236	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,021	2	$	1,533	$	1,361	0%	100%	0.0%	0.6%
14237	3	T1	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	680.55		0	0	0	510.45	Y	1/11/2020	$	510	1	$	681	$	681	0%	100%	#DIV/0!	#DIV/0!
14239	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	247	2	$	273	$	329	0%	100%	14.9%	15.6%
14245	3	T1	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	101		0	0	85.85	75.75	0	1/11/2006	$	2,828,313	35,051	$	3,661,220	$	3,534,914	52%	50%	9.2%	9.4%
14247	3	T1	Extracorporeal photopheresis for the treatment of erythrodermic stage III-IVa T4 M0 cutaneous T-cell lymphoma; if the service is provided in the initial six months of treatment; and the service is	1908.35		0	0	1823.65	1431.3	0	1/11/2020	$	15,744	11	$	20,992	$	20,992	0%	100%	#DIV/0!	#DIV/0!
14255	3	T1	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	153		0	0	130.05	114.75	Y	1/03/2020	$	178,032	1,365	$	184,011	$	208,760	63%	0%	#DIV/0!	#DIV/0!
14256	3	T1	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	294.25		0	0	250.15	220.7	Y	1/03/2020	$	208,013	831	$	211,541	$	244,426	67%	0%	#DIV/0!	#DIV/0!
14257	3	T1	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	586		0	0	501.3	439.5	Y	1/03/2020	$	258,884	516	$	261,084	$	302,307	79%	0%	#DIV/0!	#DIV/0!
14258	3	T1	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	114.8		0	0	97.6	86.1	Y	1/03/2020	$	74,344	751	$	85,611	$	86,181	36%	0%	#DIV/0!	#DIV/0!
14259	3	T1	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	220.7		0	0	187.6	165.55	Y	1/03/2020	$	78,131	413	$	84,173	$	91,136	49%	0%	#DIV/0!	#DIV/0!
14260	3	T1	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	439.5		0	0	373.6	329.65	Y	1/03/2020	$	62,170	166	$	63,269	$	72,957	58%	0%	#DIV/0!	#DIV/0!
14263	3	T1	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	53.85		0	0	45.8	40.4	Y	1/03/2020	$	774,256	16,865	$	815,834	$	907,837	63%	0%	#DIV/0!	#DIV/0!
14264	3	T1	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	121.25		0	0	103.1	90.95	Y	1/03/2020	$	661,961	6,397	$	692,420	$	775,303	48%	0%	#DIV/0!	#DIV/0!
14265	3	T1	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	40.4		0	0	34.35	30.3	Y	1/03/2020	$	364,853	10,536	$	405,533	$	425,522	60%	0%	#DIV/0!	#DIV/0!
14266	3	T1	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	90.95		0	0	77.35	68.25	Y	1/03/2020	$	272,415	3,495	$	308,947	$	317,751	35%	0%	#DIV/0!	#DIV/0!
14270	3	T1	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	135.95		0	0	115.6	102	Y	1/03/2020	$	1,368,242	11,811	$	1,437,180	$	1,605,109	50%	0%	#DIV/0!	#DIV/0!
14272	3	T1	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	102		0	0	86.7	76.5	Y	1/03/2020	$	548,854	6,299	$	617,836	$	642,220	39%	0%	#DIV/0!	#DIV/0!
14277	3	T1	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	153		0	0	130.05	114.75	0	1/03/2020	$	9,899	76	$	10,027	$	11,626	66%	0%	#DIV/0!	#DIV/0!
14278	3	T1	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	114.8		0	0	97.6	86.1	0	1/03/2020	$	1,951	20	$	1,951	$	2,296	10%	0%	#DIV/0!	#DIV/0!

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14280	3	T1	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	153		0	0	130.05	114.75	0	1/03/2020	$	194,015	1,491	$	201,087	$	228,015	52%	0%	#DIV/0!	#DIV/0!
14283	3	T1	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 Emergent intubation, airway management or both of a patient	114.8		0	0	97.6	86.1	0	1/03/2020	$	70,298	720	$	74,108	$	82,603	56%	0%	#DIV/0!	#DIV/0!
14285	3	T1	that: (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency	153		0	0	130.05	114.75	0	1/03/2020	$	11,949	92	$	12,075	$	14,067	54%	0%	#DIV/0!	#DIV/0!
14288	3	T1	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 (Benefits for administration of general anaesthetic for	114.8		0	0	97.6	86.1	0	1/03/2020	$	4,066	41	$	4,420	$	4,703	39%	0%	#DIV/0!	#DIV/0!
15000	3	T2	radiotherapy are payable under Group T10) RADIOTHERAPY, SUPERFICIAL (including treatment with xrays, radium rays or other	43.9		0	0	37.35	32.95	0	1/12/1991	$	1,062,963	24,703	$	1,238,254	$	1,083,726	81%	0%	0.5%	3.0%
15003	3	T2	Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this Group applies - each attendance at which	0	The fee for item 15000 plus for each field in excess of 1, an amount of $17.60	0	0	0	0	0	1/12/1991	$	844,735	9,400	$	969,066	$	822,841	67%	0%	9.0%	15.0%
15006	3	T2	RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied - 1 field	97.3		0	0	82.75	73	0	1/12/1991	$	15,651	190	$	19,841	$	18,486	77%	9%	3.4%	4.3%
15009	3	T2	technique is applied - 2 or more fields up to a maximum of 5 additional fields	0	The fee for item 15006 plus for each field in excess of 1, an amount of $19.15	0	0	0	0	0	1/12/1991	$	3,364	25	$	3,743	$	3,256	68%	12%	-8.0%	-3.4%
15012	3	T2	RADIOTHERAPY, SUPERFICIALeach attendance at which treatment is given to an eye	55.1		0	0	46.85	41.35	0	1/12/1991	$	14,040	300	$	14,340	$	16,519	96%	0%	1.5%	2.1%
15100	3	T2	which fractionated treatment is given at 3 or more treatments per week - 1 field	49.2		0	0	41.85	36.9	0	1/12/1991	$	138,565	3,314	$	138,725	$	162,978	100%	0%	-6.7%	-6.1%
15103	3	T2	Radiotherapy, deep or orthovoltage each attendance at which fractionated treatment is given at 3 or more treatments per week - 2 or more fields up to a maximum of 5 additional fields (rotational	0	The fee for item 15100 plus for each field in excess of 1, an amount of $19.40	0	0	0	0	0	1/12/1991	$	14,750	235	$	14,750	$	17,343	100%	0%	-2.3%	-1.6%
15106	3	T2	which fractionated treatment is given at 2 treatments per week or less frequently - 1 field	58.05		0	0	49.35	43.55	0	1/12/1991	$	12,669	257	$	12,698	$	14,916	99%	1%	10.8%	11.5%
15109	3	T2	Radiotherapy, deep or orthovoltage each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 2 or more fields up to a maximum of 5 additional	0	The fee for item 15106 plus for each field in excess of 1, an amount of $23.40	0	0	0	0	0	1/12/1991	$	2,779	39	$	2,779	$	3,269	100%	0%	-6.6%	-6.9%
15112	3	T2	RADIOTHERAPY, DEEP OR ORTHOVOLTAGEattendance at which single dose technique is applied 1 field	124		0	0	105.4	93	0	1/12/1991	$	3,999	38	$	3,999	$	4,705	100%	0%	-15.3%	-14.7%
15115	3	T2	dose technique is applied - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	0	The fee for item 15112 plus for each field in excess of 1, an amount of $48.75	0	0	0	0	0	1/12/1991	$	1,951	13	$	1,951	$	2,295	100%	0%	-6.3%	-7.0%
15211	3	T2	teletherapy uniteach attendance at which treatment is given - 1 field	56.45		0	0	48	42.35	0	1/12/1991	$	384	8	$	384	$	452	100%	0%	#DIV/0!	#DIV/0!
15214	3	T2	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit - each attendance at which treatment is given 2 or more fields up to a maximum of 5 additional fields (rotational	0	The fee for item 15211 plus for each field in excess of 1, an amount of $32.90	0	0	0	0	0	1/12/1991	$	115,623	640	$	116,021	$	136,155	99%	1%	#DIV/0!	#DIV/0!
15215	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment	61.5		0	0	52.3	46.15	0	1/05/2003	$	283	6	$	425	$	369	17%	83%	-5.6%	-7.0%
15218	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment	61.5		0	0	52.3	46.15	0	1/05/2003	$	52	1	$	52	$	62	100%	0%	-24.2%	-27.4%
15221	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment	61.5		0	0	52.3	46.15	0	1/05/2003	$	7,310	140	$	7,310	$	8,596	100%	0%	-7.2%	-7.2%
15224	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment	61.5		0	0	52.3	46.15	0	1/05/2003	$	11,948	231	$	11,948	$	14,046	100%	0%	-18.7%	-18.4%
15227	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment	61.5		0	0	52.3	46.15	0	1/05/2003	$	4,037	78	$	4,037	$	4,747	100%	0%	-28.3%	-28.8%
15230	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a	0	The fee for item 15215 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	294	36	-$	863	$	5,789	103%	0%	-57.7%	-77.7%
15233	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a	0	The fee for item 15218 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	1,872,968	591	$	2,308,708	$	151,612	36%	0%	-31.2%	8.6%
15236	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a	0	The fee for item 15221 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	115,117	666	$	115,117	$	135,413	100%	0%	-46.3%	-48.6%
15239	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a	0	The fee for item 15224 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	308,200	641	$	355,912	$	139,600	93%	1%	-47.5%	-34.8%
15242	3	T2	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a	0	The fee for item 15227 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	1,649,459	1,174	$	2,006,667	$	256,245	73%	1%	-27.6%	7.8%
15245	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	61.5		0	0	52.3	46.15	0	1/05/2003	$	2,968	57	$	2,968	$	3,489	100%	0%	-23.5%	-26.1%
15248	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	61.5		0	0	52.3	46.15	0	1/05/2003	$	259	5	$	259	$	304	100%	0%	-57.8%	-57.9%

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15251	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	61.5		0	0	52.3	46.15	0	1/05/2003	$	284,331	5,191	$	288,347	$	318,856	95%	0%	-21.1%	-24.7%
15254	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	61.5		0	0	52.3	46.15	0	1/05/2003	$	4,330,231	60,923	$	4,775,934	$	3,743,627	74%	0%	7.0%	8.9%
15257	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	61.5		0	0	52.3	46.15	0	1/05/2003	$	209,059	3,382	$	221,439	$	207,659	86%	6%	-19.6%	-17.9%
15260	3	T2	RADIATION ORADIATION ONCOLOGY treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10mv photons, with electron facilities - each attendance at	0	The fee for item 15245 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	994,239	6,342	$	1,005,961	$	1,136,977	96%	1%	-33.9%	-35.3%
15263	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	0	The fee for item 15248 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	19,370	117	$	21,882	$	20,075	66%	21%	-75.6%	-76.9%
15266	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	0	The fee for item 15251 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	10,856,122	66,398	$	10,963,075	$	12,344,267	96%	0%	-23.0%	-26.1%
15269	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	0	The fee for item 15254 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	3,904,542	29,791	$	3,995,802	$	4,396,261	93%	3%	-36.0%	-39.7%
15272	3	T2	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which	0	The fee for item 15257 plus for each field in excess of 1, an amount of $39.15	0	0	0	0	0	1/05/2003	$	5,086,559	35,512	$	5,522,379	$	5,234,412	80%	10%	-17.3%	-17.1%
15275	3	T2	RADIATION ONCOLOGY TREATMENT with IGRT imaging facilities undertaken: (a) to implement an IMRT dosimetry plan prepared in accordance with item 15565; and (b) utilising an intensity	188.65		0	0	160.4	141.5	0	1/01/2016	$	212,525,926	1,011,780	$	226,546,521	$	190,771,287	68%	2%	43.1%	44.0%
15308	3	T2	INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques	697.95		0	0	613.25	523.5	Y	1/12/1991	$	28,199	46	$	28,199	$	32,095	100%	0%	-6.4%	-5.8%
15316	3	T2	INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques	674.65		0	0	589.95	506	Y	1/12/1991	$	1,125,200	1,764	$	1,188,649	$	1,189,047	83%	4%	1.2%	1.2%
15319	3	T2	radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	418.75		0	0	355.95	314.1	Y	1/12/1991	$	314	1	$	419	$	419	0%	100%	#DIV/0!	#DIV/0!
15320	3	T2	radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	418.75		0	0	355.95	314.1	Y	1/12/1991	$	619	2	$	825	$	825	0%	100%	#DIV/0!	#DIV/0!
15324	3	T2	COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic	744.55		0	0	659.85	558.45	Y	1/12/1991	$	144,698	229	$	164,756	$	170,172	62%	31%	-3.2%	-3.0%
15328	3	T2	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or	809.95		0	0	725.25	607.5	Y	1/12/1991	$	17,005	27	$	33,586	$	21,749	22%	78%	-11.9%	-12.9%
15332	3	T2	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland,	769.1		0	0	684.4	576.85	Y	1/12/1991	$	71,965	114	$	109,921	$	87,621	44%	64%	-19.1%	-18.4%
15335	3	T2	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single	697.95		0	0	613.25	523.5	Y	1/12/1991	$	86,468	141	$	86,468	$	98,411	100%	0%	-7.8%	-7.4%
15336	3	T2	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single	697.95		0	0	613.25	523.5	Y	1/12/1991	$	83,180	137	$	84,095	$	95,238	98%	4%	34.6%	35.2%
15338	3	T2	Prostate, radioactive seed implantation of, radiation oncology component, using transrectal ultrasound guidance: (a) for a patient with: (i) localised prostatic malignancy at clinical stages T1	964.8		0	0	880.1	723.6	0	1/11/2001	$	168,668	228	$	333,757	$	219,432	5%	97%	-9.7%	-9.1%
15345	3	T2	CONSTRUCTION AND APPLICATION OF A RADIOACTIVE MOULD using a sealed source having a half-life of less than 115 days including iodine, gold, iridium or tantalum to treat intracavity,	523.65		0	0	445.15	392.75	0	1/12/1991	$	29,674	46	$	40,670	$	24,080	15%	22%	-4.9%	-2.8%
15348	3	T2	SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in item 15342 or 15345each attendance	60.25		0	0	51.25	45.2	0	1/12/1991	$	12,550	158	$	14,614	$	9,517	31%	16%	13.7%	11.9%
15351	3	T2	RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface	120.25		0	0	102.25	90.2	0	1/12/1991	$	7,203	36	$	9,311	$	4,322	50%	6%	-23.1%	-12.8%
15354	3	T2	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface	145.9		0	0	124.05	109.45	0	1/12/1991	$	248	2	$	248	$	292	100%	0%	-36.3%	-36.2%
15357	3	T2	"SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD, attendance upon a patient to apply a radioactive mould constructed for application to an external surface of the patient	41.3		0	0	35.15	31	0	1/12/1991	$	43,693	473	$	53,336	$	19,525	39%	0%	-9.0%	2.3%
15500	3	T2	RADIOTHERAPY PLANNINGRADIATION FIELD SETTING using a simulator or isocentric xray or megavoltage machine or CT of a single area for treatment by a single field or parallel opposed fields	250.25		0	0	212.75	187.7	0	1/12/1991	$	381,341	1,643	$	486,511	$	410,742	80%	4%	-12.6%	-11.9%
15503	3	T2	RADIATION FIELD SETTING using a simulator or isocentric xray or megavoltage machine or CT of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2	321.3		0	0	273.15	241	0	1/12/1991	$	147,599	531	$	157,698	$	170,324	90%	6%	-7.4%	-8.5%
15506	3	T2	RADIATION FIELD SETTING using a simulator or isocentric xray or megavoltage machine or CT of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or	479.85		0	0	407.9	359.9	0	1/12/1991	$	1,219,236	2,764	$	1,328,188	$	1,324,663	92%	3%	-14.8%	-13.7%
15509	3	T2	RADIATION FIELD SETTING using a diagnostic xray unit of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15500	216.85		0	0	184.35	162.65	0	1/12/1991	$	95,034	513	$	97,520	$	111,218	97%	0%	-20.5%	-19.9%
15512	3	T2	RADIATION FIELD SETTING using a diagnostic xray unit of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with	279.6		0	0	237.7	209.7	0	1/12/1991	$	55,526	233	$	55,562	$	65,143	100%	0%	0.7%	1.4%

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15513	3	T2	RADIATION SOURCE LOCALISATION using a simulator or x-ray machine or CT of a single area, where views in more than 1 plane are required, for brachytherapy treatment planning for I125 seed	316.1	0	0	268.7	237.1	0	1/11/2001	$	89,346	171	$	149,980	$	53,960	30%	34%	-12.4%	-9.8%
15515	3	T2	RADIATION FIELD SETTING using a diagnostic xray unit of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks	404.8	0	0	344.1	303.6	0	1/12/1991	$	136,103	392	$	137,194	$	158,682	98%	0%	#DIV/0!	#DIV/0!
15518	3	T2	RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2	79.4	0	0	67.5	59.55	0	1/12/1991	$	127,002	1,657	$	148,926	$	131,430	84%	3%	-10.2%	-9.0%
15521	3	T2	RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks	350.55	0	0	298	262.95	0	1/12/1991	$	186,218	614	$	195,485	$	214,956	92%	5%	-7.4%	-8.5%
15524	3	T2	RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2	657.25	0	0	572.55	492.95	0	1/12/1991	$	1,994,894	3,190	$	2,105,488	$	2,094,354	91%	4%	-15.3%	-14.0%
15527	3	T2	RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields, or tangential fields or	81.4	0	0	69.2	61.05	0	1/12/1991	$	145,731	1,979	$	160,952	$	160,869	92%	1%	1.3%	1.9%
15530	3	T2	BRACHYTHERAPY PLANNING, computerised radiation dosimetry	363.15	0	0	308.7	272.4	0	1/12/1991	$	85,101	256	$	92,989	$	92,881	90%	1%	22.2%	23.5%
15533	3	T2	I125 seed implantation of localised prostate cancer, in association with item 15338	688.6	0	0	603.9	516.45	0	1/12/1991	$	222,884	346	$	234,445	$	238,061	93%	1%	7.3%	8.5%
15536	3	T2	SIMULATION FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY without intravenous contrast medium, where:	275.2	0	0	233.95	206.4	0	1/11/1993	$	203,534	813	$	242,940	$	223,393	76%	15%	1.2%	2.2%
15539	3	T2	(a)treatment set up and technique specifications are in SIMULATION FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY pre and post intravenous contrast medium, where:	646.9	0	0	562.2	485.2	0	1/11/2001	$	313,755	295	$	604,134	$	190,321	9%	41%	-12.9%	-9.9%
15550	3	T2	(a)treatment set up and technique specifications are in SIMULATION FOR INTENSITY-MODULATED RADIATION THERAPY (IMRT), with or without intravenous contrast medium, if:	679.2	0	0	594.5	509.4	0	1/05/2006	$	8,613,390	13,799	$	9,206,205	$	9,359,042	89%	4%	-18.0%	-19.3%
15553	3	T2	1.treatment set-up and technique specifications are in DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 1 COMPLEXITY where: (a)dosimetry for a single phase three dimensional conformal treatment plan using CT DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 2 COMPLEXITY where: (a)dosimetry for a two phase three dimensional conformal treatment plan using CT DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 3 COMPLEXITY - where: (a)dosimetry for a three or more phase three dimensional conformal treatment plan Preparation of an IMRT DOSIMETRY PLAN, which uses one or more CT image volume datasets, if: (a)in preparing the IMRT dosimetry plan: (i)the differential between target dose and normal tissue STEREOTACTIC RADIOSURGERY, including all radiation oncology consultations, planning, simulation, dosimetry and treatment	732.75	0	0	648.05	549.6	0	1/05/2006	$	385,371	597	$	387,462	$	436,614	99%	1%	-20.4%	-20.1%
15555	3	T2		732.75	0	0	648.05	549.6	0	1/01/2016	$	45,102,619	55,032	$	55,092,518	$	40,291,376	67%	4%	49.2%	52.2%
15556	3	T2		685.2	0	0	600.5	513.9	0	1/05/2006	$	1,619,855	2,486	$	1,720,225	$	1,700,915	90%	3%	-11.8%	-12.3%
15559	3	T2		893.6	0	0	808.9	670.2	0	1/05/2006	$	1,506,186	1,773	$	1,558,929	$	1,580,809	93%	3%	-17.2%	-17.7%
15562	3	T2		1155.8	0	0	1071.1	866.85	0	1/05/2006	$	13,040,004	10,510	$	14,137,337	$	12,131,584	84%	6%	-18.4%	-18.7%
15565	3	T2		3417.35	0	0	3332.65	2563.05	0	1/01/2016	$	227,577,930	56,926	$	245,045,139	$	194,399,228	69%	4%	50.4%	53.2%
15600	3	T2	RADIATION ONCOLOGY TREATMENT VERIFICATION - single projection (with single or double exposures) - when prescribed and	1755.5	0	0	1670.8	1316.65	0	19/06/1997	$	1,839,402	646	$	2,125,939	$	1,132,779	80%	1%	4.1%	1.3%
15700	3	T2	reviewed by a radiation oncologist and not associated with item	47.4	0	0	40.3	35.55	0	1/07/2008	$	1,857,689	45,675	$	1,880,580	$	2,162,384	96%	2%	-16.7%	-17.8%
15705	3	T2	RADIATION ONCOLOGY TREATMENT VERIFICATION - multiple projection acquisition when prescribed and reviewed by a radiation oncologist and not associated with item 15700 or 15710 - each	79	0	0	67.15	59.25	0	1/07/2008	$	4,802,835	63,704	$	5,076,754	$	5,024,015	92%	2%	-25.8%	-25.6%
15710	3	T2	RADIATION ONCOLOGY TREATMENT VERIFICATION - volumetric acquisition, when prescribed and reviewedby a radiation oncologist and not associated with item 15700 or 15705 - each attendance at	79	0	0	67.15	59.25	0	1/05/2010	$	1,450,558	20,242	$	1,488,031	$	1,597,455	92%	2%	-37.5%	-38.4%
15715	3	T2	RADIATION ONCOLOGY TREATMENT VERIFICATION of planar or volumetric IGRT for IMRT, involving the use of at least 2 planar image views or projections or 1 volumetric image set to facilitate a BRACHYTHERAPY TREATMENT VERIFICATION - maximum of one only for each attendance.	79	0	0	67.15	59.25	0	1/01/2016	$	83,549,163	994,669	$	88,425,624	$	78,537,371	68%	2%	44.4%	45.1%
15800	3	T2	RADIATION SOURCE LOCALISATION using a simulator, x-ray machine, CT or ultrasound of a single area, where views in more than one plane are required, for brachytherapy treatment	99.3	0	0	84.45	74.5	0	1/07/2008	$	30,501	377	$	38,157	$	37,366	66%	36%	-3.6%	-2.0%
15850	3	T2	BREAST, MALIGNANT TUMOUR, targeted intraoperative radiation therapy, using an Intrabeam®or Xoft® Axxent® device, delivered at	205.75	0	0	174.9	154.35	0	1/07/2008	$	60,278	340	$	80,250	$	69,798	50%	49%	-5.9%	-5.9%
15900	3	T2	the time of breast-conserving surgery (partial mastectomy or INTRACAVITY ADMINISTRATION OF A THERAPEUTIC DOSE OF	257.8	0	0	0	193.35	0	1/09/2015	$	6,955	36	$	6,955	$	9,273	100%	100%	#DIV/0!	#DIV/0!
16003	3	T3	YTTRIUM 90 not including preliminary paracentesis, not being a service associated with selective internal radiation therapy or to ADMINISTRATION OF A THERAPEUTIC DOSE OF IODINE 131 for thyroid cancer by single dose technique	670.8	0	0	586.1	503.1	Y	1/12/1991	$	8,595	14	$	8,524	$	9,361	71%	29%	-26.4%	-24.4%
16006	3	T3	ADMINISTRATION OF A THERAPEUTIC DOSE OF IODINE 131 for thyrotoxicosis by single dose technique	515.45	0	0	438.15	386.6	0	1/12/1991	$	250,022	613	$	303,961	$	315,246	38%	58%	-0.5%	0.0%
16009	3	T3	INTRAVENOUS ADMINISTRATION OF A THERAPEUTIC DOSE OF PHOSPHOROUS 32	351.8	0	0	299.05	263.85	0	1/12/1991	$	549,003	1,825	$	619,560	$	641,786	77%	0%	-8.9%	-8.4%
16012	3	T3		304.35	0	0	258.7	228.3	0	1/12/1991	$	514	2	$	629	$	604	50%	0%	0.0%	3.0%

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16015	3	T3	ADMINISTRATION OF STRONTIUM 89 for painful bony metastases from carcinoma of the prostate where hormone therapy has failed and either: (i)the disease is poorly controlled by conventional	4213.3		0	0	4128.6	3160	0	1/05/1997	$	8,257	2	$	8,257	$	8,427	100%	0%	-38.6%	-38.2%
16399	3	T4	Professional attendance on a patient by a specialist practising in his or her specialty of obstetrics if: (a) the attendance is by video conference; and (b)item 16401, 16404, 16406, 16500, 16590 or	0	50% of the fee for item 16401,16404,16406,16500,1659 0 or 16591. Benefit: 85% of the	0	0	0	0	0	1/07/2011	$	6,229	78	$	6,229	$	7,326	100%	0%	31.3%	29.6%
16400	3	T4	ANTENATAL CARE Antenatal service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitionerif: (a) the service is provided on behalf of, and under the supervision of, a	28.1		0	0	23.9	0	0	1/11/2006	$	917,315	38,024	$	1,173,694	$	1,067,863	82%	0%	-6.5%	-6.1%
16401	3	T4	Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics, after referral of the patient to him or her - each attendance, other than	88.2		0	0	75	66.15	0	1/01/2010	$	8,994,516	113,963	$	19,456,051	$	10,038,073	39%	1%	-1.1%	-0.5%
16404	3	T4	Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics after referral of the patient to him or her - each attendance	44.35		0	0	37.7	33.3	0	1/01/2010	$	2,310,671	54,910	$	3,175,100	$	2,423,406	62%	5%	-11.5%	-12.5%
16406	3	T4	Antenatal professional attendance, by an obstetrician or general practitioner, as part of a single course of treatment when the patient is referred by a participating midwife. Payable only once	138.15		0	0	117.45	103.65	0	1/11/2010	$	517,979	4,402	$	527,573	$	607,963	92%	1%	8.4%	9.1%
16407	3	T4	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	73.95		0	0	62.9	55.5	0	1/11/2017	$	3,656,657	51,746	$	4,364,402	$	3,826,139	59%	0%	#DIV/0!	#DIV/0!
16408	3	T4	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	55.05		0	0	46.8	0	0	1/11/2017	$	94,054	1,929	$	100,610	$	106,163	89%	0%	#DIV/0!	#DIV/0!
16500	3	T4	ANTENATAL ATTENDANCE	48.6		0	0	41.35	36.45	0	1/12/1991	$	59,234,312	1,306,717	$	97,488,880	$	63,478,812	63%	1%	-1.3%	-1.2%
16501	3	T4	EXTERNAL CEPHALIC VERSION for breech presentation, after 36 weeks where no contraindication exists, in a Unit with facilities for Caesarean Section, including pre- and post version CTG, with or	144.95		0	0	123.25	108.75	0	1/11/2000	$	92,806	800	$	136,284	$	115,859	44%	55%	4.1%	4.4%
16502	3	T4	POLYHYDRAMNIOS, UNSTABLE LIE, MULTIPLE PREGNANCY, PREGNANCY COMPLICATED BY DIABETES OR ANAEMIA, THREATENED PREMATURE LABOUR treated by bed rest only or oral	48.6		0	0	41.35	36.45	0	1/11/1995	$	140,776	3,867	$	265,294	$	187,690	1%	100%	-6.0%	-5.5%
16505	3	T4	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment ofeach attendance that is not a routine antenatal	48.6		0	0	41.35	36.45	0	1/11/1995	$	37,816	1,039	$	70,808	$	50,418	5%	100%	-6.9%	-6.3%
16508	3	T4	Pregnancy complicatedby acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by	48.6		0	0	41.35	36.45	0	1/11/1995	$	106,254	2,920	$	191,575	$	141,661	7%	100%	-12.6%	-12.2%
16509	3	T4	of- each professional attendance (other than a service to which item 16534 applies) that is not a routine antenatal attendance	48.6		0	0	41.35	36.45	0	1/11/1995	$	87,017	2,385	$	162,302	$	114,805	5%	95%	-8.2%	-7.9%
16511	3	T4	CERVIX, purse string ligation of (Anaes.)	226.8		0	0	192.8	170.1	Y	1/11/1995	$	82,861	484	$	188,221	$	109,650	4%	96%	0.1%	0.7%
16512	3	T4	CERVIX, removal of purse string ligature of (Anaes.)	65.45		0	0	55.65	49.1	Y	1/11/1995	$	13,563	272	$	26,965	$	17,784	7%	92%	-0.7%	-0.5%
16514	3	T4	ANTENATAL CARDIOTOCOGRAPHY in the management of high risk pregnancy (not during the course of the confinement)	37.8		0	0	32.15	28.35	0	1/11/1995	$	2,249,658	70,192	$	2,449,665	$	2,650,316	86%	9%	3.1%	3.5%
16515	3	T4	Management of vaginal birth as an independent procedure, ifthe patient's care has been transferred by another medical practitioner for management of the birth and the attending medical	650.55		0	0	565.85	487.95	Y	1/11/1995	$	23,745	48	$	52,187	$	31,129	25%	75%	-4.7%	2.6%
16518	3	T4	transferred to another medical practitioner for completion of the birth (Anaes.)	464.7		0	0	395	348.55	Y	1/11/1995	$	59,939	169	$	148,026	$	78,335	22%	82%	-14.3%	-13.7%
16519	3	T4	Management of labourand birth by any means (including Caesarean section) including post-partum care for 5 days (Anaes.)	715.65		0	0	630.95	536.75	Y	1/11/1995	$	17,143,216	31,758	$	59,974,707	$	22,709,422	2%	99%	-6.7%	-6.1%
16520	3	T4	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	650.55		0	0	565.85	487.95	Y	1/12/1991	$	134,881	278	$	268,172	$	179,848	2%	100%	-10.6%	-14.6%
16522	3	T4	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	1680.25		0	0	0	1260.2	Y	1/11/1998	$	45,480,681	36,128	$	83,160,860	$	60,644,918	3%	100%	-0.3%	0.3%
16525	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	288	1	$	859	$	384	0%	100%	-74.1%	-74.1%
16527	3	T4	Management of vaginal birth, if the patient's care has been transferred by a participating midwife for management of the birth, including all attendances related to the birth.Payable once	650.55		0	0	565.85	487.95	Y	1/11/2010	$	46,337	95	$	137,454	$	61,677	9%	99%	48.9%	59.9%
16528	3	T4	Caesarean section and post-operative care for 7 days, if the patient's care has been transferred by a participating midwife for management of the birth.Payable once only for a pregnancy.	650.55		0	0	565.85	487.95	Y	1/11/2010	$	14,603	30	$	37,158	$	19,469	13%	100%	27.2%	21.7%
16530	3	T4	days gestation, other than a service to which item 16531, 35640 or 35643 applies (Anaes.)	396.35		0	0	336.9	297.3	Y	1/11/2017	$	134,217	450	$	199,455	$	178,210	74%	100%	#DIV/0!	#DIV/0!
16531	3	T4	days gestation, other than a service to which item 16530, 35640 or 35643 applies (Anaes.)	792.7		0	0	0	594.55	Y	1/11/2017	$	345,729	582	$	721,583	$	460,954	43%	100%	#DIV/0!	#DIV/0!
16533	3	T4	Pregnancy complicated by acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by	108.85		0	0	0	81.65	0	1/11/2017	$	61,910	759	$	126,523	$	82,533	8%	100%	#DIV/0!	#DIV/0!
16534	3	T4	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	108.85		0	0	0	81.65	0	1/11/2017	$	31,063	381	$	62,645	$	41,414	6%	100%	#DIV/0!	#DIV/0!

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16564	3	T4	POST-PARTUM CARE EVACUATION OF RETAINED PRODUCTS OF CONCEPTION (placenta, membranes or mole) as a complication of confinement, with or without curettage of the uterus, as an measures such as packing of uterus, as an independent procedure (Anaes.)	224.8		0	0	191.1	168.6	Y	1/12/1991	$ 127,565	756	$ 255,582	$ 169,750	3%	99%	-6.0%	-5.4%
16567	3	T4	ACUTE INVERSION OF THE UTERUS, vaginal correction of, as an independent procedure (Anaes.)	328.75		0	0	279.45	246.6	Y	1/12/1991	$ 138,323	560	$ 271,267	$ 183,901	5%	99%	-2.5%	-1.8%
16570	3	T4	CERVIX, repair of extensive laceration or lacerations (Anaes.)	429.05		0	0	364.7	321.8	Y	1/12/1991	$ 1,287	4	$ 2,255	$ 1,716	0%	100%	-12.9%	-14.4%
16571	3	T4	THIRD DEGREE TEAR, involving anal sphincter muscles and rectal mucosa, repair of, as an independent procedure (Anaes.)	328.75		0	0	279.45	246.6	Y	1/11/1995	$ 6,499	26	$ 11,072	$ 8,533	15%	88%	8.9%	9.8%
16573	3	T4		267.9		0	0	227.75	200.95	Y	1/12/1991	$ 52,058	260	$ 98,434	$ 69,507	6%	100%	-6.4%	-5.9%
16590	3	T4	Planning and management, by a practitioner, of a pregnancy if: (a) the practitioner intends to take primary responsibility for management of the pregnancy and any complications, and to be available for the birth; and (b) the patient intends to be privately admitted for the birth; and (c) the pregnancy has progressed beyond 28 weeks gestation; and (d) the practitioner has maternity privileges at a hospital or birth centre; and (e) the service includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (f) a service to which item 16591 applies is not provided in relation to the same pregnancy Payable once only for a pregnancy	384.4		0	0	326.75	288.3	0	1/11/2005	$ 35,096,967	74,475	$ 177,025,146	$ 28,614,270	15%	0%	-4.8%	-2.3%
16591	3	T4	Planning and management, by a practitioner, of a pregnancy if: (a) the pregnancy has progressed beyond 28 weeks gestation; and (b) the service includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (c) a service to which item 16590 applies is not provided in relation to the same pregnancy Payable once only for a pregnancy	147.1		0	0	125.05	110.35	0	1/01/2010	$ 4,956,634	39,486	$ 5,405,588	$ 5,806,697	92%	0%	-5.7%	-5.1%
16600	3	T4	INTERVENTIONAL TECHNIQUES AMNIOCENTESIS, diagnostic	65.45		0	0	55.65	49.1	0	1/07/1995	$ 134,904	2,299	$ 345,651	$ 150,144	50%	0%	-2.2%	-1.4%
16603	3	T4	CHORIONIC VILLUS SAMPLING, by any route	125.65		0	0	106.85	94.25	0	1/07/1995	$ 143,798	1,285	$ 293,705	$ 161,302	33%	0%	-4.4%	-3.9%
16606	3	T4	umbilical cord or fetus, including fetal neuromuscular blockade and amniocentesis (Anaes.)	250.85		0	0	213.25	188.15	Y	1/07/1995	$ 24,813	112	$ 29,089	$ 28,064	78%	5%	6.7%	7.3%
16609	3	T4	already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling (Anaes.)	511.5		0	0	434.8	383.65	Y	1/07/1995	$ 3,805	9	$ 3,805	$ 4,596	100%	22%	-17.1%	-16.7%
16618	3	T4	AMNIOCENTESIS, THERAPEUTIC, when indicated because of polyhydramnios with at least 500ml being aspirated	214.35		0	0	182.2	160.8	0	1/07/1995	$ 4,348	25	$ 6,343	$ 5,339	60%	36%	-13.6%	-13.1%
16621	3	T4	AMNIOINFUSION, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios	214.35		0	0	182.2	160.8	0	1/07/1995	$ 161	1	$ 442	$ 214	0%	100%	#DIV/0!	#DIV/0!
16624	3	T4	FOETAL FLUID FILLED CAVITY, drainage of	308.45		0	0	262.2	231.35	0	1/07/1995	$ 1,024	4	$ 1,024	$ 1,229	75%	0%	-26.8%	-26.4%
17609	3	T6	Professional attendance on a patient by a specialist practising in his or her specialty of anaesthesia if: (a)the attendance is by video conference; and (b)item 17610, 17615, 17620, 17625, 17640,	0	50% of the fee for item 17610, 17615, 17620, 17625, 17640, 17645, 17650, or 17655, Benefit:	0	0	0	0	0	1/07/2011	$ 99,568	907	$ 99,568	$ 117,105	100%	0%	24.5%	29.1%
17610	3	T6	ANAESTHETIST, PRE-ANAESTHESIA CONSULTATION (Professional attendance by a medical practitionerin the practice of ANAESTHESIA) -a BRIEF consultation involving a targeted history	45		0	0	38.25	33.75	0	1/11/2006	$ 81,042,505	2,374,267	$ 246,162,640	$ 106,761,276	9%	93%	1.0%	1.9%
17615	3	T6	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	89.55		0	0	76.15	67.2	0	1/11/2006	$ 16,237,157	230,263	$ 38,196,676	$ 20,626,220	29%	68%	3.9%	4.6%
17620	3	T6	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	124.05		0	0	105.45	93.05	0	1/11/2006	$ 3,234,946	32,534	$ 6,037,783	$ 4,032,983	44%	52%	8.4%	9.3%
17625	3	T6	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	157.95		0	0	134.3	118.5	0	1/11/2006	$ 1,294,615	10,287	$ 2,404,769	$ 1,623,179	41%	58%	14.4%	15.2%
17640	3	T6	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	45		0	0	38.25	33.75	0	1/11/2006	$ 2,516,800	73,837	$ 5,592,292	$ 3,317,326	6%	95%	4.0%	4.8%
17645	3	T6	-a consultation involving a selective history and examination of multiple systems andthe formulation of a written patient management plan -AND of more than 15 minutes but not more	89.55		0	0	76.15	67.2	0	1/11/2006	$ 1,567,099	21,333	$ 3,207,620	$ 1,912,179	14%	72%	3.9%	4.0%
17650	3	T6	-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	124.05		0	0	105.45	93.05	0	1/11/2006	$ 892,662	8,224	$ 1,551,497	$ 1,023,743	20%	31%	12.3%	13.8%
17655	3	T6	-a consultation involving an exhaustive history and comprehensive examination of multiple systems andthe formulation of a written patient management plan following discussion with relevant health	157.95		0	0	134.3	118.5	0	1/11/2006	$ 956,580	6,954	$ 1,698,140	$ 1,100,025	27%	30%	10.5%	12.2%

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17680	3	T6	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 -Where a pre-anaesthesia consultation covered by an itemin the range 17615-17625 is performed in-rooms if: (a) the service is	89.55		0	0	76.15	67.2	0	1/11/2006	$	1,713,814	25,487		$	6,023,142	$	2,280,235		0%	100%	-0.8%	0.1%
17690	3	T6	provided to a patient prior to an admitted patient episode of care	41.4		0	0	35.2	31.05	0	1/11/2006	$	2,374,844	-		$	2,880,750	$	2,755,899	-	-		#DIV/0!	0.0%
18213	3	T7	INTRAVENOUS REGIONAL ANAESTHESIA of limb by retrograde perfusion	91.4		0	0	77.7	68.55	0	1/11/1993	$	31,768	439		$	57,555	$	40,119		19%	62%	1.2%	0.9%
18216	3	T7	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	195.85		0	0	166.5	146.9	Y	1/11/1993	$	2,726,889	18,179		$	6,227,438	$	3,556,970		9%	88%	-3.8%	-3.7%
18219	3	T7	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	0	The fee for item 18216 plus $19.60 for each additional 15 minutes or part thereof beyond	0	0	0	0	Y	1/11/1993	$	38,411	214		$	95,567	$	51,210		0%	100%	3.6%	4.4%
18222	3	T7	INFUSION OF A THERAPEUTIC SUBSTANCE to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is	38.8		0	0	33	29.1	0	1/11/1993	$	1,539,586	47,781		$	2,031,722	$	1,854,522		63%	22%	6.1%	6.6%
18225	3	T7	INFUSION OF A THERAPEUTIC SUBSTANCE to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is	51.6		0	0	43.9	38.7	0	1/11/1993	$	2,139,296	49,749		$	2,630,253	$	2,564,139		77%	17%	23.8%	24.9%
18226	3	T7	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	293.7		0	0	249.65	220.3	0	1/11/2002	$	2,213,415	10,053		$	5,708,078	$	2,950,143		0%	100%	-2.4%	-1.9%
18227	3	T7	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends	0	The fee for item 18226 plus $29.50 for each additional 15 minutes or part there of beyond	0	0	0	0	0	1/11/2002	$	94,106	352		$	233,432	$	125,469		1%	100%	-6.9%	-7.4%
18228	3	T7	INTERPLEURAL BLOCK, initial injection or commencement of infusion of a therapeutic substance	64.45		0	0	54.8	48.35	0	1/11/1993	$	8,123	167		$	16,460	$	10,742		6%	94%	-5.5%	-4.5%
18230	3	T7	INTRATHECAL or EPIDURAL INJECTION of neurolytic substance (Anaes.)	245.9		0	0	209.05	184.45	Y	1/11/1993	$	1,538,721	7,547		$	2,055,576	$	1,855,143		44%	25%	8.2%	8.7%
18232	3	T7	anaesthetic, contrast or neurolytic solutions, not being a service to which another item in this Group applies (Anaes.)	195.85		0	0	166.5	146.9	Y	1/11/1993	$	10,332,484	63,378		$	13,049,052	$	12,403,932		61%	20%	16.2%	16.9%
18233	3	T7	EPIDURAL INJECTION of blood for blood patch (Anaes.)	195.85		0	0	166.5	146.9	Y	1/11/1993	$	75,672	503		$	144,200	$	98,378		9%	86%	2.7%	3.2%
18234	3	T7	TRIGEMINAL NERVE, primary division of, injection of an anaesthetic agent (Anaes.)	128.75		0	0	109.45	96.6	Y	1/11/1993	$	2,598,019	25,677		$	4,001,171	$	3,304,156		45%	70%	18.7%	18.3%
18236	3	T7	TRIGEMINAL NERVE, peripheral branch of, injection of an anaesthetic agent (Anaes.)	64.45		0	0	54.8	48.35	Y	1/11/1993	$	3,573,648	67,080		$	5,447,445	$	4,321,595		49%	45%	12.5%	13.1%
18238	3	T7	FACIAL NERVE, injection of an anaesthetic agent, not being a service associated with a service to which item 18240 applies	38.8		0	0	33	29.1	0	1/11/1993	$	12,146	375		$	29,018	$	14,547		32%	30%	6.9%	6.6%
18240	3	T7	RETROBULBAR OR PERIBULBAR INJECTION of an anaesthetic agent	96.55		0	0	82.1	72.45	0	1/11/1993	$	1,418,190	16,719		$	1,991,011	$	1,613,765		26%	34%	14.1%	14.5%
18242	3	T7	GREATER OCCIPITAL NERVE, injection of an anaesthetic agent (Anaes.)	38.8		0	0	33	29.1	Y	1/11/1993	$	382,740	11,140		$	596,032	$	431,736		48%	22%	17.3%	17.8%
18244	3	T7	VAGUS NERVE, injection of an anaesthetic agent	103.95		0	0	88.4	78	0	1/11/1993	$	106,215	1,249		$	149,944	$	129,799		60%	33%	27.6%	28.8%
18246	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	151	2		$	340	$	202		0%	100%	-79.6%	-79.6%
18248	3	T7	PHRENIC NERVE, injection of an anaesthetic agent	91.4		0	0	77.7	68.55	0	1/11/1993	$	192	2		$	306	$	183		0%	50%	0.0%	6.2%
18250	3	T7	SPINAL ACCESSORY NERVE, injection of an anaesthetic agent	64.45		0	0	54.8	48.35	0	1/11/1993	$	1,925	37		$	2,931	$	2,384		46%	41%	19.8%	20.2%
18252	3	T7	CERVICAL PLEXUS, injection of an anaesthetic agent	103.95		0	0	88.4	78	0	1/11/1993	$	568,133	7,225		$	1,126,392	$	750,446		6%	92%	4.3%	4.9%
18254	3	T7	BRACHIAL PLEXUS, injection of an anaesthetic agent	103.95		0	0	88.4	78	0	1/11/1993	$	67,310	748		$	147,371	$	77,526		4%	94%	16.5%	18.8%
18256	3	T7	SUPRASCAPULAR NERVE, injection of an anaesthetic agent	64.45		0	0	54.8	48.35	0	1/11/1993	$	264,888	4,972		$	462,116	$	320,522		37%	51%	11.4%	12.8%
18258	3	T7	INTERCOSTAL NERVE (single), injection of an anaesthetic agent	64.45		0	0	54.8	48.35	0	1/11/1993	$	109,048	2,243		$	257,421	$	144,336		7%	92%	39.1%	38.6%
18260	3	T7	INTERCOSTAL NERVES (multiple), injection of an anaesthetic agent	91.4		0	0	77.7	68.55	0	1/11/1993	$	661,583	9,544		$	1,446,170	$	871,529		5%	95%	20.5%	20.9%
18262	3	T7	ILIO-INGUINAL, ILIOHYPOGASTRIC OR GENITOFEMORAL NERVES, 1 or more of, injection of an anaesthetic agent (Anaes.)	64.45		0	0	54.8	48.35	Y	1/11/1993	$	1,270,721	25,682		$	2,636,173	$	1,654,102		18%	87%	15.6%	15.4%
18264	3	T7	PUDENDAL NERVE and or dorsal nerve, injection ofanaesthetic agent	103.95		0	0	88.4	78	0	1/11/1993	$	4,760,614	59,361		$	9,713,230	$	6,164,617		9%	82%	16.3%	17.0%

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18266	3	T7	injection of an anaesthetic agent, not being associated with a brachial plexus block	64.45		0	0	54.8	48.35	0	1/11/1993	$	652,420	12,723	$	1,299,014	$	819,525	24%	69%	19.7%	21.1%
18268	3	T7	OBTURATOR NERVE, injection of an anaesthetic agent	91.4		0	0	77.7	68.55	0	1/11/1993	$	27,303	391	$	62,483	$	35,635	11%	84%	40.3%	39.7%
18270	3	T7	FEMORAL NERVE, injection of an anaesthetic agent	91.4		0	0	77.7	68.55	0	1/11/1993	$	1,276,715	6,983	$	1,936,229	$	636,472	8%	55%	9.4%	4.1%
18272	3	T7	SAPHENOUS, SURAL, POPLITEAL OR POSTERIOR TIBIAL NERVE, MAIN TRUNK OF, 1 or more of, injection of an anaesthetic agent	64.45		0	0	54.8	48.35	0	1/11/1993	$	2,595,530	20,820	$	4,635,266	$	1,338,970	16%	68%	9.5%	14.1%
18274	3	T7	COCCYGEAL NERVES, injection of an anaesthetic agent, (single vertebral level)	91.4		0	0	77.7	68.55	0	1/11/1993	$	6,494,451	83,951	$	7,200,743	$	7,669,130	76%	6%	6.6%	7.2%
18276	3	T7	PARAVERTEBRAL NERVES, injection of an anaesthetic agent, (multiple levels)	128.75		0	0	109.45	96.6	0	1/11/1993	$	2,510,693	24,728	$	4,629,964	$	3,179,124	27%	65%	5.0%	5.1%
18278	3	T7	SCIATIC NERVE, injection of an anaesthetic agent	91.4		0	0	77.7	68.55	0	1/11/1993	$	95,640	1,327	$	170,879	$	121,150	24%	70%	24.8%	25.3%
18280	3	T7	SPHENOPALATINE GANGLION, injection of an anaesthetic agent (Anaes.)	128.75		0	0	109.45	96.6	Y	1/11/1993	$	107,037	1,101	$	297,448	$	141,571	3%	95%	-27.2%	-26.6%
18282	3	T7	CAROTID SINUS, injection of an anaesthetic agent, as an independent percutaneous procedure	103.95		0	0	88.4	78	0	1/11/1993	$	1,840	23	$	3,937	$	2,381	4%	83%	0.0%	1.1%
18284	3	T7	STELLATE GANGLION, injection of an anaesthetic agent, (cervical sympathetic block) (Anaes.)	152.25		0	0	129.45	114.2	Y	1/11/1993	$	43,419	374	$	97,984	$	56,887	7%	89%	20.7%	21.3%
18286	3	T7	LUMBAR OR THORACIC NERVES, injection of an anaesthetic agent, (paravertebral sympathetic block) (Anaes.)	152.25		0	0	129.45	114.2	Y	1/11/1993	$	464,506	3,150	$	745,254	$	479,316	47%	42%	5.7%	5.4%
18288	3	T7	COELIAC PLEXUS OR SPLANCHNIC NERVES, injection of an anaesthetic agent (Anaes.)	152.25		0	0	129.45	114.2	Y	1/11/1993	$	27,697	241	$	58,206	$	36,654	5%	94%	10.1%	10.1%
18290	3	T7	neurolytic agent, not being a service associated with the injection of botulinum toxin (Anaes.)	257.55		0	0	218.95	193.2	Y	1/11/1993	$	2,743	13	$	3,660	$	3,348	46%	31%	67.0%	71.1%
18292	3	T7	NERVE BRANCH, destruction by a neurolytic agent, not being a service to which any other item in this Group applies or a service associated with the injection of botulinum toxin except those COELIAC PLEXUS OR SPLANCHNIC NERVES, destruction by a neurolytic agent (Anaes.)	128.75		0	0	109.45	96.6	Y	1/11/1993	$	80,367	634	$	142,454	$	81,561	26%	54%	23.5%	27.3%
18294	3	T7	LUMBAR SYMPATHETIC CHAIN, destruction by a neurolytic agent (Anaes.)	181.5		0	0	154.3	136.15	Y	1/11/1993	$	11,555	84	$	19,717	$	15,212	11%	90%	9.2%	9.8%
18296	3	T7	service to which item 18233 applies) by another medical practitioner	155.25		0	0	132	116.45	Y	1/11/1993	$	14,927	124	$	26,153	$	19,217	29%	73%	-3.1%	-2.4%
18297	3	T7	CERVICAL OR THORACIC SYMPATHETIC CHAIN, destruction by a neurolytic agent (Anaes.)	61.2		0	0	52.05	45.9	0	1/11/2019	$	1,375	30	$	3,039	$	1,833	0%	100%	#DIV/0!	#DIV/0!
18298	3	T7		181.5		0	0	154.3	136.15	Y	1/11/1993	$	1,607	11	$	2,348	$	1,997	55%	45%	-36.1%	-36.3%
18350	3	T11	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	128.75		0	0	109.45	96.6	0	1/05/2003	$	1,224,079	10,890	$	1,509,912	$	1,401,690	63%	0%	3.3%	4.1%
18351	3	T11	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	128.75		0	0	109.45	96.6	0	1/11/2005	$	77,208	665	$	107,045	$	85,565	51%	0%	9.8%	10.7%
18353	3	T11	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the	257.55		0	0	218.95	193.2	0	1/04/2015	$	3,355,051	15,150	$	3,602,580	$	3,900,752	77%	0%	10.0%	10.8%
18354	3	T11	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	128.75		0	0	109.45	96.6	Y	1/05/2003	$	378,220	3,497	$	406,028	$	449,537	90%	9%	-3.0%	-2.4%
18360	3	T11	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	128.75		0	0	109.45	96.6	0	1/05/2003	$	1,122,099	10,266	$	1,227,842	$	1,320,446	86%	6%	20.5%	21.1%
18361	3	T11	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	128.75		0	0	109.45	96.6	Y	1/07/2011	$	196,700	1,811	$	208,437	$	232,894	90%	8%	-0.2%	0.4%
18362	3	T11	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	254.4		0	0	216.25	190.8	Y	1/05/2003	$	2,587,213	11,084	$	4,764,185	$	2,819,469	20%	0%	13.4%	13.7%
18365	3	T11	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the	128.75		0	0	109.45	96.6	0	1/04/2015	$	129,376	1,184	$	136,161	$	152,314	95%	2%	11.8%	12.4%
18366	3	T11	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	161.3		0	0	137.15	121	Y	1/05/2003	$	39,185	253	$	78,098	$	40,790	13%	9%	13.4%	14.1%
18368	3	T11	injection of, for the treatment of spasmodic dysphonia, including all such injections on any one day	275.35		0	0	234.05	206.55	0	1/05/2003	$	351,814	1,498	$	375,510	$	412,345	86%	2%	5.2%	5.9%
18369	3	T11	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	46.45		0	0	39.5	34.85	Y	1/04/2015	$	3,349	77	$	3,568	$	3,574	91%	0%	-12.8%	-10.6%

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18370	3	T11	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	46.45	0	0	39.5	34.85	Y	1/05/2003	$ 47,863	1,102	$ 84,364	$ 51,175	34%	0%	2.3%	3.2%
18372	3	T11	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	128.75	0	0	109.45	96.6	Y	1/11/2006	$ 531,716	4,624	$ 662,614	$ 595,197	55%	0%	6.2%	7.3%
18374	3	T11	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	128.75	0	0	109.45	96.6	Y	1/04/2015	$ 104,797	925	$ 127,254	$ 119,079	62%	0%	-0.6%	0.0%
18375	3	T11	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,	237.05	0	0	0	177.8	Y	1/10/2013	$ 218,187	1,228	$ 549,538	$ 290,931	4%	100%	20.9%	21.6%
18377	3	T11	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	128.75	0	0	109.45	96.6	0	1/03/2014	$ 5,992,034	48,487	$ 9,723,291	$ 6,241,188	41%	0%	25.4%	25.6%
18379	3	T11	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,	237.05	0	0	0	177.8	Y	1/11/2014	$ 458,229	2,580	$ 1,267,808	$ 611,223	1%	100%	29.6%	30.4%
20100	3	T10	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)	102	0	0	86.7	76.5	0	1/11/2001	$ 9,217,451	58,352	$ 24,163,678	$ 12,261,195	1%	99%	3.3%	4.2%
20102	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for plastic repair of cleft lip (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 16,684	71	$ 32,627	$ 22,245	0%	100%	-1.1%	-3.1%
20104	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for electroconvulsive therapy (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 3,669,659	38,577	$ 8,273,831	$ 4,892,876	0%	100%	1.3%	1.7%
20120	3	T10	external, middle or inner ear, including biopsy, not being a service to which another item in this Subgroup applies (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 2,634,480	17,091	$ 7,524,164	$ 3,508,458	1%	100%	-6.4%	-3.9%
20124	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for otoscopy (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 2,790	24	$ 5,214	$ 3,719	0%	100%	-14.3%	-12.7%
20140	3	T10	eye, not being a service to which another item in this Group applies (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 4,925,916	34,294	$ 12,536,059	$ 6,519,921	2%	99%	3.4%	3.8%
20142	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for lens surgery (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 27,049,443	192,423	$ 63,613,753	$ 32,535,521	2%	99%	2.9%	1.4%
20143	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for retinal surgery (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 169,742	1,008	$ 451,047	$ 226,039	1%	100%	0.3%	0.4%
20144	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for corneal transplant (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$ 298,534	1,440	$ 789,842	$ 398,006	0%	100%	2.9%	2.0%
20145	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for vitrectomy (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$ 2,417,916	12,251	$ 6,301,505	$ 3,214,800	2%	100%	5.4%	3.3%
20146	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of conjunctiva (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 35,754	246	$ 95,647	$ 47,615	0%	99%	0.4%	1.3%
20147	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for squint repair (6 basic units)	122.4	0	0	104.05	91.8	0	1/07/2008	$ 359,217	2,011	$ 1,023,926	$ 478,256	1%	100%	1.8%	3.3%
20148	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for ophthalmoscopy (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 4,769	34	$ 8,149	$ 6,339	3%	97%	-8.1%	-26.0%
20160	3	T10	accessory sinuses, not being a service to which another item in this Subgroup applies (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 7,357,238	37,249	$ 24,022,208	$ 9,803,675	0%	100%	-0.7%	1.2%
20162	3	T10	Initiation of the management of anaesthesia for intranasal surgery for malignancy or for intranasal ablation (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$ 647,041	2,485	$ 2,040,507	$ 859,369	1%	100%	-4.9%	-4.3%
20164	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of soft tissue of the nose and accessory sinuses (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 48,438	351	$ 123,673	$ 64,567	1%	100%	15.3%	15.6%
20170	3	T10	procedures, including biopsy, not being a service to which another item in this Subgroup applies (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 8,118,351	47,403	$ 23,780,622	$ 10,017,531	1%	97%	-3.6%	-0.8%
20172	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of cleft palate (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$ 25,550	89	$ 49,635	$ 33,967	0%	99%	-1.7%	-0.5%
20174	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision of retropharyngeal tumour (9 basic units)	183.6	0	0	156.1	137.7	0	1/11/2001	$ 3,731	13	$ 9,943	$ 4,975	0%	100%	-19.7%	-20.1%
20176	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical intraoral surgery (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 266,594	694	$ 768,012	$ 353,113	0%	99%	0.0%	-9.4%
20190	3	T10	facial bones, not being a service to which another item in this Subgroup applies (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 255,923	1,403	$ 693,487	$ 340,613	0%	99%	5.4%	4.9%
20192	3	T10	surgery on facial bones (including prognathism and extensive facial bone reconstruction) (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 796,007	2,036	$ 2,627,746	$ 1,044,073	1%	99%	2.2%	2.9%

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		procedures, not being a service to which another item in this Subgroup applies (15 basic units)																	
20210	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for subdural taps (5 basic units)	306	0	0	260.1	229.5	0	1/11/2001	$ 2,736,928	4,916	$ 6,604,682	$ 3,644,422	0%	100%	0.6%	1.4%
20212	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for burr holes of the cranium (9 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 4,246	15	$ 8,467	$ 5,661	0%	100%	-6.5%	-6.1%
20214	3	T10	vascular procedures including those for aneurysms or arterio-venous abnormalities (20 basic units)	183.6	0	0	156.1	137.7	0	1/11/2001	$ 81,497	229	$ 171,719	$ 108,660	1%	100%	-3.0%	-1.3%
20216	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for spinal fluid shunt procedures (10 basic units)	408	0	0	346.8	306	0	1/11/2001	$ 828,131	1,334	$ 1,759,660	$ 1,104,038	1%	100%	7.6%	6.8%
20220	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for ablation of an intracranial nerve (6 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 275,928	824	$ 626,006	$ 367,899	0%	100%	2.6%	3.5%
20222	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for all cranial bone procedures (12 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 41,715	237	$ 105,200	$ 55,619	0%	100%	10.2%	11.5%
20225	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the head or face (12 basic units)	244.8	0	0	208.1	183.6	0	1/11/2001	$ 1,279,257	3,425	$ 3,493,794	$ 1,703,607	0%	100%	6.8%	7.0%
20230	3	T10	the skin or subcutaneous tissue of the neck not being a service to which another item in this Subgroup applies (5 basic units)	244.8	0	0	208.1	183.6	0	1/07/2008	$ 344,798	391	$ 754,368	$ 459,525	0%	100%	-0.4%	2.3%
20300	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for incision and drainage of large haematoma, large abscess, cellulitis or similar	102	0	0	86.7	76.5	0	1/11/2001	$ 590,200	3,786	$ 1,491,357	$ 786,214	1%	99%	0.7%	1.7%
20305	3	T10	lesion or epiglottitis causing life threatening airway obstruction (15	306	0	0	260.1	229.5	0	1/11/2001	$ 119,342	253	$ 259,854	$ 159,075	2%	100%	-2.1%	-0.1%
20320	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, not being a service to hemi laryngectomy, laryngopharyngectomy or pharyngectomy (10 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 4,226,867	19,946	$ 11,690,235	$ 5,632,560	1%	100%	0.5%	1.6%
20321	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for laser surgery to the airway (excluding nose and mouth) (8 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 18,944	34	$ 43,910	$ 25,258	0%	100%	-11.9%	-8.0%
20330	3	T10	major vessels of neck, not being a service to which another item in this Subgroup applies (10 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$ 140,596	652	$ 383,424	$ 187,427	2%	100%	1.0%	1.8%
20350	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for simple ligation of major vessels of neck (5 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 631,999	1,749	$ 1,500,552	$ 841,824	1%	100%	0.9%	1.5%
20352	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the neck (12 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 2,695	15	$ 5,373	$ 3,593	0%	100%	-12.9%	-11.4%
20355	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the anterior part of the chest,	244.8	0	0	208.1	183.6	0	1/07/2008	$ 114,958	124	$ 261,084	$ 153,277	0%	100%	0.0%	-0.3%
20400	3	T10	not being a service to which another item in this Subgroup applies the breast, not being a service to which another item in this Subgroup applies (4 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 576,719	4,835	$ 1,439,612	$ 767,890	1%	99%	2.7%	3.8%
20401	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for reconstructive procedures on breast (5 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 1,919,606	11,467	$ 6,373,231	$ 2,549,251	1%	100%	-0.9%	1.0%
20402	3	T10	breast lump or for breast segmentectomy where axillary node dissection is performed (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 3,519,055	12,748	$ 14,845,471	$ 4,648,503	1%	99%	6.7%	9.7%
20403	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for mastectomy (6 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 1,363,370	7,224	$ 3,844,958	$ 1,817,486	0%	100%	1.0%	2.7%
20404	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for reconstructive procedures on the breast using myocutaneous flaps (8 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 1,236,935	4,351	$ 3,607,661	$ 1,647,716	0%	100%	-2.5%	-0.7%
20405	3	T10	modified radical procedures on breast with internal mammary node dissection (13 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$ 392,602	737	$ 1,199,696	$ 522,867	1%	100%	1.9%	1.4%
20406	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for electrical conversion of arrhythmias (4 basic units)	265.2	0	0	225.45	198.9	0	1/11/2001	$ 77,943	125	$ 212,141	$ 103,853	0%	99%	-4.5%	1.7%
20410	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the posterior part of the chest	81.6	0	0	69.4	61.2	0	1/11/2001	$ 858,119	7,412	$ 2,031,576	$ 1,142,610	1%	99%	2.8%	1.1%
20420	3	T10	not being a service to which another item in this Subgroup applies INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the sternum (4 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 923,704	5,729	$ 2,458,174	$ 1,229,313	2%	99%	1.9%	3.4%
20440	3	T10	clavicle, scapula or sternum, not being a service to which another item in this Subgroup applies (5 basic units)	81.6	0	0	69.4	61.2	0	1/05/2003	$ 2,892	23	$ 6,708	$ 3,856	0%	100%	13.9%	12.4%
20450	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical surgery on clavicle, scapula or sternum (6 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 514,055	2,582	$ 1,388,641	$ 685,328	0%	100%	4.0%	5.3%
20452	3	T10	resection, not being a service to which another item in this Subgroup applies (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 37,384	145	$ 92,269	$ 49,844	0%	100%	1.9%	1.5%
20470	3	T10		122.4	0	0	104.05	91.8	0	1/11/2001	$ 58,131	233	$ 137,616	$ 77,161	10%	94%	3.1%	4.1%

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20472	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracoplasty (10 basic units)	204		0	0	173.4	153	0	1/11/2001	$	14,092	42	$	31,374	$	18,789	0%	100%	-4.5%	-5.8%
20474	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures on chest wall (13 basic units)	265.2		0	0	225.45	198.9	0	1/11/2001	$	68,110	153	$	208,515	$	90,308	1%	99%	-1.1%	0.2%
20475	3	T10	free tissue flap surgery involving the anterior or posterior thorax (10 basic units)	204		0	0	173.4	153	0	1/07/2008	$	383,340	452	$	1,142,431	$	506,554	1%	99%	6.7%	10.2%
20500	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the oesophagus (15 basic units)	306		0	0	260.1	229.5	0	1/11/2001	$	240,917	270	$	518,824	$	319,877	0%	100%	-1.4%	1.6%
20520	3	T10	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	122.4		0	0	104.05	91.8	0	1/11/2001	$	1,856,690	11,150	$	4,042,279	$	2,451,862	9%	92%	2.6%	3.8%
20522	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for needle biopsy of pleura (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$	1,193	8	$	1,968	$	1,566	13%	88%	9.9%	13.8%
20524	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for pneumocentesis (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$	13,649	77	$	29,542	$	18,198	0%	100%	-7.4%	-5.5%
20526	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracoscopy (10 basic units)	204		0	0	173.4	153	0	1/11/2001	$	436,275	1,276	$	995,939	$	581,527	1%	100%	0.6%	2.7%
20528	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for mediastinoscopy (8 basic units)	163.2		0	0	138.75	122.4	0	1/11/2001	$	28,044	105	$	62,704	$	37,391	6%	100%	-9.0%	-7.5%
20540	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, not being a service to which another item in this Subgroup applies	265.2		0	0	225.45	198.9	0	1/11/2001	$	1,352,646	3,019	$	3,120,504	$	1,803,514	0%	100%	-0.5%	0.6%
20542	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for pulmonary decortication (15 basic units)	306		0	0	260.1	229.5	0	1/11/2001	$	195,681	361	$	441,387	$	260,906	0%	100%	2.4%	3.7%
20546	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for pulmonary resection with thoracoplasty (15 basic units)	306		0	0	260.1	229.5	0	1/11/2001	$	49,372	90	$	108,877	$	65,828	0%	100%	8.8%	7.7%
20548	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for intrathoracic repair of trauma to trachea and bronchi (15 basic units)	306		0	0	260.1	229.5	0	1/11/2001	$	7,160	10	$	13,180	$	9,547	0%	100%	2.1%	2.4%
20560	3	T10	Initiation of the management of anaesthesia for: (a) open procedures on the heart, pericardium or great vessels of the chest; or (b) percutaneous insertion of a valvular prosthesis (20 basic	408		0	0	346.8	306	0	1/11/2001	$	9,281,616	12,388	$	20,817,092	$	12,375,451	0%	100%	3.6%	3.2%
20600	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on cervical spine and/or cord, not being a service to which another item in this Subgroup applies (for myelography and discography cervical laminectomy with the patient in the sitting position (13 basic units)	204		0	0	173.4	153	0	1/11/2001	$	1,563,370	4,910	$	4,201,782	$	2,078,156	4%	96%	4.0%	3.0%
20604	3	T10	thoracic spine and/or cord, not being a service to which another item in this Subgroup applies (10 basic units)	265.2		0	0	225.45	198.9	0	1/11/2001	$	16,627	36	$	41,784	$	22,169	0%	100%	1.1%	2.5%
20620	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracolumbar sympathectomy (13 basic units)	204		0	0	173.4	153	0	1/11/2001	$	478,832	1,520	$	1,185,672	$	637,125	1%	100%	11.5%	9.0%
20622	3	T10	lumbar region, not being a service to which another item in this Subgroup applies (8 basic units)	265.2		0	0	225.45	198.9	0	1/11/2001	$	4,513	15	$	10,124	$	6,017	7%	100%	-3.6%	-6.0%
20630	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for lumbar sympathectomy (7 basic units)	163.2		0	0	138.75	122.4	0	1/11/2001	$	4,948,077	18,291	$	13,853,415	$	6,588,194	0%	100%	2.8%	2.3%
20632	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for chemonucleolysis (10 basic units)	142.8		0	0	121.4	107.1	0	1/11/2001	$	20,770	124	$	49,280	$	27,693	2%	100%	10.9%	11.5%
20634	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for extensive spine and/or spinal cord procedures (13 basic units)	204		0	0	173.4	153	0	1/11/2001	$	2,837	11	$	6,885	$	3,783	9%	100%	-7.2%	-5.6%
20670	3	T10	of spine when performed in the operating theatre of a hospital (3 basic units)	265.2		0	0	225.45	198.9	0	1/11/2001	$	5,700,048	10,475	$	15,734,090	$	7,594,250	0%	100%	5.9%	6.5%
20680	3	T10	spinal procedures, not being a service to which another item in this Subgroup applies (5 basic units)	61.2		0	0	52.05	45.9	0	1/11/2001	$	3,345	22	$	7,719	$	4,460	0%	100%	-8.3%	-8.1%
20690	3	T10	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	102		0	0	86.7	76.5	0	1/11/2001	$	4,069,559	31,127	$	10,021,070	$	5,424,288	0%	100%	8.0%	8.7%
20700	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous liver biopsy (4 basic units)	61.2		0	0	52.05	45.9	0	1/11/2001	$	92,964	712	$	243,898	$	123,878	2%	99%	-0.1%	1.6%
20702	3	T10	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	81.6		0	0	69.4	61.2	0	1/11/2001	$	12,329	93	$	23,558	$	16,438	1%	100%	1.1%	5.0%
20703	3	T10	free tissue flap surgery involving the anterior or posterior upper abdomen (10 basic units)	81.6		0	0	69.4	61.2	0	1/11/2005	$	92,422	577	$	244,606	$	123,328	2%	100%	-1.5%	-0.2%
20704	3	T10		204		0	0	173.4	153	0	1/07/2008	$	13,176	34	$	31,980	$	17,567	9%	100%	5.5%	5.8%
20705	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	2,132	7	$	3,353	$	2,843	14%	100%	-58.4%	-54.1%

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20706	3	T10	Initiation of the management of anaesthesia for laparoscopic procedures in the upper abdomen, including laparoscopic cholecystectomy, not being a service to which another item in this	142.8	0	0	121.4	107.1	0	1/11/2001	$	5,402,518	22,014	$	14,095,346	$	7,200,429	0%	100%	16.5%	17.7%
20730	3	T10	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	102	0	0	86.7	76.5	0	1/11/2001	$	71,448	416	$	186,200	$	94,955	5%	96%	-1.8%	-1.4%
20740	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for upper gastrointestinal endoscopic procedures (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$	54,712,888	436,752	$	114,953,064	$	72,349,545	17%	94%	2.7%	3.6%
20745	3	T10	Initiation of the management of anaesthesia for either or both of the following:(a) upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage;(b) the upper abdominal wall, other than a service to which another item in this Subgroup applies. (5 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$	2,026,676	9,761	$	4,209,737	$	2,661,142	16%	85%	32.3%	33.9%
20750	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of incisional hernia and/or wound dehiscence (6 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$	852,026	5,097	$	2,380,234	$	1,135,929	0%	100%	0.8%	5.0%
20752	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on an omphalocele (7 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$	501,140	2,148	$	1,338,289	$	668,086	0%	100%	0.7%	2.5%
20754	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for transabdominal repair of diaphragmatic hernia (9 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$	2,748	13	$	6,698	$	3,664	0%	100%	-2.8%	-4.6%
20756	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major upper abdominal blood vessels (15 basic units)	183.6	0	0	156.1	137.7	0	1/11/2001	$	657,960	1,989	$	1,776,097	$	877,275	0%	100%	12.6%	14.0%
20770	3	T10	Initiation of the management of anaesthesia for procedures within the peritoneal cavity in upper abdomen, including any of the following:(a) open cholecystectomy;(b) gastrectomy;(c)	306	0	0	260.1	229.5	0	1/11/2001	$	437,843	779	$	1,010,026	$	583,569	1%	99%	-1.8%	-0.9%
20790	3	T10	Initiation of the management of anaesthesia for bariatric surgery in a patient with clinically severe obesity (10 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$	3,414,192	10,901	$	8,495,982	$	4,550,459	1%	100%	-12.4%	-9.7%
20791	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for partial hepatectomy (excluding liver biopsy) (13 basic units)	204	0	0	173.4	153	0	1/11/2001	$	8,343,496	28,297	$	27,273,366	$	11,080,110	5%	99%	8.8%	9.5%
20792	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for extended or trisegmental hepatectomy (15 basic units)	265.2	0	0	225.45	198.9	0	1/11/2001	$	368,162	643	$	846,371	$	490,764	0%	100%	1.0%	1.9%
20793	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for pancreatectomy, partial or total (12 basic units)	306	0	0	260.1	229.5	0	1/11/2001	$	183,696	239	$	416,206	$	244,927	1%	100%	-3.3%	-1.7%
20794	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for neuro endocrine tumour removal in the upper abdomen (10 basic units)	244.8	0	0	208.1	183.6	0	1/11/2001	$	558,012	689	$	1,247,588	$	744,013	0%	100%	1.5%	4.1%
20798	3	T10	procedures on an intra-abdominal organ in the upper abdomen (6 basic units)	204	0	0	173.4	153	0	1/11/2001	$	45,383	113	$	113,743	$	60,510	0%	100%	-0.5%	-1.2%
20799	3	T10	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	122.4	0	0	104.05	91.8	0	1/11/2002	$	271,698	1,191	$	579,750	$	362,231	1%	100%	8.2%	9.6%
20800	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for lipectomy of the lower abdomen (5 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$	228,482	1,638	$	629,675	$	303,219	2%	100%	-1.2%	0.2%
20802	3	T10	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	102	0	0	86.7	76.5	0	1/11/2001	$	1,229,199	3,146	$	5,809,923	$	1,609,930	1%	99%	-0.1%	4.5%
20803	3	T10	free tissue flap surgery involving the anterior or posterior lower abdomen (10 basic units)	81.6	0	0	69.4	61.2	0	1/11/2005	$	247,500	1,470	$	694,994	$	329,864	1%	100%	0.9%	2.2%
20804	3	T10		204	0	0	173.4	153	0	1/11/2008	$	56,628	77	$	157,069	$	75,504	0%	100%	-4.5%	-0.4%
20805	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	3,843	20	$	7,352	$	5,124	5%	100%	-61.2%	-60.0%
20806	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for laparoscopic procedures in the lower abdomen (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$	16,407,044	68,754	$	45,976,415	$	21,856,223	1%	100%	3.4%	5.0%
20810	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for lowerintestinal endoscopic procedures (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	37,912,367	352,826	$	80,415,515	$	50,052,905	16%	93%	0.1%	1.0%
20815	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for extracorporeal shock wave lithotripsy to urinary tract (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$	250,841	1,492	$	660,247	$	334,426	0%	100%	-6.6%	-5.7%
20820	3	T10	the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$	289,742	1,499	$	885,634	$	383,802	1%	100%	2.8%	5.3%
20830	3	T10	in lower abdomen, not being a service to which another item in this Subgroup applies (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	2,209,033	14,140	$	6,025,342	$	2,944,832	0%	100%	-3.0%	-1.6%
20832	3	T10	incisional herniae and/or wound dehiscence of the lower abdomen (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$	454,643	1,981	$	1,189,031	$	606,187	0%	100%	-0.8%	0.4%
20840	3	T10	Initiation of the management of anaesthesia for all open procedures within the lower abdominal peritoneal cavity, including appendicectomy, not being a service to which another item in this	122.4	0	0	104.05	91.8	0	1/11/2001	$	1,726,038	6,420	$	4,270,916	$	2,300,718	1%	100%	-6.9%	-5.1%
20841	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for bowel resection, including laparoscopic bowel resection not being a service to which another item in this Subgroup applies (8 basic	163.2	0	0	138.75	122.4	0	1/11/2001	$	4,142,215	9,619	$	10,218,172	$	5,521,989	0%	100%	-0.6%	1.4%

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20842	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for amniocentesis (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	3,863	12	$	11,536	$	5,151	0%	100%	-1.6%	1.2%
20844	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir (10	204	0	0	173.4	153	0	1/11/2001	$	854,089	1,433	$	2,071,228	$	1,138,754	0%	100%	-1.6%	0.7%
20845	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical prostatectomy (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$	3,073,953	6,552	$	9,446,896	$	4,086,732	0%	100%	3.0%	3.3%
20846	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical hysterectomy (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$	1,127,074	3,029	$	3,170,619	$	1,501,029	0%	100%	2.1%	3.5%
20847	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for ovarian malignancy (10 basic units)	204	0	0	173.4	153	0	1/11/2005	$	272,910	708	$	725,262	$	364,036	0%	100%	-2.4%	-0.5%
20848	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for pelvic exenteration (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$	99,863	105	$	225,593	$	133,151	0%	100%	7.2%	11.0%
20850	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for Caesarean section (12 basic units)	244.8	0	0	208.1	183.6	0	1/11/2001	$	10,296,863	33,467	$	26,494,284	$	13,704,599	0%	100%	-1.9%	-1.0%
20855	3	T10	hysterectomy or hysterectomy within 24 hours of birth (15 basic units)	306	0	0	260.1	229.5	0	1/11/2001	$	18,729	32	$	43,705	$	24,971	0%	100%	-8.9%	-7.5%
20860	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for extraperitoneal procedures in lower abdomen, including those on the urinary tract, not being a service to which another item in this	122.4	0	0	104.05	91.8	0	1/11/2001	$	1,003,412	5,494	$	2,639,699	$	1,336,808	0%	100%	4.5%	3.9%
20862	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for renal procedures, including upper 1/3 of ureter (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$	1,152,831	5,259	$	2,938,793	$	1,536,807	0%	100%	3.1%	3.5%
20863	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for nephrectomy (10 basic units)	204	0	0	173.4	153	0	1/07/2008	$	816,676	1,720	$	2,207,876	$	1,087,049	0%	100%	3.0%	3.9%
20864	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for total cystectomy (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$	244,770	356	$	644,088	$	326,359	0%	100%	0.0%	0.4%
20866	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for adrenalectomy (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$	82,217	220	$	205,307	$	109,622	1%	100%	5.2%	6.1%
20867	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for neuro endocrine tumour removal in the lower abdomen (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$	13,586	34	$	41,380	$	18,115	3%	100%	4.7%	5.7%
20868	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for renal transplantation (donor or recipient) (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$	96,257	175	$	170,732	$	128,341	0%	100%	-4.5%	-4.2%
20880	3	T10	major lower abdominal vessels, not being a service to which another item in this subgroup applies (15 basic units)	306	0	0	260.1	229.5	0	1/11/2001	$	1,490,454	3,375	$	3,529,347	$	1,984,643	2%	98%	6.4%	6.1%
20882	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for inferior vena cava ligation (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$	1,956	5	$	3,914	$	2,621	0%	100%	10.8%	18.7%
20884	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous umbrella insertion (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$	13,769	78	$	34,034	$	18,359	0%	100%	24.6%	25.0%
20886	3	T10	procedures on an intra-abdominal organ in the lower abdomen (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2002	$	707,971	4,540	$	1,952,572	$	942,197	1%	99%	21.5%	20.5%
20900	3	T10	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 procedures (including surgical haemorrhoidectomy, but not banding of haemorrhoids) (4 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$	397,584	3,422	$	1,021,596	$	521,096	4%	98%	1.9%	3.2%
20902	3	T10	perineal procedures including radical perineal prostatectomy or radical vulvectomy (7 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	4,768,852	39,205	$	12,675,193	$	6,346,277	3%	98%	-0.3%	1.2%
20904	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the perineum (10 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$	144,172	496	$	462,374	$	191,906	2%	98%	-5.7%	-5.1%
20905	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for vulvectomy (4 basic units)	204	0	0	173.4	153	0	1/07/2008	$	34,674	90	$	103,821	$	44,452	0%	86%	0.7%	-0.1%
20906	3	T10	procedures (including urethrocystoscopy), not being a service to which another item in this Subgroup applies (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	28,341	190	$	71,860	$	37,766	1%	99%	-1.3%	-0.4%
20910	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for endoscopic ureteroscopic surgery including laser procedures (5 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	6,769,426	57,895	$	17,604,958	$	9,023,215	0%	100%	2.1%	3.0%
20911	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral resection of bladder tumour(s) (5 basic units)	102	0	0	86.7	76.5	0	1/07/2008	$	3,074,943	18,538	$	8,115,890	$	4,099,606	0%	100%	3.2%	3.9%
20912	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral resection of prostate (7 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$	1,158,648	7,645	$	3,008,395	$	1,544,358	0%	100%	0.7%	1.8%
20914	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for bleeding post-transurethral resection (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$	3,101,932	14,921	$	8,475,494	$	4,133,813	0%	100%	0.3%	0.8%
20916	3	T10		142.8	0	0	121.4	107.1	0	1/11/2001	$	55,786	225	$	132,403	$	74,353	0%	100%	3.8%	4.2%

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			external genitalia, not being a service to which another item in this Subgroup applies. (4 basic units)																		
20920	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on undescended testis, unilateral or bilateral (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$ 2,623,453	19,858	$ 7,484,396	$ 3,486,845	3%	98%	0.7%	2.2%
20924	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical orchidectomy, inguinal approach (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$ 75,452	551	$ 214,153	$ 100,601	0%	100%	-2.5%	-0.6%
20926	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical orchidectomy, abdominal approach (6 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$ 66,864	441	$ 197,999	$ 89,103	0%	100%	-1.2%	0.3%
20928	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for orchiopexy, unilateral or bilateral (4 basic units)	122.4		0	0	104.05	91.8	0	1/11/2001	$ 12,005	59	$ 31,885	$ 16,007	3%	100%	1.4%	2.9%
20930	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$ 114,987	758	$ 278,547	$ 153,213	0%	99%	0.1%	2.8%
20932	3	T10	amputation of penis with bilateral inguinal lymphadenectomy (6 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$ 3,058	13	$ 10,070	$ 4,077	0%	100%	10.2%	17.0%
20934	3	T10	amputation of penis with bilateral inguinal and iliac lymphadenectomy (8 basic units)	122.4		0	0	104.05	91.8	0	1/11/2001	$ 1,083	5	$ 3,507	$ 1,444	0%	100%	4.6%	-9.0%
20936	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for insertion of penile prosthesis (4 basic units)	163.2		0	0	138.75	122.4	0	1/11/2001	$ 1,652	5	$ 4,349	$ 2,203	0%	100%	-3.6%	-1.5%
20938	3	T10	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 procedures including repair operations and urinary incontinence procedures (perineal) (5 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$ 120,678	519	$ 402,111	$ 160,792	1%	99%	-0.7%	0.5%
20940	3	T10		81.6		0	0	69.4	61.2	0	1/11/2001	$ 5,891,200	55,864	$ 10,519,742	$ 7,566,502	58%	72%	-4.4%	-3.5%
20942	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for transvaginal assisted reproductive services (4 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$ 1,269,098	6,877	$ 3,602,975	$ 1,689,916	1%	100%	-5.9%	-4.2%
20943	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal hysterectomy (6 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$ 3,456,624	34,923	$ 9,544,677	$ 4,544,079	6%	94%	4.7%	5.3%
20944	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal birth (8 basic units)	122.4		0	0	104.05	91.8	0	1/11/2001	$ 665,184	2,615	$ 1,879,496	$ 886,218	0%	100%	-9.3%	-6.9%
20946	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for purse string ligation of cervix, or removal of purse string ligature (4 basic units)	163.2		0	0	138.75	122.4	0	1/11/2001	$ 162,460	640	$ 384,016	$ 216,576	1%	100%	-2.7%	-1.7%
20948	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for culdoscopy (5 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$ 54,767	410	$ 147,102	$ 73,022	0%	100%	0.0%	1.9%
20950	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for hysteroscopy (4 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$ 21,493	160	$ 55,393	$ 28,657	0%	100%	-1.1%	0.5%
20952	3	T10		81.6		0	0	69.4	61.2	0	1/11/2001	$ 4,727,461	42,235	$ 13,614,727	$ 6,292,844	1%	99%	6.7%	8.4%
20953	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$ 3,370	23	$ 8,316	$ 4,492	17%	100%	-70.0%	-69.1%
20954	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for correction of inverted uterus (10 basic units)	204		0	0	173.4	153	0	1/11/2001	$ 3,465	13	$ 7,765	$ 4,621	8%	100%	-7.3%	-9.1%
20956	3	T10	retained products of conception, as a complication of confinement (4 basic units)	81.6		0	0	69.4	61.2	0	1/05/2002	$ 416,169	3,455	$ 1,021,324	$ 554,497	1%	99%	-0.4%	1.0%
20958	3	T10	removal of retained placenta or for repair of vaginal or perineal tear following birth (5 basic units)	102		0	0	86.7	76.5	0	1/05/2002	$ 76,372	389	$ 184,901	$ 101,828	0%	100%	-8.9%	-8.2%
20960	3	T10	procedures in the management of post partum haemorrhage (blood loss > 500mls) (7 basic units)	142.8		0	0	121.4	107.1	0	1/05/2002	$ 120,268	448	$ 293,467	$ 160,355	1%	100%	-2.2%	-1.5%
21100	3	T10	the skin or subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia (3 basic units)	61.2		0	0	52.05	45.9	0	1/11/2001	$ 100,732	1,104	$ 175,296	$ 126,524	64%	36%	20.3%	14.7%
21110	3	T10	the skin, its derivatives or subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$ 515,856	3,166	$ 1,355,547	$ 687,042	1%	99%	2.0%	3.1%
21112	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the anterior iliac crest (4 basic units)	81.6		0	0	69.4	61.2	0	1/05/2003	$ 9,472	84	$ 20,673	$ 12,629	0%	100%	-5.1%	-4.4%
21114	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the posterior iliac crest (5 basic units)	102		0	0	86.7	76.5	0	1/05/2003	$ 348,053	2,672	$ 768,022	$ 462,990	2%	99%	6.5%	7.0%
21116	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow harvesting from the pelvis (6 basic units)	122.4		0	0	104.05	91.8	0	1/05/2003	$ 42,551	268	$ 96,722	$ 56,734	0%	100%	8.3%	5.6%
21120	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the bony pelvis (6 basic units)	122.4		0	0	104.05	91.8	0	1/11/2001	$ 296,703	1,344	$ 811,281	$ 390,857	16%	85%	2.2%	2.7%
21130	3	T10	application or revision when performed in the operating theatre of a hospital (3 basic units)	61.2		0	0	52.05	45.9	0	1/11/2001	$ 2,863	22	$ 5,974	$ 3,817	0%	100%	-15.5%	-13.1%

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21140	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for interpelviabdominal (hind-quarter) amputation (15 basic units)	306	0	0	260.1	229.5	0	1/11/2001	$ 4,160	9	$ 8,092	$ 5,546	0%	100%	8.4%	7.2%
21150	3	T10	procedures for tumour of the pelvis, except hind-quarter amputation (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 32,863	60	$ 83,740	$ 43,818	0%	100%	2.1%	3.7%
21155	3	T10	free tissue flap surgery involving the anterior or posterior pelvis (10 basic units)	204	0	0	173.4	153	0	1/07/2008	$ 1,316	3	$ 2,920	$ 1,754	0%	100%	-17.8%	-13.8%
21160	3	T10	procedures involving symphysis pubis or sacroiliac joint when performed in the operating theatre of a hospital (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 21,154	184	$ 52,595	$ 28,205	0%	100%	4.5%	8.5%
21170	3	T10	procedures involving symphysis pubis or sacroiliac joint (8 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$ 69,348	235	$ 180,868	$ 92,379	0%	100%	12.7%	14.5%
21195	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper leg (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 319,918	2,212	$ 885,550	$ 423,832	4%	97%	3.3%	5.2%
21199	3	T10	nerves, muscles, tendons, fascia or bursae of the upper leg (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 558,180	3,348	$ 1,508,242	$ 744,114	0%	100%	2.6%	4.1%
21200	3	T10	procedures involving hip joint when performed in the operating theatre of a hospital (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 103,020	726	$ 239,910	$ 137,339	1%	100%	-2.2%	-1.1%
21202	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of the hip joint (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 380,944	2,053	$ 1,202,187	$ 507,389	0%	100%	-6.7%	-5.3%
21210	3	T10	procedures involving hip joint, not being a service to which another item in this Subgroup applies (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 1,063,717	3,621	$ 2,446,238	$ 1,418,233	0%	100%	-0.2%	0.8%
21212	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for hip disarticulation (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 43,954	113	$ 102,179	$ 58,570	1%	99%	-13.6%	-11.1%
21214	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for total hip replacement or revision (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 10,104,588	29,597	$ 27,652,965	$ 13,463,891	0%	100%	3.7%	4.2%
21216	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for bilateral total hip replacement (14 basic units)	285.6	0	0	242.8	214.2	0	1/11/2005	$ 241,268	472	$ 733,850	$ 321,596	0%	100%	12.2%	12.4%
21220	3	T10	procedures involving upper 2/3 of femur when performed in the operating theatre of a hospital (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 34,696	148	$ 64,904	$ 46,260	1%	100%	4.5%	8.7%
21230	3	T10	procedures involving upper 2/3 of femur, not being a service to which another item in this Subgroup applies (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 1,099,676	3,408	$ 2,504,532	$ 1,465,643	0%	100%	0.6%	2.3%
21232	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for above knee amputation (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 27,487	90	$ 56,953	$ 36,649	0%	100%	-0.4%	2.4%
21234	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection of the upper 2/3 of femur (8 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$ 21,635	47	$ 53,376	$ 28,847	0%	100%	1.8%	4.0%
21260	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures involving veins of upper leg, including exploration (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 1,045,948	6,218	$ 2,929,739	$ 1,341,288	1%	99%	-4.2%	-2.6%
21270	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures involving arteries of upper leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic	163.2	0	0	138.75	122.4	0	1/11/2001	$ 1,709,911	5,749	$ 4,070,828	$ 2,275,535	3%	98%	4.7%	5.2%
21272	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for femoral artery ligation (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 5,018	27	$ 12,828	$ 6,691	0%	100%	5.2%	4.4%
21274	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for femoral artery embolectomy (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 14,041	43	$ 31,567	$ 18,664	5%	98%	-8.8%	-9.6%
21275	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the upper leg (10 basic units)	204	0	0	173.4	153	0	1/07/2008	$ 27,591	34	$ 71,928	$ 36,788	0%	100%	2.5%	6.5%
21280	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of upper leg (15 basic units)	306	0	0	260.1	229.5	0	1/11/2001	$ 1,316	5	$ 2,879	$ 1,754	0%	100%	-11.1%	-23.2%
21300	3	T10	the skin or subcutaneous tissue of the knee and/or popliteal area (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 121,157	1,028	$ 259,269	$ 158,357	28%	72%	6.9%	6.7%
21321	3	T10	nerves, muscles, tendons, fascia or bursae of knee and/or popliteal area (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 477,989	2,963	$ 1,276,135	$ 636,997	1%	99%	4.6%	4.8%
21340	3	T10	procedures on lower 1/3 of femur when performed in the operating theatre of a hospital (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 16,117	107	$ 40,004	$ 21,489	0%	100%	1.0%	4.3%
21360	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on lower 1/3 of femur (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 458,093	1,988	$ 1,241,450	$ 610,716	1%	100%	1.5%	4.0%
21380	3	T10	procedures on knee joint when performed in the operating theatre of a hospital (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 156,365	1,568	$ 400,836	$ 208,483	1%	100%	0.4%	2.0%
21382	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of knee joint (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 6,043,995	43,563	$ 18,223,196	$ 8,053,956	0%	100%	-5.2%	-3.7%

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21390	3	T10	procedures on upper ends of tibia, fibula, and/or patella when performed in the operating theatre of a hospital (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 10,637	80	$ 24,817	$ 14,164	1%	99%	-0.2%	0.2%
21392	3	T10	procedures on upper ends of tibia, fibula, and/or patella (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 368,345	1,840	$ 987,134	$ 491,233	0%	100%	-3.8%	-2.0%
21400	3	T10	procedures on knee joint, not being a service to which another item in this Subgroup applies (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 695,935	3,522	$ 1,873,100	$ 927,602	0%	100%	-0.1%	1.8%
21402	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for knee replacement (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$ 11,184,553	39,126	$ 31,255,610	$ 14,904,803	0%	100%	3.7%	4.6%
21403	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for bilateral knee replacement (10 basic units)	204	0	0	173.4	153	0	1/11/2001	$ 1,527,371	3,358	$ 4,412,182	$ 2,034,607	0%	100%	6.4%	7.7%
21404	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for disarticulation of knee (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 18,709	77	$ 53,843	$ 24,945	0%	100%	-0.8%	1.9%
21420	3	T10	application, removal, or repair involving knee joint, undertaken in a hospital (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 3,063	21	$ 8,748	$ 4,060	14%	95%	10.1%	8.1%
21430	3	T10	veins of knee or popliteal area, not being a service to which another item in this Subgroup applies (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 58,461	349	$ 181,088	$ 77,947	1%	100%	-0.6%	-0.3%
21432	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of arteriovenous fistula of knee or popliteal area (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 505	2	$ 1,154	$ 673	0%	100%	-16.7%	-17.5%
21440	3	T10	arteries of knee or popliteal area, not being a service to which another item in this Subgroup applies (8 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$ 233,086	721	$ 582,147	$ 310,743	0%	100%	8.1%	8.3%
21445	3	T10	free tissue flap surgery involving the knee and/or popliteal area (10 basic units)	204	0	0	173.4	153	0	1/07/2008	$ 9,930	15	$ 23,216	$ 13,240	0%	100%	-5.6%	-6.4%
21460	3	T10	the skin or subcutaneous tissue of lower leg, ankle, or foot (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 1,429,318	11,474	$ 3,471,085	$ 1,897,224	5%	95%	1.8%	3.0%
21461	3	T10	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	81.6	0	0	69.4	61.2	0	1/11/2001	$ 1,677,352	11,202	$ 4,457,735	$ 2,235,256	1%	100%	1.1%	2.7%
21462	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on lower leg, ankle, or foot (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 97,368	772	$ 219,453	$ 129,762	1%	100%	-5.8%	-3.2%
21464	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedure of ankle joint (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 582,932	3,647	$ 1,787,835	$ 776,603	0%	100%	0.7%	2.8%
21472	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of Achilles tendon (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 394,760	2,201	$ 1,176,089	$ 525,531	0%	100%	2.5%	3.8%
21474	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for gastrocnemius recession (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 15,914	86	$ 46,544	$ 21,218	0%	100%	5.1%	7.3%
21480	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on bones of lower leg, ankle, or foot, including amputation, not being a service to which another item in this	81.6	0	0	69.4	61.2	0	1/11/2001	$ 4,951,937	27,732	$ 13,708,240	$ 6,596,877	0%	100%	1.9%	3.8%
21482	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection of bone involving lower leg, ankle or foot (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 214,532	844	$ 640,744	$ 285,439	0%	100%	2.4%	5.4%
21484	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for osteotomy or osteoplasty of tibia or fibula (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 234,222	950	$ 700,640	$ 312,210	0%	100%	5.3%	7.3%
21486	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for total ankle replacement (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$ 139,031	405	$ 409,447	$ 185,269	0%	100%	19.4%	21.6%
21490	3	T10	application, removal or repair, undertaken in a hospital (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 4,157	38	$ 10,385	$ 5,542	0%	100%	4.2%	4.9%
21500	3	T10	arteries of lower leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$ 450,686	1,555	$ 1,072,758	$ 600,506	1%	99%	8.4%	9.5%
21502	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of the lower leg (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$ 9,683	29	$ 21,114	$ 12,910	0%	100%	1.4%	4.6%
21520	3	T10	veins of lower leg, not being a service to which another item in this Subgroup applies (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$ 559,472	3,421	$ 1,677,186	$ 740,830	0%	99%	6.9%	6.9%
21522	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for venous thrombectomy of the lower leg (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$ 10,729	43	$ 24,702	$ 14,306	2%	100%	-1.3%	2.2%
21532	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of toe (8 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$ 356	1	$ 475	$ 475	0%	100%	#DIV/0!	#DIV/0!
21535	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the lower leg (10 basic units)	204	0	0	173.4	153	0	1/07/2008	$ 61,374	91	$ 132,620	$ 81,831	0%	100%	3.7%	4.5%
21600	3	T10	the skin or subcutaneous tissue of the shoulder or axilla (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$ 292,707	3,223	$ 545,710	$ 369,062	60%	40%	15.5%	11.8%

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		nerves, muscles, tendons, fascia or bursae of shoulder or axilla including axillary dissection (5 basic units)																	
21610	3	T10	102	0	0	86.7	76.5	0	1/11/2001	$	582,380	3,198	$	1,597,064	$	774,142	2%	98%	0.6%	0.9%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on humeral head and neck, sternoclavicular joint,																	
21620	3	T10	81.6	0	0	69.4	61.2	0	1/11/2001	$	73,402	561	$	187,055	$	97,609	2%	98%	-0.6%	2.3%
		acromioclavicular joint, or shoulder joint when performed in the INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of shoulder joint (5 basic units)																	
21622	3	T10	102	0	0	86.7	76.5	0	1/11/2001	$	4,105,528	20,691	$	12,376,235	$	5,467,660	0%	100%	-0.6%	0.5%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on humeral head and neck, sternoclavicular joint,																	
21630	3	T10	102	0	0	86.7	76.5	0	1/11/2001	$	977,347	4,406	$	2,771,801	$	1,301,421	0%	100%	-4.4%	-3.1%
		acromioclavicular joint orshoulder joint, not being a service to resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint (6 basic units)																	
21632	3	T10	122.4	0	0	104.05	91.8	0	1/11/2001	$	76,987	295	$	228,815	$	102,649	0%	100%	9.8%	11.2%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder disarticulation (9 basic units)																	
21634	3	T10	183.6	0	0	156.1	137.7	0	1/11/2001	$	26,349	78	$	94,483	$	35,007	1%	96%	-10.8%	-5.7%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for interthoracoscapular (forequarter) amputation (15 basic units)																	
21636	3	T10	306	0	0	260.1	229.5	0	1/11/2001	$	3,989	7	$	9,140	$	5,318	0%	100%	11.8%	22.1%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for total shoulder replacement (10 basic units)																	
21638	3	T10	204	0	0	173.4	153	0	1/11/2001	$	2,080,811	5,517	$	5,702,607	$	2,770,971	0%	100%	10.6%	10.7%
		arteries of shoulder or axilla, not being a service to which another item in this Subgroup applies (8 basic units)																	
21650	3	T10	163.2	0	0	138.75	122.4	0	1/11/2001	$	22,700	68	$	56,245	$	30,267	0%	100%	-3.2%	0.2%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures for axillary-brachial aneurysm (10 basic units)																	
21652	3	T10	204	0	0	173.4	153	0	1/11/2001	$	1,056	3	$	2,664	$	1,408	0%	100%	-9.7%	-6.9%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for bypass graft of arteries of shoulder or axilla (8 basic units)																	
21654	3	T10	163.2	0	0	138.75	122.4	0	1/11/2001	$	2,118	5	$	5,378	$	2,824	0%	100%	-3.6%	-0.2%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for axillary-femoral bypass graft (10 basic units)																	
21656	3	T10	204	0	0	173.4	153	0	1/11/2001	$	1,874	3	$	4,966	$	2,499	0%	100%	-21.4%	-17.1%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of shoulder or axilla (4 basic units)																	
21670	3	T10	81.6	0	0	69.4	61.2	0	1/11/2001	$	29,832	194	$	72,954	$	39,776	1%	100%	12.6%	10.9%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder cast application, removal or repair, not being a service to which another																	
21680	3	T10	61.2	0	0	52.05	45.9	0	1/11/2001	$	518	4	$	1,609	$	691	0%	100%	32.0%	34.3%
		item in this Subgroup applies, when undertaken in a hospital (3 free tissue flap surgery involving the shoulder or the axilla (10 basic units)																	
21685	3	T10	204	0	0	173.4	153	0	1/07/2008	$	4,039	7	$	9,606	$	5,386	0%	100%	3.1%	10.4%
		the skin or subcutaneous tissue of the upper arm or elbow (3 basic units)																	
21700	3	T10	61.2	0	0	52.05	45.9	0	1/11/2001	$	282,739	2,064	$	825,300	$	373,319	15%	86%	5.8%	7.1%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of upper arm or elbow,																	
21710	3	T10	81.6	0	0	69.4	61.2	0	1/11/2001	$	442,194	2,761	$	1,254,888	$	588,286	1%	99%	1.3%	2.6%
		not being a service to which another item in this Subgroup applies INITIATION OF MANAGEMENT OF ANAESTHESIA for open tenotomy of the upper arm orelbow (5 basic units)																	
21712	3	T10	102	0	0	86.7	76.5	0	1/11/2001	$	18,629	103	$	53,223	$	24,838	1%	100%	4.9%	6.2%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for tenoplasty of the upper arm orelbow (5 basic units)																	
21714	3	T10	102	0	0	86.7	76.5	0	1/11/2001	$	43,053	231	$	130,384	$	57,403	0%	100%	12.4%	13.0%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for tenodesis for rupture of long tendon of biceps (5 basic units)																	
21716	3	T10	102	0	0	86.7	76.5	0	1/11/2001	$	80,109	430	$	241,681	$	106,340	0%	100%	3.4%	3.6%
		procedures on the upper arm orelbow when performed in the operating theatre of a hospital (3 basic units)																	
21730	3	T10	61.2	0	0	52.05	45.9	0	1/11/2001	$	59,717	409	$	124,061	$	79,602	0%	100%	-3.0%	0.0%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of elbow joint (4 basic units)																	
21732	3	T10	81.6	0	0	69.4	61.2	0	1/11/2001	$	102,956	600	$	332,736	$	137,247	0%	100%	0.2%	0.8%
		procedures on the upper arm or elbow, not being a service to which another item in this Subgroup applies (5 basic units)																	
21740	3	T10	102	0	0	86.7	76.5	0	1/11/2001	$	1,153,889	5,248	$	2,966,497	$	1,537,999	0%	100%	3.8%	4.8%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures on the upper arm or elbow (6 basic units)																	
21756	3	T10	122.4	0	0	104.05	91.8	0	1/11/2001	$	44,889	139	$	121,818	$	59,852	0%	100%	7.0%	7.5%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for total elbow replacement (7 basic units)																	
21760	3	T10	142.8	0	0	121.4	107.1	0	1/11/2001	$	50,048	123	$	133,827	$	66,730	0%	100%	5.1%	6.3%
		arteries of upper arm, not being a service to which another item in this Subgroup applies (8 basic units)																	
21770	3	T10	163.2	0	0	138.75	122.4	0	1/11/2001	$	289,278	1,027	$	682,197	$	385,700	0%	100%	7.1%	7.9%
		INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of arteries of the upper arm (6 basic units)																	
21772	3	T10	122.4	0	0	104.05	91.8	0	1/11/2001	$	11,966	42	$	26,177	$	15,955	0%	100%	-2.6%	-2.8%
		veins of upper arm, not being a service to which another item in this Subgroup applies (4 basic units)																	
21780	3	T10	81.6	0	0	69.4	61.2	0	1/11/2001	$	22,457	127	$	52,644	$	29,942	0%	100%	-0.8%	1.1%
		free tissue flap surgery involving the upper arm or elbow (10 basic units)																	
21785	3	T10	204	0	0	173.4	153	0	1/07/2008	$	10,210	13	$	23,156	$	13,613	0%	100%	0.0%	6.1%

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21790	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of upper arm (15 basic units)	306	0	0	260.1	229.5	0	1/11/2001	$	1,280	4	$	2,708	$	1,707	0%	100%	-4.4%	-4.6%
21800	3	T10	the skin or subcutaneous tissue of the forearm, wrist or hand (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$	772,417	6,400	$	1,776,232	$	1,022,964	10%	90%	5.2%	6.1%
21810	3	T10	the nerves, muscles, tendons, fascia, or bursae of the forearm, wrist or hand (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	5,925,377	43,749	$	16,573,917	$	7,891,449	1%	100%	2.9%	3.9%
21820	3	T10	procedures on the radius, ulna, wrist, or hand bones when performed in the operating theatre of a hospital (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$	345,784	2,665	$	794,096	$	460,938	0%	100%	-3.0%	-1.0%
21830	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the radius, ulna, wrist, or hand bones, not being a service to which another item in this Subgroup applies (4 basic	81.6	0	0	69.4	61.2	0	1/11/2001	$	3,306,338	18,888	$	8,954,452	$	4,404,651	0%	100%	2.8%	4.0%
21832	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for total wrist replacement (7 basic units)	142.8	0	0	121.4	107.1	0	1/11/2001	$	26,404	105	$	73,831	$	35,205	0%	100%	4.8%	8.1%
21834	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of the wrist joint (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	248,950	1,581	$	790,489	$	331,009	1%	99%	5.0%	6.5%
21840	3	T10	the arteries of forearm, wrist or hand, not being a service to which another item in this Subgroup applies (8 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$	517,133	1,848	$	1,199,765	$	688,124	2%	98%	5.0%	6.0%
21842	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of artery of forearm, wrist or hand (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$	8,007	26	$	18,873	$	10,676	0%	100%	-1.5%	4.1%
21850	3	T10	the veins of forearm, wrist or hand, not being a service to which another item in this Subgroup applies (4 basic units)	81.6	0	0	69.4	61.2	0	1/11/2001	$	16,849	79	$	43,335	$	22,465	1%	100%	-1.5%	4.1%
21860	3	T10	or hand cast application, removal, or repair when rendered to a patient as part of an episode of hospital treatment (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$	3,734	33	$	8,083	$	4,864	18%	82%	-22.8%	-22.3%
21865	3	T10	free tissue flap surgery involving the forearm, wrist or hand (10 basic units)	204	0	0	173.4	153	0	1/07/2008	$	19,297	33	$	41,656	$	25,730	3%	100%	-9.7%	-9.1%
21870	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of forearm, wrist or hand (15 basic units)	306	0	0	260.1	229.5	0	1/11/2001	$	7,194	10	$	12,688	$	9,591	0%	100%	10.8%	14.7%
21872	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of a finger (8 basic units)	163.2	0	0	138.75	122.4	0	1/11/2001	$	8,603	19	$	19,318	$	11,471	5%	100%	-3.7%	-6.6%
21878	3	T10	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	61.2	0	0	52.05	45.9	0	1/11/2001	$	19,276	142	$	33,087	$	25,700	1%	100%	7.3%	8.8%
21879	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting,where the area of burn involves more than 3% but less than 10% of total body	102	0	0	86.7	76.5	0	1/11/2001	$	21,746	103	$	35,341	$	28,994	0%	100%	5.2%	8.0%
21880	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 10% or more but less than 20% of total body	142.8	0	0	121.4	107.1	0	1/11/2001	$	11,941	44	$	19,502	$	15,921	0%	100%	1.9%	3.2%
21881	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 20% or more but less than 30% of total body	183.6	0	0	156.1	137.7	0	1/11/2001	$	11,206	32	$	22,978	$	14,940	0%	100%	16.4%	22.9%
21882	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 30% or more but less than 40% of total body	224.4	0	0	190.75	168.3	0	1/11/2001	$	1,285	4	$	2,592	$	1,714	0%	100%	-21.0%	-24.4%
21883	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 40% or more but less than 50% of total body	265.2	0	0	225.45	198.9	0	1/11/2001	$	1,421	4	$	2,393	$	1,894	0%	100%	-4.4%	-8.2%
21885	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 60% or more but less than 70% of total body	346.8	0	0	294.8	260.1	0	1/11/2001	$	4,516	8	$	9,765	$	6,021	0%	100%	51.6%	46.5%
21887	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 80% or more of total body surface (21 basic	428.4	0	0	364.15	321.3	0	1/11/2001	$	386	1	$	850	$	515	0%	100%	#DIV/0!	#DIV/0!
21900	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for hysterosalpingography (3 basic units)	61.2	0	0	52.05	45.9	0	1/11/2001	$	842	8	$	2,614	$	1,122	0%	100%	-11.8%	-10.6%
21906	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: lumbar or thoracic (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$	43,124	356	$	104,648	$	57,498	0%	100%	-18.8%	-19.1%
21908	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: cervical (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$	21,318	150	$	50,833	$	28,401	0%	99%	-7.0%	-6.4%
21910	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: posterior fossa (9 basic units)	183.6	0	0	156.1	137.7	0	1/11/2001	$	1,499	8	$	3,797	$	1,999	0%	100%	-15.0%	-17.4%
21912	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for discography: lumbar or thoracic (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$	7,141	57	$	17,260	$	9,522	5%	100%	-10.5%	-11.9%
21914	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for discography: cervical (6 basic units)	122.4	0	0	104.05	91.8	0	1/11/2001	$	2,938	16	$	7,167	$	3,917	0%	100%	-14.5%	-13.7%
21915	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for peripheral arteriogram (5 basic units)	102	0	0	86.7	76.5	0	1/11/2001	$	125,860	705	$	261,765	$	164,590	20%	83%	-6.6%	-4.9%

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21916	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for arteriograms: cerebral, carotid or vertebral (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	58,866	281	$	105,112	$	77,635	13%	88%	0.0%	1.3%
21918	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for retrograde arteriogram: brachial or femoral (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	67,236	395	$	129,059	$	86,108	38%	62%	-6.4%	-6.8%
21922	3	T10	axial tomography scanning, magnetic resonance scanning, digital subtraction angiography scanning (6 basic units)	122.4		0	0	104.05	91.8	0	1/11/2001	$	1,791,996	9,734	$	3,640,629	$	2,339,511	16%	85%	5.6%	4.5%
21925	3	T10	cystography, retrograde urethrography or retrograde cystourethrography (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$	31,412	233	$	77,241	$	41,853	1%	100%	-6.4%	-4.6%
21926	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for fluoroscopy (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$	252,094	1,851	$	641,023	$	335,111	1%	99%	-16.7%	-19.4%
21930	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for bronchography (6 basic units)	122.4		0	0	104.05	91.8	0	1/11/2001	$	5,471	34	$	10,171	$	7,308	0%	100%	-2.2%	-4.0%
21935	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for phlebography (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	63,813	389	$	195,298	$	85,025	0%	99%	22.7%	24.0%
21936	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for heart, 2 dimensional real time transoesophageal examination (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	1,356,544	9,345	$	3,142,025	$	1,805,581	2%	99%	6.3%	5.2%
21939	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for peripheral venous cannulation (3 basic units)	61.2		0	0	52.05	45.9	0	1/11/2001	$	39,954	498	$	78,144	$	53,033	19%	96%	7.4%	6.1%
21941	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for cardiac catheterisation including coronary arteriography, ventriculography, cardiac mapping, insertion of automatic defibrillator or electrophysiological procedures including radio frequency ablation (10 basic units)	142.8		0	0	121.4	107.1	0	1/11/2001	$	4,138,731	17,548	$	9,574,233	$	5,516,581	0%	100%	15.3%	15.2%
21942	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for central vein catheterisation or insertion of right heart balloon catheter (via jugular, subclavian or femoral vein) by percutaneous or open	204		0	0	173.4	153	0	1/05/2002	$	4,137,680	11,365	$	9,867,120	$	5,509,882	1%	99%	9.6%	10.3%
21943	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for lumbar puncture, cisternal puncture, or epidural injection (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	720,024	4,216	$	1,701,421	$	959,938	0%	100%	-1.2%	-0.5%
21945	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for harvesting of bone marrow for the purpose of transplantation (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	316,589	2,611	$	637,596	$	421,620	1%	99%	5.1%	6.5%
21949	3	T10	Initiation of the management of anaesthesia for diagnostic muscle biopsy to assess for malignant hyperpyrexia (4 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	11,387	88	$	25,463	$	15,183	2%	100%	8.0%	8.2%
21952	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for electroencephalography (5 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$	4,899	39	$	8,765	$	6,138	51%	49%	7.6%	-6.1%
21955	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for brain stem evoked response audiometry (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	1,476	9	$	2,932	$	1,968	0%	100%	-29.6%	-26.7%
21959	3	T10	electrocochleography by extratympanic method or transtympanic membrane insertion method (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	1,163	5	$	2,075	$	1,550	0%	100%	-3.6%	1.4%
21962	3	T10	procedure if there is a clinical need for anaesthesia, not for headache of any etiology (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	903	4	$	2,037	$	1,204	0%	100%	-15.0%	-6.3%
21965	3	T10	therapy where the medical practitioner is confined in the chamber (including the administration of oxygen) (15 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	33,930	273	$	59,879	$	44,494	37%	84%	167.3%	137.9%
21970	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for brachytherapy using radioactive sealed sources (5 basic units)	306		0	0	260.1	229.5	0	1/11/2001	$	275	1	$	367	$	367	0%	100%	#DIV/0!	#DIV/0!
21973	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for therapeutic nuclear medicine (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	82,073	427	$	172,437	$	105,923	24%	77%	-4.9%	-3.3%
21976	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA for radiotherapy (5 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	1,615	9	$	3,217	$	2,153	0%	100%	-3.9%	-1.3%
21980	3	T10	INITIATION OF MANAGEMENT OF ANAESTHESIA when no procedure ensues (3 basic units)	102		0	0	86.7	76.5	0	1/11/2001	$	61,488	415	$	124,928	$	79,649	21%	79%	9.8%	9.0%
21990	3	T10	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	61.2		0	0	52.05	45.9	0	1/11/2001	$	100,746	667	$	223,881	$	134,270	7%	100%	15.4%	16.9%
21992	3	T10	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	81.6		0	0	69.4	61.2	0	1/11/2001	$	8,056	64	$	15,770	$	10,692	3%	97%	-11.2%	-8.4%
21997	3	T10	collected, when performed in association with the management of anaesthesia (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$	14,072	102	$	30,687	$	18,127	11%	79%	119.5%	75.1%
22001	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	10,577	227	$	23,626	$	14,101	0%	100%	-53.7%	-53.6%
22002	3	T10	associated with difficult airway when performed in association with the administration of anaesthesia (4 basic units)	81.6		0	0	69.4	61.2	0	1/11/2001	$	928,144	14,144	$	2,226,320	$	1,237,293	0%	100%	-7.0%	-6.2%
22007	3	T10		81.6		0	0	69.4	61.2	0	1/11/2001	$	179,430	2,813	$	440,514	$	239,219	0%	100%	2.9%	3.6%

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			insertion of when performed in association with the administration of anaesthesia (4 basic units)																			
22008	3	T10		81.6		0	0	69.4	61.2	0	1/11/2001	$	331,859	5,269		$	781,788	$	442,479		0%	100%	2.1%	2.9%
			Central venous, pulmonary arterial, systemic arterial or cardiac intracavity blood pressure monitoring by indwelling																					
22012	3	T10	catheter—once per day for each type of pressure for a patient:(a)	61.2		0	0	52.05	45.9	0	1/11/2001	$	8,303,467	175,054		$	21,918,858	$	11,060,648		0%	100%	3.5%	4.1%
			Central venous, pulmonary arterial, systemic arterial or cardiac intracavity blood pressure monitoring by indwelling																					
22014	3	T10	catheter—once per day for each type of pressure for a patient:(a)	61.2		0	0	52.05	45.9	0	1/11/2001	$	285,797	5,921		$	722,716	$	380,904		0%	100%	8.3%	8.9%
			RIGHT HEART BALLOON CATHETER, insertion of, including pulmonary wedge pressure and cardiac output measurement,																					
22015	3	T10	when performed in association with the administration of	122.4		0	0	104.05	91.8	0	1/11/2001	$	479,337	5,025		$	1,103,019	$	639,189		0%	100%	-2.4%	-1.6%
22018	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	55,926	513		$	113,866	$	74,562		6%	100%	-58.2%	-58.2%
			CENTRAL VEIN CATHETERISATION by percutaneous or open exposure, not being a service to which item 13318 applies, when																					
22020	3	T10	performed in association with the administration of anaesthesia (4	81.6		0	0	69.4	61.2	0	1/11/2001	$	1,459,638	22,797		$	3,473,029	$	1,945,778		0%	100%	-0.2%	0.5%
			Intra-arterial cannulation when performed in association with the management of anaesthesia in a patient who:(a) is categorised as																					
22025	3	T10	having a high risk of complications; or(b) develops a high risk of	81.6		0	0	69.4	61.2	0	1/11/2001	$	8,673,421	137,924		$	23,118,955	$	11,550,448		0%	100%	4.2%	4.8%
			Intrathecal or epidural injection (initial) of a therapeutic substance or substances, with or without insertion of a catheter, in																					
22031	3	T10	association with anaesthesia and surgery, for post-operative pain	102		0	0	86.7	76.5	0	1/11/2005	$	7,907,378	100,249		$	21,066,903	$	10,533,641		0%	100%	2.4%	2.9%
			INTRATHECAL or EPIDURAL INJECTION (subsequent) of a therapeutic substance or substances, using an in-situ catheter, in																					
22036	3	T10	association with anaesthesia and surgery, for postoperative pain	61.2		0	0	52.05	45.9	0	1/11/2005	$	146,708	2,553		$	356,591	$	194,903		1%	100%	2.3%	3.0%
22040	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	4,583	149		$	10,668	$	6,111		5%	100%	-65.0%	-64.9%
			the lower leg or forearm for post operative pain management (2 basic units)																					
22041	3	T10		40.8		0	0	34.7	30.6	0	1/11/2019	$	2,910,321	93,580		$	8,630,530	$	3,875,876		0%	100%	#DIV/0!	#DIV/0!
			Introduction of a nerve block performed via a retrobulbar, peribulbar, or sub Tenon's approach, or other complex eye block,																					
22042	3	T10	when administered by an anaesthetist perioperatively (1 basic	20.4		0	0	17.35	15.3	0	1/11/2019	$	2,693,076	132,549		$	6,484,082	$	2,708,070		1%	99%	#DIV/0!	#DIV/0!
22045	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,440	32		$	3,833	$	1,919		0%	100%	-66.0%	-66.1%
22050	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,959	65		$	6,014	$	2,612		0%	100%	-68.3%	-68.3%
			INTRA-OPERATIVE TRANSOESOPHAGEAL ECHOCARDIOGRAPHY - Monitoring in real time of the structure and function of the heart																					
22051	3	T10	chambers, valves and surrounding structures, including assessment	183.6		0	0	156.1	137.7	0	1/11/2008	$	1,353,921	9,460		$	3,140,500	$	1,805,144		0%	100%	9.1%	9.8%
			equivalent, not being a service associated with anaesthesia to which an item in Subgroup 21 applies (12 basic units)																					
22055	3	T10		244.8		0	0	208.1	183.6	0	1/11/2001	$	27,973	148		$	70,474	$	37,166		2%	97%	79.2%	77.1%
			WHOLE BODY PERFUSION, CARDIAC BYPASS, where the heart-lung machine or equivalent is continuously operated by a medical																					
22060	3	T10	perfusionist, other than a service associated with anaesthesia to	612		0	0	527.3	459	Y	1/11/2001	$	3,232,237	4,002		$	7,513,180	$	4,309,234		0%	100%	-4.9%	-2.8%
			to which item 22060 applies, not being a service associated with anaesthesia to which an item in Subgroup 21 applies (5 basic units)																					
22065	3	T10		102		0	0	86.7	76.5	0	1/11/2001	$	308,200	3,885		$	707,763	$	410,975		0%	100%	-5.0%	-4.2%
22070	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	26,136	169		$	58,828	$	34,848		0%	100%	-49.2%	-49.1%
			DEEP HYPOTHERMIC CIRCULATORY ARREST, with core temperature less than 22°c, including management of retrograde cerebral																					
22075	3	T10	perfusion if performed, not being a service associated with	306		0	0	260.1	229.5	0	1/11/2001	$	24,861	102		$	57,555	$	33,147		0%	100%	-8.8%	-7.6%
			ANAESTHESIA for extraction of tooth or teeth with or without incision of soft tissue or removal of bone (6 basic units)																					
22900	3	T10		122.4		0	0	104.05	91.8	0	1/11/2001	$	17,768,188	105,267		$	53,176,518	$	21,770,328		1%	88%	2.4%	4.5%
			INITIATION OF MANAGEMENT OF ANAESTHESIA for restorative dental work (6 basic units)																					
22905	3	T10		122.4		0	0	104.05	91.8	0	1/11/2001	$	8,826,298	26,673		$	21,609,287	$	7,177,191		1%	69%	5.5%	9.2%
23021	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	-$	30	-		-$	176	-$	40		-	-	#DIV/0!	-153.9%
			16 MINUTES TO 30 MINUTES (2 basic units)																					
23025	3	T10		40.8		0	0	34.7	30.6	0	1/11/2019	$	178	-		$	626	$	163		-	-	#DIV/0!	#DIV/0!
23031	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	-$	45	-		-$	60	-$	60		-	-	#DIV/0!	-168.6%
			31 MINUTES to 45 MINUTES (3 basic units)																					
23035	3	T10		61.2		0	0	52.05	45.9	0	1/11/2019	$	236	-		$	913	$	184		-	-	#DIV/0!	#DIV/0!
			46 MINUTES to 1:00 HOUR (4 basic units)																					
23045	3	T10		81.6		0	0	69.4	61.2	0	1/11/2019	$	421	-		$	1,499	$	488		-	-	#DIV/0!	#DIV/0!
			1:01 HOURS to 1:15 HOURS (5 basic units)																					
23055	3	T10		102		0	0	86.7	76.5	0	1/11/2019	$	228	-		$	1,018	$	305		-	-	#DIV/0!	#DIV/0!
			1:16 HOURS to 1:30 HOURS (6 basic units)																					
23065	3	T10		122.4		0	0	104.05	91.8	0	1/11/2019	$	274	-		$	1,237	$	365		-	-	#DIV/0!	#DIV/0!

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23075	3	T10	1:31 HOURS to 1:45 HOURS (7 basic units)	142.8		0	0	121.4	107.1	0	1/11/2019	$	214	-		$	343	$	286	-	-	#DIV/0!	#DIV/0!
23085	3	T10	1:46 HOURS to 2:00 HOURS (8 basic units)	163.2		0	0	138.75	122.4	0	1/11/2019	$	531	-		$	-	$	-	-	-	#DIV/0!	#DIV/0!
23116	3	T10	3:11 HOURS TO 3:20 HOURS (16 basic units)	326.4		0	0	277.45	244.8	0	1/11/2005	$	2,898	-		$	-	$	-	-	-	#DIV/0!	#DIV/0!
23117	3	T10	3:21 HOURS TO 3:30 HOURS (17 basic units)	346.8		0	0	294.8	260.1	0	1/11/2005	$	260	-		$	612	$	347	-	-	#DIV/0!	-28.6%
23230	3	T10	5:01 HOURS TO 5:10 HOURS (27 basic units)	550.8		0	0	468.2	413.1	0	1/11/2001	$	413	-		$	857	$	551	-	-	#DIV/0!	#DIV/0!
23240	3	T10	5:11 HOURS TO 5:20 HOURS (28 basic units)	571.2		0	0	486.5	428.4	0	1/11/2001	$	422	-		$	1,680	$	563	-	-	#DIV/0!	#DIV/0!
25000	3	T10	ANAESTHESIA, PERFUSION or ASSISTANCE AT ANAESTHESIA (a) for anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or (b) for perfusion performed threat to life equivalent to ASA physical status indicator 4 (2 basic units)	20.4		0	0	17.35	15.3	0	1/11/2001	$	2,299	-		$	5,468	$	2,909	-	-	#DIV/0!	-1.5%
25005	3	T10	without the operation, equivalent to ASA physical status indicator 5 (3 basic units)	40.8		0	0	34.7	30.6	0	1/11/2001	$	699	-		$	1,465	$	932	-	-	#DIV/0!	-7.1%
25010	3	T10		61.2		0	0	52.05	45.9	0	1/11/2001	$	-	-		-$	51	$	-	-	-	#DIV/0!	-100.0%
25012	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	423	-		$	1,048	$	563	-	-	#DIV/0!	#DIV/0!
25013	3	T10	anaesthesia, if the patient is aged under 4 years (Anaes.) (1 basic units)	20.4		0	0	17.35	15.3	Y	1/05/2020	$	670	-		$	1,323	$	893	-	-	#DIV/0!	#DIV/0!
25014	3	T10	anaesthesia, if the patient is aged 75 years or more (Anaes.) (1 basic units)	20.4		0	0	17.35	15.3	Y	1/05/2020	$	8,006	-		$	18,086	$	10,579	-	-	#DIV/0!	#DIV/0!
25015	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,903	-		$	3,335	$	2,510	-	-	#DIV/0!	-7.6%
25020	3	T10	ANAESTHESIA, PERFUSION OR ASSISTANCE AT ANAESTHESIA - where the patient requires immediate treatment without which there would be significant threat to life or body part - not being a Anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part and if	40.8		0	0	34.7	30.6	0	1/11/2001	$	1,736	-		$	3,820	$	2,315	-	-	#DIV/0!	-1.2%
25025	3	T10	more than 50% of the service time occurs between 8 pm to 8 am	0	An additional amount of 50% of fee for the anaesthetic service.That is:(a) an	0	0	0	0	1/11/2001	$	1,264	-		$	2,553	$	1,685	-	-	#DIV/0!	-22.6%
25200	3	T10	ASSISTANCE IN THE ADMINISTRATION OF ANAESTHESIA on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of all other patients	0	An amount of $102.00 (5 basic units) plus an item in the range 23010 - 24136 plus, where	0	0	0	0	1/11/2001	$	96,961	327		$	221,869	$	129,280	1%	100%	4.5%	6.0%
25205	3	T10	ASSISTANCE IN THE ADMINISTRATION OF ELECTIVE ANAESTHESIA where: (i)the patient has complex airway problems; or (ii)the patient is a neonate or a complex paediatric case; or (iii)there is attendance at which the procedure is performed, including any associated consultation	0	An amount of $102.00 (5 basic units) plus an item in the range 23010 - 24136 plus, where	0	0	0	0	1/11/2001	$	384,803	805		$	805,995	$	442,813	1%	98%	5.3%	8.8%
30003	3	T8		37.45		0	0	31.85	28.1	0	1/12/1991	$	506,105	15,897		$	511,729	$	593,213	95%	1%	-2.3%	-2.1%
30006	3	T8	grafting)each attendance at which the procedure is performed, including any associated consultation	47.95		0	0	40.8	36	0	1/12/1991	$	122,194	2,957		$	122,987	$	140,849	94%	1%	9.5%	10.5%
30010	3	T8	LOCALISED BURNS, dressing of, under general anaesthesia (not involving grafting) (Anaes.)	76.25		0	0	0	57.2	Y	1/12/1991	$	1,562	33		$	2,467	$	2,083	0%	100%	12.9%	14.1%
30014	3	T8	EXTENSIVE BURNS, dressing of, under general anaesthesia (not involving grafting) (Anaes.)	160.25		0	0	0	120.2	Y	1/12/1991	$	3,900	45		$	6,821	$	5,200	0%	100%	-4.3%	-0.2%
30017	3	T8	than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	336.2		0	0	285.8	252.15	Y	1/12/1991	$	28,309	109		$	38,203	$	35,533	40%	54%	3.0%	4.3%
30020	3	T8	10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	654.85		0	0	0	491.15	Y	1/12/1991	$	2,449	5		$	2,938	$	3,265	0%	100%	0.0%	0.6%
30023	3	T8	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	336.2		0	0	285.8	252.15	Y	1/12/1991	$	8,826,312	49,479		$	16,277,654	$	11,469,748	15%	86%	9.6%	9.2%
30024	3	T8	WOUND OF SOFT TISSUE, debridement of extensively infected post-surgical incision or Fournier's Gangrene, under general anaesthesia or regional or field nerve block, including suturing of that wound	336.2		0	0	285.8	252.15	Y	1/11/2005	$	374,299	1,919		$	693,462	$	492,228	8%	92%	3.8%	4.0%
30026	3	T8	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG),	53.85		0	0	45.8	40.4	Y	1/12/1991	$	3,564,507	79,595		$	3,904,203	$	4,179,687	87%	0%	-4.6%	-4.0%
30029	3	T8	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG),	92.8		0	0	78.9	69.6	Y	1/12/1991	$	1,686,541	21,812		$	1,797,337	$	1,983,476	87%	1%	-4.2%	-3.7%
30032	3	T8	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG),	85.05		0	0	72.3	63.8	Y	1/12/1991	$	1,919,170	26,828		$	2,048,826	$	2,251,455	89%	1%	-5.7%	-5.1%
30035	3	T8	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG),	121.25		0	0	103.1	90.95	Y	1/12/1991	$	650,721	6,418		$	712,924	$	765,398	88%	3%	-6.6%	-6.1%

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30038	3	T8	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),	92.8	0	0	78.9	69.6	Y	1/12/1991	$ 446,568	5,814	$ 473,270	$ 523,826	89%	1%	-6.3%	-5.9%
30042	3	T8	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, other than on face or neck, large (MORE THAN 7 CM	191.4	0	0	162.7	143.55	Y	1/12/1991	$ 410,808	2,572	$ 432,365	$ 484,495	87%	4%	-16.7%	-11.9%
30045	3	T8	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG),	121.25	0	0	103.1	90.95	Y	1/12/1991	$ 76,997	772	$ 82,546	$ 90,895	87%	3%	-8.5%	-8.3%
30049	3	T8	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), involving of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	191.4	0	0	162.7	143.55	Y	1/12/1991	$ 62,750	399	$ 71,092	$ 74,363	86%	7%	-17.2%	-13.5%
30052	3	T8		261.9	0	0	222.65	196.45	Y	1/12/1991	$ 209,945	1,036	$ 281,158	$ 250,006	70%	21%	-5.1%	-4.9%
30055	3	T8	without removal of sutures, not being a service associated with a service to which another item in this Group applies (Anaes.)	76.25	0	0	64.85	57.2	Y	1/12/1991	$ 13,771	268	$ 31,929	$ 18,193	6%	94%	-11.7%	-13.1%
30058	3	T8	POSTOPERATIVE HAEMORRHAGE, control of, under general anaesthesia, as an independent procedure (Anaes.)	148.85	0	0	126.55	111.65	Y	1/12/1991	$ 29,692	275	$ 53,794	$ 39,553	5%	98%	0.2%	1.1%
30061	3	T8	SUPERFICIAL FOREIGN BODY, REMOVAL OF, (including from cornea or sclera), as an independent procedure (Anaes.)	24.25	0	0	20.65	18.2	Y	1/12/1991	$ 901,763	44,480	$ 1,037,916	$ 1,054,705	87%	0%	-3.1%	-2.5%
30062	3	T8	Etonogestrel subcutaneous implant, removal of, as an independent procedure (Anaes.)	62.65	0	0	53.3	47	Y	1/05/2007	$ 5,211,408	97,859	$ 6,225,427	$ 6,111,723	73%	0%	4.7%	5.3%
30064	3	T8	exploration, including closure of wound if performed, as an independent procedure (Anaes.)	113.3	0	0	96.35	85	Y	1/12/1991	$ 2,336,184	24,584	$ 2,546,976	$ 2,747,974	85%	2%	-7.8%	-7.3%
30068	3	T8	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure (Anaes.) (Assist.)	285.45	0	0	242.65	214.1	Y	1/12/1991	$ 692,419	3,173	$ 1,178,866	$ 852,366	45%	48%	-11.3%	-9.5%
30071	3	T8	Diagnostic biopsy of skin, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)	53.85	0	0	45.8	40.4	Y	1/12/1991	$ 58,163,682	1,566,785	$ 85,066,455	$ 66,792,241	64%	1%	7.4%	8.0%
30072	3	T8	procedure, if the biopsy specimen is sent for pathological examination (Anaes.)	53.85	0	0	45.8	40.4	Y	1/11/2016	$ 191,650	4,562	$ 350,259	$ 216,149	61%	4%	#DIV/0!	#DIV/0!
30075	3	T8	TISSUE OR ORGAN, as an independent procedure,if the biopsy specimen is sent for pathological examination (Anaes.)	154.45	0	0	131.3	115.85	Y	1/12/1991	$ 3,306,896	26,194	$ 3,950,537	$ 3,906,468	63%	10%	1.7%	2.5%
30078	3	T8	ORGAN, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.)	50	0	0	42.5	37.5	Y	1/12/1991	$ 2,296	59	$ 3,500	$ 2,695	46%	20%	-6.1%	-7.3%
30081	3	T8	approach, where the biopsy specimen is sent for pathological examination (Anaes.)	113.3	0	0	96.35	85	Y	1/12/1991	$ 38,460	453	$ 61,067	$ 50,327	34%	86%	-1.4%	-2.0%
30084	3	T8	percutaneous approach where the biopsy is sent for pathological examination (Anaes.)	60.65	0	0	51.6	45.5	Y	1/12/1991	$ 696,286	14,462	$ 956,356	$ 871,782	47%	52%	0.9%	1.5%
30087	3	T8	BIOPSY OF SYNOVIAL MEMBRANE, where the biopsy is sent for pathological examination (Anaes.)	30.35	0	0	25.8	22.8	Y	1/12/1991	$ 166,266	11,504	$ 231,457	$ 207,185	50%	50%	2.8%	4.6%
30090	3	T8	biopsies on any 1 occasion, where the biopsy is sent for pathological examination (Anaes.)	132.55	0	0	112.7	99.45	Y	1/12/1991	$ 22,611	235	$ 25,026	$ 27,068	80%	12%	-3.2%	-3.8%
30093	3	T8	DIAGNOSTIC NEEDLE BIOPSY OF VERTEBRA, where the biopsy is sent for pathological examination (Anaes.)	176.9	0	0	150.4	132.7	Y	1/12/1991	$ 64,019	457	$ 81,982	$ 78,620	42%	39%	-0.9%	-0.4%
30094	3	T8	DIAGNOSTIC PERCUTANEOUS ASPIRATION BIOPSY of deep organ using interventional imaging techniques - but not including imaging, where the biopsy is sent for pathological examination	195.35	0	0	166.05	146.55	Y	1/04/1992	$ 12,322,519	78,127	$ 14,031,993	$ 14,530,620	67%	7%	5.4%	5.6%
30096	3	T8	DIAGNOSTIC SCALENE NODE BIOPSY, by open procedure, where the specimen excised is sent for pathological examination (Anaes.)	189.65	0	0	161.25	142.25	Y	1/12/1991	$ 1,760	17	$ 2,687	$ 2,076	53%	6%	-3.2%	-8.1%
30097	3	T8	Personal performance of a Synacthen Stimulation Test, including associated consultation; by a medical practitioner with resuscitation training and access to facilities where life support	100.2	0	0	85.2	75.15	0	1/11/2006	$ 51,606	609	$ 63,651	$ 60,930	48%	16%	-12.4%	-11.8%
30099	3	T8	SINUS, excision of, involving superficial tissue only (Anaes.)	92.8	0	0	78.9	69.6	Y	1/12/1991	$ 5,701	90	$ 11,312	$ 6,868	47%	41%	-11.2%	-12.4%
30103	3	T8	SINUS, excision of, involving muscle and deep tissue (Anaes.)	189.65	0	0	161.25	142.25	Y	1/12/1991	$ 46,035	393	$ 75,175	$ 58,227	42%	65%	12.5%	13.6%
30104	3	T8	PRE-AURICULAR SINUS, on a person 10 years of age or over.Excision of, (Anaes.)	130.9	0	0	111.3	98.2	Y	1/11/1995	$ 6,424	83	$ 25,273	$ 8,468	6%	92%	3.2%	3.6%
30105	3	T8	PRE-AURICULAR SINUS, on a person under 10 years of age.Excision of, (Anaes.)	170.1	0	0	144.6	127.6	Y	1/09/2015	$ 5,821	61	$ 16,846	$ 7,760	2%	100%	18.6%	22.2%
30107	3	T8	associated with a service to which another item in this Group applies (Anaes.)	226.8	0	0	192.8	170.1	Y	1/12/1991	$ 108,796	698	$ 207,018	$ 137,347	34%	61%	-9.0%	-7.2%
30111	3	T8	BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of (Anaes.) (Assist.)	383.1	0	0	325.65	287.35	Y	1/12/1991	$ 1,368,372	9,295	$ 3,190,121	$ 1,820,970	1%	99%	2.4%	2.4%

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30114	3	T8	BURSA, SEMIMEMBRANOSUS (Baker's cyst), excision of (Anaes.) (Assist.)	383.1		0	0	0	287.35	Y	1/12/1991	$	24,459	137	$	73,301	$	32,799	0%	100%	12.2%	10.6%
30165	3	T8	Lipectomy, wedge excision of abdominal apron that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30168, 30171, 30172,	469.1		0	0	0	351.85	Y	1/12/1991	$	42,774	158	$	458,409	$	57,027	3%	100%	2.0%	1.3%
30168	3	T8	Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss,not being a service associated with a service to which item 30165, 30171,	469.1		0	0	0	351.85	Y	1/12/1991	$	50,017	210	$	299,328	$	66,718	1%	100%	-30.0%	-30.5%
30171	3	T8	Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168,	713.35		0	0	0	535.05	Y	1/12/1991	$	572,617	1,283	$	4,420,423	$	763,755	1%	100%	-6.9%	-4.2%
30172	3	T8	Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168,	713.35		0	0	0	535.05	Y	1/01/2016	$	114,918	254	$	1,197,486	$	153,253	1%	100%	95.0%	98.2%
30176	3	T8	Lipectomy, radical abdominoplasty (Pitanguy type or similar), with excision of skin and subcutaneous tissue, repair of musculoaponeurotic layer and transposition of umbilicus, not	1016.45		0	0	0	762.35	Y	1/01/2016	$	35,740	53	$	176,100	$	47,652	0%	100%	#DIV/0!	#DIV/0!
30177	3	T8	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	1016.45		0	0	0	762.35	Y	1/12/1991	$	1,937,026	2,902	$	16,155,829	$	2,583,431	2%	100%	-3.5%	-4.5%
30179	3	T8	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	1251.05		0	0	0	938.3	Y	1/01/2016	$	547,118	687	$	5,147,874	$	729,905	0%	100%	67.6%	64.8%
30180	3	T8	AXILLARY HYPERHIDROSIS, partial excision for (Anaes.)	140.8		0	0	119.7	105.6	Y	1/12/1991	$	429	7	$	1,486	$	525	14%	57%	-21.8%	-27.3%
30183	3	T8	AXILLARY HYPERHIDROSIS, total excision of sweat gland bearing area (Anaes.)	254.2		0	0	216.1	190.65	Y	1/12/1991	$	993	8	$	5,189	$	1,324	0%	100%	-16.7%	-20.1%
30187	3	T8	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 WARTS or MOLLUSCUM CONTAGIOSUM (one or more), removal of, by any method (other than by chemical means), where undertaken	264.95		0	0	225.25	198.75	Y	1/11/1995	$	37,761	176	$	59,058	$	45,956	52%	30%	-3.9%	-2.0%
30189	3	T8	in the operating theatre of a hospital, not being a service Angiofibromas, trichoepitheliomas or other severely disfiguring tumours of the face or neck (excluding melanocytic naevi,	151.9		0	0	0	113.95	Y	1/12/1991	$	98,440	843	$	159,601	$	122,755	50%	49%	14.4%	11.4%
30190	3	T8	sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Angiofibromas, trichoepithelioma, epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary	410.15		0	0	348.65	307.65	Y	1/11/1995	$	79,478	214	$	153,158	$	86,073	16%	17%	-19.6%	-18.2%
30191	3	T8	haemorrhagic telangiectasia and other severely disfiguring or PREMALIGNANT SKIN LESIONS (including solar keratoses), treatment of, by ablative technique (10 or more lesions) (Anaes.)	65.45		0	0	55.65	49.1	0	1/11/2018	$	203,259	2,409	$	432,299	$	153,657	57%	2%	#DIV/0!	#DIV/0!
30192	3	T8		40.8		0	0	34.7	30.6	Y	1/12/1991	$	23,429,422	724,744	$	27,291,016	$	26,955,856	80%	0%	0.6%	1.5%
30195	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	777	15	$	1,374	$	912	13%	7%	-85.0%	-85.3%
30196	3	T8	Malignant neoplasm of skin or mucous membrane that has been: (a) proven by histopathology; or (b) confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgerywhere a	130.2		0	0	110.7	97.65	Y	1/11/1993	$	18,499,221	214,163	$	22,464,617	$	20,978,603	66%	2%	3.4%	3.7%
30202	3	T8	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 Skin lesions, multiple injections with glucocorticoid preparations (Anaes.)	49.85		0	0	42.4	37.4	0	1/11/1993	$	2,388,700	72,729	$	2,703,667	$	2,752,630	80%	0%	4.4%	3.5%
30207	3	T8	glucocorticoid preparations, if undertaken in the operating theatre of a hospital on a patient less than 16 years of age (Anaes.)	46		0	0	39.1	34.5	Y	1/12/1991	$	1,999,402	46,221	$	3,777,461	$	2,063,429	34%	1%	3.3%	2.8%
30210	3	T8		168.05		0	0	0	126.05	Y	1/12/1991	$	4,975	51	$	13,469	$	6,632	0%	100%	-40.2%	-39.8%
30216	3	T8	HAEMATOMA, aspiration of (Anaes.)	28.2		0	0	24	21.15	Y	1/12/1991	$	377,006	13,453	$	440,872	$	362,987	80%	3%	-0.8%	2.5%
30219	3	T8	requiring admission to a hospital - INCISION WITH DRAINAGE OF (excluding aftercare)	28.2		0	0	24	21.15	0	1/12/1991	$	2,317,641	99,130	$	2,628,955	$	2,692,893	88%	0%	-2.3%	-3.1%
30223	3	T8	similar lesion, requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding aftercare) (Anaes.)	168.05		0	0	0	126.05	Y	1/12/1991	$	469,749	4,719	$	961,506	$	626,404	4%	100%	-0.1%	-0.5%
30224	3	T8	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS using interventional imaging techniques - but not including imaging (Anaes.)	245		0	0	208.25	183.75	Y	1/04/1992	$	3,125,685	15,652	$	3,840,756	$	3,804,807	57%	33%	9.0%	9.9%
30225	3	T8	ABSCESS DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.)	276.05		0	0	234.65	207.05	Y	1/04/1992	$	53,554	253	$	69,801	$	67,595	39%	60%	3.5%	4.3%
30226	3	T8	MUSCLE, excision of (LIMITED), or fasciotomy (Anaes.)	154.45		0	0	131.3	115.85	Y	1/12/1991	$	16,064	263	$	40,780	$	19,718	4%	94%	4.4%	5.4%
30229	3	T8	MUSCLE, excision of (EXTENSIVE) (Anaes.) (Assist.)	281.45		0	0	239.25	211.1	Y	1/12/1991	$	14,689	193	$	34,075	$	19,548	2%	99%	2.9%	4.4%
30232	3	T8	MUSCLE, RUPTURED, repair of (limited), not associated with external wound (Anaes.)	230.6		0	0	196.05	172.95	Y	1/12/1991	$	2,447	28	$	10,115	$	3,243	0%	96%	28.5%	32.5%
30235	3	T8	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound (Anaes.) (Assist.)	304.95		0	0	259.25	228.75	Y	1/12/1991	$	5,279	59	$	11,220	$	7,027	2%	98%	3.8%	-5.8%

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30238	3	T8	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE (Anaes.)	154.45	0	0	131.3	115.85	Y	1/12/1991	$	5,723	98	$	28,932	$	7,144	3%	95%	14.9%	14.2%
30241	3	T8	BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	367.5	0	0	312.4	275.65	Y	1/12/1991	$	46,511	206	$	115,217	$	61,136	9%	90%	-0.9%	-0.2%
30244	3	T8	STYLOID PROCESS OF TEMPORAL BONE, removal of (Anaes.) (Assist.)	367.5	0	0	0	275.65	Y	1/12/1991	$	7,064	35	$	28,399	$	9,373	3%	100%	15.5%	16.9%
30246	3	T8	PAROTID DUCT, repair of, using micro-surgical techniques (Anaes.) (Assist.)	711.35	0	0	0	533.55	Y	1/07/1998	$	7,971	18	$	19,529	$	10,628	0%	100%	3.7%	8.5%
30247	3	T8	PAROTID GLAND, total extirpation of (Anaes.) (Assist.)	762.45	0	0	0	571.85	Y	1/12/1991	$	16,118	45	$	37,106	$	21,489	0%	100%	8.4%	10.9%
30250	3	T8	PAROTID GLAND, total extirpation of, with preservation of facial nerve (Anaes.) (Assist.)	1290.15	0	0	0	967.65	Y	1/12/1991	$	368,068	441	$	994,788	$	491,988	0%	100%	0.4%	1.2%
30251	3	T8	RECURRENT PAROTID TUMOUR, excision of, withpreservation of facial nerve (Anaes.) (Assist.)	1981.8	0	0	1897.1	1486.35	Y	1/07/1998	$	85,663	60	$	175,088	$	114,217	0%	100%	2.5%	3.6%
30253	3	T8	PAROTID GLAND, SUPERFICIAL LOBECTOMY OF, with exposure of facial nerve (Anaes.) (Assist.)	860.1	0	0	0	645.1	Y	1/12/1991	$	572,197	1,003	$	1,647,380	$	762,910	0%	100%	1.7%	2.3%
30255	3	T8	SUBMANDIBULAR DUCTS, relocation of, for surgical control of drooling (Anaes.) (Assist.)	1145.35	0	0	0	859.05	Y	1/05/1997	$	10,738	13	$	25,261	$	14,317	0%	100%	-5.2%	-4.8%
30256	3	T8	SUBMANDIBULAR GLAND, extirpation of (Anaes.) (Assist.)	459.35	0	0	0	344.55	Y	1/12/1991	$	135,020	498	$	406,031	$	180,011	0%	100%	-2.2%	-2.1%
30259	3	T8	SUBLINGUAL GLAND, extirpation of (Anaes.)	204.75	0	0	174.05	153.6	Y	1/12/1991	$	9,316	110	$	32,298	$	12,352	2%	97%	1.7%	3.3%
30262	3	T8	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.)	60.65	0	0	51.6	45.5	Y	1/12/1991	$	1,917	70	$	10,884	$	2,524	4%	93%	10.2%	5.6%
30266	3	T8	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures. (Anaes.)	154.45	0	0	131.3	115.85	Y	1/12/1991	$	49,420	448	$	150,684	$	61,967	15%	67%	-0.4%	-0.1%
30269	3	T8	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF (Anaes.)	154.45	0	0	131.3	115.85	Y	1/12/1991	$	334	3	$	2,506	$	425	33%	67%	-12.9%	-5.2%
30272	3	T8	TONGUE, partial excision of (Anaes.) (Assist.)	304.95	0	0	259.25	228.75	Y	1/12/1991	$	122,709	628	$	325,670	$	158,968	6%	86%	1.1%	2.1%
30275	3	T8	RESECTION OF MANDIBLE AND LYMPH NODES OF NECK (commandotype operation) (Anaes.) (Assist.)	1817.8	0	0	0	1363.35	Y	1/12/1991	$	60,477	65	$	122,613	$	83,583	0%	100%	13.8%	10.5%
30278	3	T8	TONGUE TIE, repair of, not being a service to which another item in this Group applies (Anaes.)	47.95	0	0	40.8	36	Y	1/12/1991	$	412,691	8,864	$	898,189	$	406,763	30%	5%	-0.6%	0.4%
30281	3	T8	repair of, in a person aged 2 years and over, under general anaesthesia (Anaes.)	123.2	0	0	104.75	92.4	Y	1/12/1991	$	63,746	1,015	$	221,005	$	80,790	10%	88%	3.3%	3.9%
30283	3	T8	RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.)	211.1	0	0	179.45	158.35	Y	1/12/1991	$	95,202	586	$	206,981	$	116,720	24%	46%	0.7%	2.0%
30286	3	T8	BRANCHIAL CYST, on a person 10 years of age or over.Removal of, (Anaes.) (Assist.)	410.25	0	0	348.75	307.2	Y	1/12/1991	$	25,646	94	$	88,453	$	34,084	0%	98%	-6.1%	-6.7%
30287	3	T8	BRANCHIAL CYST, on a person under 10 years of age.Removal of, (Anaes.) (Assist.)	533.4	0	0	453.4	400.05	Y	1/09/2015	$	9,792	25	$	20,609	$	13,056	8%	100%	0.0%	2.2%
30289	3	T8	BRANCHIAL FISTULA, on a person 10 years of age or over.Removal of, (Anaes.) (Assist.)	517.95	0	0	0	388.5	Y	1/12/1991	$	5,239	14	$	13,373	$	6,985	0%	100%	1.5%	1.4%
30293	3	T8	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair (Anaes.) (Assist.)	459.35	0	0	390.45	344.55	Y	1/11/1992	$	1,120	6	$	1,823	$	1,493	0%	100%	-35.1%	-42.1%
30294	3	T8	CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic	1817.8	0	0	0	1363.35	Y	1/11/1992	$	2,045	2	$	4,306	$	2,727	0%	100%	-7.8%	0.6%
30296	3	T8	THYROIDECTOMY, total (Anaes.) (Assist.)	1055.7	0	0	0	791.8	Y	1/11/1992	$	1,821,339	2,474	$	4,943,104	$	2,429,656	0%	100%	-1.9%	-1.6%
30297	3	T8	THYROIDECTOMY following previous thyroid surgery (Anaes.) (Assist.)	1055.7	0	0	0	791.8	Y	1/11/1992	$	410,149	548	$	919,182	$	546,854	1%	100%	0.0%	0.4%
30299	3	T8	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level I axilla, using preoperative lymphoscintigraphy and lymphotropic dye injection, not being a	657.35	0	0	0	493.05	Y	1/11/2005	$	775,172	3,224	$	1,775,722	$	1,033,674	0%	100%	0.1%	0.8%
30300	3	T8	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level II/III axilla, using preoperative lymphoscintigraphy and lymphotropic dye injection, not being a	788.8	0	0	0	591.6	Y	1/11/2005	$	2,960,224	5,874	$	7,112,365	$	3,947,708	1%	100%	3.0%	2.8%
30302	3	T8	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level I axilla, using lymphotropic dye injection, not being a service associated with a service to which	525.85	0	0	0	394.4	Y	1/11/2005	$	62,364	318	$	145,849	$	83,152	0%	100%	-2.2%	0.2%

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30303	3	T8	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level II/III axilla, using lymphotropic dye injection, not being a service associated with a service to which	630.95	0	0	0	473.25	Y	1/11/2005	$ 39,121	165	$ 79,009	$ 52,158	1%	100%	4.1%	6.7%
30306	3	T8	TOTAL HEMITHYROIDECTOMY (Anaes.) (Assist.)	823.6	0	0	0	617.7	Y	1/11/1992	$ 1,873,072	3,232	$ 4,944,703	$ 2,498,131	0%	100%	3.3%	3.8%
30310	3	T8	Partial or subtotal thyroidectomy (Anaes.) (Assist.)	823.6	0	0	0	617.7	Y	1/12/1991	$ 160,091	330	$ 364,835	$ 213,573	0%	100%	10.2%	27.4%
30314	3	T8	age or over.Radical removal of, including thyroglossal duct and portion of hyoid bone (Anaes.) (Assist.)	471.65	0	0	0	353.75	Y	1/11/1992	$ 57,672	174	$ 187,831	$ 76,893	0%	100%	-3.8%	-3.6%
30315	3	T8	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	1175.5	0	0	0	881.65	Y	1/11/1992	$ 1,328,416	1,515	$ 3,188,046	$ 1,772,036	0%	100%	-6.4%	-5.7%
30317	3	T8	Redo parathyroidectomy. Cervical re-exploration for persistent or recurrent hyperparathyroidism, including thymectomy and cervical exploration of the mediastinum. For any particular patient -	1407.55	0	0	0	1055.7	Y	1/11/1992	$ 165,605	157	$ 334,068	$ 220,801	1%	100%	6.2%	7.1%
30318	3	T8	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	1175.5	0	0	0	881.65	Y	1/11/1992	$ 582,623	666	$ 1,370,998	$ 777,308	0%	100%	2.8%	25.2%
30320	3	T8	Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thoracopic approach. For any particular patient - applicable only once per occasion on which the service is provided.	1407.55	0	0	0	1055.7	Y	1/11/1992	$ 7,359	7	$ 13,006	$ 9,811	0%	100%	11.8%	20.9%
30323	3	T8	Excision of phaeochromocytoma or extraadrenal paraganglioma via endoscopic or open approach. (Anaes.) (Assist.)	1407.55	0	0	0	1055.7	Y	1/11/1992	$ 44,465	45	$ 109,083	$ 59,486	0%	100%	-13.1%	-12.1%
30324	3	T8	Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach. (Anaes.) (Assist.)	1407.55	0	0	0	1055.7	Y	1/11/1992	$ 348,325	354	$ 897,658	$ 464,425	0%	100%	4.3%	4.3%
30326	3	T8	including thyroglossal duct and portion of hyoid bone, on a person under 10 years of age (Anaes.) (Assist.)	613.15	0	0	0	459.9	Y	1/09/2015	$ 15,143	33	$ 43,227	$ 20,189	3%	100%	4.1%	4.7%
30329	3	T8	LYMPH NODES of GROIN, limited excision of (Anaes.)	254.65	0	0	216.5	191	Y	1/11/1992	$ 80,601	711	$ 197,941	$ 107,291	1%	99%	0.5%	-0.2%
30330	3	T8	LYMPH NODES of GROIN, radical excision of (Anaes.) (Assist.)	741.2	0	0	0	555.9	Y	1/11/1992	$ 114,616	277	$ 270,870	$ 152,736	0%	100%	-5.9%	-6.2%
30332	3	T8	LYMPH NODES of AXILLA, limited excision of (sampling) (Anaes.) (Assist.)	357.6	0	0	0	268.2	Y	1/11/1992	$ 183,082	1,148	$ 425,399	$ 244,278	1%	100%	-0.6%	-2.4%
30335	3	T8	LYMPH NODES of AXILLA, complete excision of, to level I (Anaes.) (Assist.)	893.9	0	0	0	670.45	Y	1/05/2000	$ 241,191	396	$ 530,953	$ 321,581	0%	100%	2.7%	3.8%
30336	3	T8	LYMPH NODES of AXILLA, complete excision of, to level II or level III (Anaes.) (Assist.)	1072.75	0	0	0	804.6	Y	1/05/2000	$ 1,610,645	2,085	$ 3,513,720	$ 2,147,327	0%	100%	-5.4%	-4.9%
30373	3	T8	LAPAROTOMY (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (Anaes.) (Assist.)	498.35	0	0	0	373.8	Y	1/11/1992	$ 95,002	311	$ 176,646	$ 126,746	2%	100%	-3.8%	-4.4%
30375	3	T8	Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, Gastrotomy, on a person 10 years of age or over. Reduction of intussusception, Removal of Meckel's (where no other intraabdominal procedure is performed) on a person 10 years of age or over (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/11/1992	$ 673,581	3,218	$ 1,349,320	$ 898,104	0%	100%	2.3%	2.3%
30376	3	T8		537.55	0	0	0	403.2	Y	1/11/1992	$ 117,696	310	$ 224,766	$ 156,916	0%	100%	-5.3%	-5.1%
30378	3	T8	LAPAROTOMY involving division of adhesions in conjunction with another intraabdominal procedure where the time taken to divide the adhesions is between 45 minutes and 2 hours, on a person 10 greater than 2 hours) with or without insertion of long intestinal tube (Anaes.) (Assist.)	540.1	0	0	0	405.1	Y	1/11/1992	$ 1,106,791	5,376	$ 2,329,099	$ 1,476,600	0%	100%	-1.2%	-0.5%
30379	3	T8		957.15	0	0	0	717.9	Y	1/11/1992	$ 1,146,490	2,911	$ 2,431,995	$ 1,528,725	0%	100%	1.8%	1.1%
30382	3	T8	ENTEROCUTANEOUS FISTULA, radical repair of, involving extensive dissection and resection of bowel (Anaes.) (Assist.)	1347.7	0	0	0	1010.8	Y	1/11/1992	$ 79,376	86	$ 150,298	$ 105,834	0%	100%	0.0%	0.1%
30384	3	T8	splenectomy, liver biopsies, lymph node biopsies and oophoropexy (Anaes.) (Assist.)	1133.75	0	0	0	850.35	Y	1/11/1992	$ 58,660	70	$ 112,398	$ 78,212	0%	100%	2.8%	3.7%
30385	3	T8	LAPAROTOMY FOR CONTROL OF POSTOPERATIVE HAEMORRHAGE, where no other procedure is performed (Anaes.) (Assist.)	580.9	0	0	0	435.7	Y	1/11/1992	$ 79,261	184	$ 143,076	$ 105,703	2%	100%	-3.0%	-2.3%
30387	3	T8	(including pelvic viscera), not being a service to which another item in this Group applies (Anaes.) (Assist.)	654.85	0	0	0	491.15	Y	1/11/1992	$ 218,391	623	$ 450,740	$ 291,768	1%	100%	-2.6%	-2.0%
30388	3	T8	LAPAROTOMY for trauma involving 3 or more organs (Anaes.) (Assist.)	1647.45	0	0	0	1235.6	Y	1/11/1992	$ 12,264	10	$ 19,345	$ 16,352	10%	100%	-13.8%	-12.5%
30390	3	T8	other laparoscopic procedure, on a person 10 years of age or over (Anaes.)	226.8	0	0	0	170.1	Y	1/11/1992	$ 779,172	7,818	$ 2,289,163	$ 1,039,325	2%	100%	-2.5%	-2.2%
30391	3	T8	LAPAROSCOPY with biopsy (Anaes.) (Assist.)	293.25	0	0	0	219.95	Y	1/11/1992	$ 275,693	2,043	$ 839,179	$ 367,633	2%	100%	4.2%	2.9%
30392	3	T8	malignancy, with or without omentectomy, as an independent procedure (Anaes.) (Assist.)	695.6	0	0	0	521.7	Y	1/12/1991	$ 23,724	76	$ 55,885	$ 31,632	0%	100%	5.6%	6.0%

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30393	3	T8	another intra-abdominal procedure where the time taken to divide the adhesions exceeds 45 minutes (Anaes.) (Assist.)	540.1	0	0	0	405.1	Y	1/05/1997	$ 6,005,837	27,797	$ 14,757,722	$ 8,010,078	1%	100%	8.1%	8.6%
30394	3	T8	appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy (Anaes.) (Assist.)	508.25	0	0	0	381.2	Y	1/11/1992	$ 121,038	568	$ 234,403	$ 161,460	1%	100%	-3.2%	-4.9%
30396	3	T8	LAPAROTOMY for gross intra peritoneal sepsis requiring debridement of fibrin, with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity via a with zipper, involving change of dressings or packs, and with or without drainage of loculated collections (Anaes.)	1048.3	0	0	0	786.25	Y	1/11/1992	$ 923,019	1,472	$ 1,751,855	$ 1,230,661	1%	100%	1.9%	2.0%
30397	3	T8	operation, after removal of dressings or packs and removal of mesh or zipper if previously inserted (Anaes.) (Assist.)	239.6	0	0	0	179.7	Y	1/11/1992	$ 14,691	120	$ 25,642	$ 19,587	0%	100%	-1.9%	-1.6%
30399	3	T8	of cytotoxic therapy including placement of reservoir (Anaes.) (Assist.)	329.55	0	0	0	247.2	Y	1/11/1992	$ 10,225	59	$ 18,310	$ 13,632	3%	100%	2.6%	3.9%
30400	3	T8	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy (Anaes.) (Assist.)	652.25	0	0	0	489.2	Y	1/11/1992	$ 8,248	21	$ 18,887	$ 10,998	0%	100%	-10.2%	-3.5%
30402	3	T8	VENTRAL, INCISIONAL, OR RECURRENT HERNIA OR BURST ABDOMEN, repair of with or without mesh (Anaes.) (Assist.)	479.15	0	0	0	359.4	Y	1/11/1992	$ 42,535	154	$ 80,171	$ 56,711	0%	100%	-1.3%	-3.1%
30403	3	T8	femoral hernia), repair of, requiring muscle transposition, mesh hernioplasty or resection of strangulated bowel (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/11/1992	$ 1,650,309	5,678	$ 3,892,291	$ 2,201,350	0%	100%	-0.2%	0.0%
30405	3	T8	PARACENTESIS ABDOMINIS (Anaes.)	943.55	0	0	0	707.7	Y	1/11/1992	$ 7,210,615	11,815	$ 15,827,575	$ 9,616,003	0%	100%	1.8%	1.7%
30406	3	T8	PERITONEOVENOUS shunt, insertion of (Anaes.) (Assist.)	53.85	0	0	45.8	40.4	Y	1/11/1992	$ 261,588	6,146	$ 388,182	$ 325,480	41%	53%	-0.6%	0.0%
30408	3	T8	LIVER BIOPSY, percutaneous (Anaes.)	404.35	0	0	0	303.3	Y	1/11/1992	$ 1,873	10	$ 3,276	$ 3,129	0%	100%	4.6%	-1.7%
30409	3	T8	LIVER BIOPSY by wedge excision when performed in conjunction with another intraabdominal procedure (Anaes.)	179.9	0	0	152.95	134.95	Y	1/11/1992	$ 427,600	3,103	$ 599,642	$ 528,310	41%	47%	3.3%	3.6%
30411	3	T8	LIVER BIOPSY by core needle, when performed in conjunction with another intra-abdominal procedure (Anaes.)	91.55	0	0	0	68.7	Y	1/11/1992	$ 5,398	186	$ 21,089	$ 7,206	1%	100%	-4.8%	-3.7%
30412	3	T8	LIVER, subsegmental resection of, (local excision), other than for trauma (Anaes.) (Assist.)	54	0	0	45.9	40.5	Y	1/11/1992	$ 4,211	276	$ 26,545	$ 5,607	1%	100%	-12.7%	-20.3%
30414	3	T8	LIVER, segmental resection of, other than for trauma (Anaes.) (Assist.)	711.35	0	0	0	533.55	Y	1/11/1992	$ 114,979	454	$ 231,940	$ 153,296	1%	100%	2.9%	3.5%
30415	3	T8	LIVER CYST, laparoscopic marsupialisation of, where the size of the cyst is greater than 5cm in diameter (Anaes.) (Assist.)	1422.55	0	0	0	1066.95	Y	1/11/1992	$ 368,379	415	$ 750,118	$ 491,171	0%	100%	0.2%	0.8%
30416	3	T8	LIVER CYSTS, laparoscopic marsupialisation of 5 or more, including any cyst greater than 5cm in diameter (Anaes.) (Assist.)	772.35	0	0	0	579.3	Y	1/12/1991	$ 60,131	114	$ 127,045	$ 80,173	0%	100%	9.3%	9.9%
30417	3	T8	LIVER, lobectomy of, other than for trauma (Anaes.) (Assist.)	1158.45	0	0	0	868.85	Y	1/04/1992	$ 32,308	39	$ 62,503	$ 43,077	0%	100%	22.7%	23.2%
30418	3	T8	a service associated with a service to which item 50950 or 50952 applies (Anaes.) (Assist.)	1647.45	0	0	0	1235.6	Y	1/11/1992	$ 306,516	256	$ 655,896	$ 408,688	0%	100%	-2.8%	-1.9%
30419	3	T8	LIVER, TRI-SEGMENTAL RESECTION (extended lobectomy) of, other than for trauma (Anaes.) (Assist.)	842.6	0	0	757.9	631.95	Y	1/12/1991	$ 8,468	14	$ 9,851	$ 9,891	57%	43%	-3.8%	-3.7%
30421	3	T8	LIVER, repair of superficial laceration of, for trauma (Anaes.) (Assist.)	2058.95	0	0	0	1544.25	Y	1/11/1992	$ 193,995	134	$ 394,948	$ 258,662	1%	100%	-3.4%	-3.2%
30422	3	T8	LIVER, repair of deep multiple lacerations of, or debridement of, for trauma (Anaes.) (Assist.)	696.45	0	0	0	522.35	Y	1/11/1992	$ 7,420	18	$ 13,002	$ 9,893	0%	100%	-1.1%	7.5%
30425	3	T8	LIVER, segmental resection of, for trauma (Anaes.) (Assist.)	1347.7	0	0	0	1010.8	Y	1/11/1992	$ 6,324	7	$ 11,943	$ 8,432	0%	100%	18.5%	16.5%
30427	3	T8	LIVER, lobectomy of, for trauma (Anaes.) (Assist.)	1609.75	0	0	0	1207.35	Y	1/11/1992	$ 3,018	3	$ 4,644	$ 4,024	0%	100%	8.4%	5.2%
30428	3	T8	LIVER, extended lobectomy (tri-segmental resection) of, for trauma (Anaes.) (Assist.)	1722.15	0	0	1637.45	1291.65	Y	1/11/1992	$ 1,292	1	$ 2,480	$ 1,722	0%	100%	-12.9%	-12.4%
30430	3	T8	LIVER ABSCESS, open abdominal drainage of (Anaes.) (Assist.)	2395.85	0	0	2311.15	1796.9	Y	1/11/1992	$ 7,988	5	$ 16,230	$ 10,651	0%	100%	-3.6%	-6.1%
30431	3	T8	LIVER ABSCESS (multiple), open abdominal drainage of (Anaes.) (Assist.)	537.55	0	0	456.95	403.2	Y	1/11/1992	$ 5,543	39	$ 10,273	$ 7,391	3%	100%	11.1%	13.3%
30433	3	T8	of contents of, with or without suture of biliary radicles (Anaes.) (Assist.)	748.7	0	0	0	561.55	Y	1/11/1992	$ 1,685	6	$ 3,228	$ 2,246	0%	100%	8.4%	14.5%
30434	3	T8		606.5	0	0	0	454.9	Y	1/11/1992	$ 799	3	$ 1,450	$ 1,066	0%	100%	-19.7%	-21.9%

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30436	3	T8	of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes.) (Assist.)	673.85	0	0	0	505.4	Y	1/11/1992	$	665	3	$	1,731	$	887	0%	100%	0.0%	-7.5%
30437	3	T8	HYDATID CYST OF LIVER, total excision of, by cysto-pericystectomy (membrane plus fibrous wall) (Anaes.) (Assist.)	838.7	0	0	0	629.05	Y	1/11/1992	$	1,835	4	$	3,814	$	2,961	0%	100%	-24.2%	-28.0%
30438	3	T8	HYDATID CYST OF LIVER, excision of, with drainage and excision of liver tissue (Anaes.) (Assist.)	1186.8	0	0	1102.1	890.1	Y	1/12/1991	$	2,670	3	$	4,212	$	3,560	0%	100%	0.0%	0.6%
30439	3	T8	OPERATIVE CHOLANGIOGRAPHY OR OPERATIVE PANCREATOGRAPHY OR INTRA OPERATIVE ULTRASOUND of the biliary tract (including 1 or more examinations performed during CHOLANGIOGRAM, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques - but	191.4	0	0	0	143.55	Y	1/11/1992	$	1,275,141	19,725	$	3,089,636	$	1,699,821	0%	100%	1.2%	1.0%
30440	3	T8	not including imaging, not being a service associated with a service INTRA OPERATIVE ULTRASOUND for staging of intra abdominal tumours (Anaes.)	542.8	0	0	461.4	407.1	Y	1/11/1992	$	221,943	652	$	315,254	$	289,868	13%	87%	-3.5%	-4.0%
30441	3	T8	CHOLEDOCHOSCOPY in conjunction with another procedure (Anaes.)	140.55	0	0	0	105.45	Y	1/12/1991	$	44,018	992	$	135,132	$	58,827	1%	100%	10.1%	8.0%
30442	3	T8	CHOLECYSTECTOMY (Anaes.) (Assist.)	191.4	0	0	0	143.55	Y	1/11/1992	$	3,514	88	$	6,658	$	4,684	1%	100%	1.9%	1.9%
30443	3	T8	LAPAROSCOPIC CHOLECYSTECTOMY (Anaes.) (Assist.)	762.45	0	0	0	571.85	Y	1/11/1992	$	217,609	785	$	455,480	$	290,135	0%	100%	-4.8%	-4.8%
30445	3	T8	LAPAROSCOPIC CHOLECYSTECTOMY when procedure is completed by laparotomy (Anaes.) (Assist.)	762.45	0	0	0	571.85	Y	1/11/1992	$	11,981,121	21,573	$	25,906,828	$	15,976,089	0%	100%	0.7%	1.1%
30446	3	T8	LAPAROSCOPIC CHOLECYSTECTOMY, involving removal of common duct calculi via the cystic duct (Anaes.) (Assist.)	762.45	0	0	0	571.85	Y	1/11/1992	$	81,736	162	$	163,339	$	108,980	0%	100%	-10.7%	-10.4%
30448	3	T8	LAPAROSCOPIC CHOLECYSTECTOMY with removal of common duct calculi via laparoscopic choledochotomy (Anaes.) (Assist.)	1003.3	0	0	0	752.5	Y	1/11/1992	$	469,759	635	$	942,304	$	626,360	0%	100%	2.2%	2.6%
30449	3	T8	imaging techniques - other than a service associated with a service to which items 36627 or 36645 applies (Anaes.) (Assist.)	1115.65	0	0	0	836.75	Y	1/11/1992	$	75,681	91	$	141,072	$	100,909	0%	100%	3.4%	4.9%
30450	3	T8	BILIARY DRAINAGE TUBE, exchange of, using interventional imaging techniques - but not including imaging, not being a service	540.8	0	0	459.7	405.6	Y	1/12/1991	$	234,946	1,109	$	432,827	$	307,129	8%	92%	24.0%	22.8%
30451	3	T8	associated with a service to which item 30440 applies (Anaes.) CHOLEDOCHOSCOPY with balloon dilation of a stricture or passage of stent or extraction of calculi (Anaes.) (Assist.)	276.05	0	0	234.65	207.05	Y	1/11/1992	$	57,263	391	$	78,097	$	73,452	34%	66%	6.3%	4.0%
30452	3	T8	CHOLEDOCHOTOMY (with or without cholecystectomy), with or without removal of calculi (Anaes.) (Assist.)	389.3	0	0	0	292	Y	1/11/1992	$	16,856	147	$	31,222	$	22,474	0%	100%	5.8%	5.7%
30454	3	T8	removal of calculi including biliary intestinal anastomosis (Anaes.) (Assist.)	889.45	0	0	0	667.1	Y	1/11/1992	$	20,477	38	$	39,259	$	27,302	0%	100%	-3.3%	-3.6%
30455	3	T8	CHOLEDOCHOTOMY, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes.) (Assist.)	1045.7	0	0	0	784.3	Y	1/11/1992	$	16,066	21	$	30,332	$	21,421	5%	100%	-10.2%	-9.7%
30457	3	T8	TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty,	1422.55	0	0	1337.85	1066.95	Y	1/11/1992	$	8,354	9	$	16,829	$	11,139	0%	100%	5.2%	5.6%
30458	3	T8	biopsy, local excision of peri-ampullary or duodenal tumour, CHOLEDOCHOJEJUNOSTOMY or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (Anaes.) (Assist.)	1045.7	0	0	0	784.3	Y	1/11/1992	$	15,265	21	$	30,791	$	20,353	10%	100%	3.1%	4.4%
30460	3	T8	RADICAL RESECTION of porta hepatis with biliary-enteric anastomoses, not being a service associated with a service to	889.45	0	0	0	667.1	Y	1/11/1992	$	41,931	158	$	96,560	$	55,906	0%	100%	-2.1%	-4.0%
30461	3	T8	which item 30443, 30454, 30455, 30458 or 30460 applies (Anaes.) RADICAL RESECTION of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses (Anaes.) (Assist.)	1524.6	0	0	0	1143.45	Y	1/11/1992	$	140,914	210	$	283,451	$	187,880	0%	100%	3.0%	5.3%
30463	3	T8	hepatic ducts, involving more than 2 anastomoses or resection of segment or major portion of segment of liver (Anaes.) (Assist.)	1871.9	0	0	0	1403.95	Y	1/11/1992	$	72,854	63	$	150,158	$	97,140	0%	100%	3.1%	4.0%
30464	3	T8	INTRAHEPATIC biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)	2246.3	0	0	0	1684.75	Y	31/10/1992	$	24,924	15	$	46,964	$	33,233	0%	100%	-2.5%	-1.7%
30466	3	T8	INTRAHEPATIC BYPASS of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)	1295.3	0	0	0	971.5	Y	1/11/1992	$	8,550	10	$	18,300	$	11,400	0%	100%	10.8%	10.5%
30467	3	T8	BILIARY STRICTURE, repair of, after 1 or more operations on the biliary tree (Anaes.) (Assist.)	1602.25	0	0	0	1201.7	Y	1/11/1992	$	300	1	$	572	$	401	0%	100%	-12.9%	-33.6%
30469	3	T8	procedure subsequent to partial or total transection of bile duct or ducts (Anaes.) (Assist.)	1774.7	0	0	1690	1331.05	Y	1/11/1992	$	30,263	23	$	66,314	$	40,351	0%	100%	-2.4%	-1.8%
30472	3	T8	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy,duodenoscopy or panendoscopy (1 or	958.35	0	0	873.65	718.8	Y	1/11/1992	$	30,474	46	$	50,663	$	39,748	17%	87%	0.4%	1.7%
30473	3	T8	more such procedures), with or without biopsy, not being a service (including the use of imaging intensification where clinically indicated) (Anaes.)	182.65	0	0	155.3	137	Y	1/11/1992	$	37,790,918	427,557	$	64,558,462	$	49,509,590	22%	88%	2.3%	0.5%
30475	3	T8		359.85	0	0	305.9	269.9	Y	1/11/1992	$	4,428,315	16,313	$	7,473,561	$	5,813,748	15%	88%	65.8%	71.0%

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30476	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	184	1	$	251	$	246	0%	100%	-77.5%	-77.4%
30478	3	T8	Oesophagoscopy (other than a service to which item41816, 41822 or 41825 applies), gastroscopy, duodenoscopy, panendoscopy or push enteroscopy, one or more such procedures, if: (a) the	253.25		0	0	215.3	189.95	Y	1/11/1992	$	3,633,808	28,179	$	6,255,121	$	4,767,686	16%	90%	10.4%	9.0%
30479	3	T8	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	490.95		0	0	417.35	368.25	Y	1/11/1992	$	327,022	875	$	568,858	$	425,739	15%	84%	-17.7%	-17.2%
30481	3	T8	any associated imaging services; and (b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	368.15		0	0	312.95	276.15	Y	1/11/1992	$	224,873	815	$	355,978	$	292,969	19%	83%	0.7%	1.4%
30482	3	T8	any associated imaging services; and (b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	261.75		0	0	222.5	196.35	Y	1/11/1992	$	130,729	663	$	179,767	$	164,350	45%	57%	1.4%	1.2%
30483	3	T8	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	182.6		0	0	155.25	136.95	Y	1/12/1991	$	82,281	583	$	103,561	$	101,199	61%	40%	7.5%	8.0%
30484	3	T8	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (Anaes.)	376.3		0	0	319.9	282.25	Y	1/11/1992	$	1,252,975	8,416	$	1,998,492	$	1,631,033	17%	85%	3.8%	2.8%
30485	3	T8	ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct (Anaes.)	580.9		0	0	496.2	435.7	Y	1/11/1992	$	2,479,146	5,558	$	4,072,820	$	3,201,836	16%	85%	2.2%	2.9%
30488	3	T8	SMALL BOWEL INTUBATIONas an independent procedure (Anaes.)	92.8		0	0	78.9	69.6	Y	1/11/1992	$	23,973	345	$	39,921	$	30,770	20%	79%	6.5%	7.1%
30490	3	T8	OESOPHAGEAL PROSTHESIS, insertion of, including endoscopy and dilatation (Anaes.)	542.8		0	0	461.4	407.1	Y	1/11/1992	$	254,325	627	$	419,244	$	332,671	16%	87%	0.8%	1.6%
30491	3	T8	BILE DUCT, ENDOSCOPIC STENTING OF (including endoscopy and dilatation) (Anaes.)	572.7		0	0	488	429.55	Y	1/11/1992	$	1,256,175	4,246	$	2,076,609	$	1,638,518	14%	88%	4.0%	4.3%
30492	3	T8	when performed), using interventional imaging techniques - but not including imaging (Anaes.)	811.9		0	0	0	608.95	Y	1/12/1991	$	218,515	397	$	359,032	$	291,560	1%	100%	5.9%	6.1%
30494	3	T8	ENDOSCOPIC BILIARY DILATATION (Anaes.)	433.65		0	0	0	325.25	Y	1/11/1992	$	178,565	1,046	$	329,331	$	238,118	2%	100%	13.1%	9.2%
30495	3	T8	interventional imaging techniques - but not including imaging (Anaes.)	811.9		0	0	0	608.95	Y	1/12/1991	$	75,015	135	$	119,444	$	99,861	1%	100%	2.4%	2.8%
30496	3	T8	VAGOTOMY, truncal or selective, with or without pyloroplasty or gastroenterostomy (Anaes.) (Assist.)	606.5		0	0	521.8	454.9	Y	1/11/1992	$	1,472	4	$	1,624	$	2,306	25%	25%	-18.3%	-12.7%
30497	3	T8	VAGOTOMY and ANTRECTOMY (Anaes.) (Assist.)	723.2		0	0	0	542.4	Y	1/11/1992	$	136	1	$	417	$	181	0%	100%	0.0%	-12.4%
30499	3	T8	VAGOTOMY, highly selective (Anaes.) (Assist.)	860.1		0	0	0	645.1	Y	1/11/1992	$	323	1	$	585	$	430	0%	100%	#DIV/0!	#DIV/0!
30500	3	T8	VAGOTOMY, highly selective with duodenoplasty for peptic stricture (Anaes.) (Assist.)	921		0	0	836.3	690.75	Y	1/11/1992	$	1,382	2	$	2,618	$	1,842	0%	100%	14.9%	15.6%
30502	3	T8	VAGOTOMY, highly selective, with dilatation of pylorus (Anaes.) (Assist.)	1016.45		0	0	0	762.35	Y	1/11/1992	$	191	1	$	405	$	254	0%	100%	-200.0%	-176.3%
30503	3	T8	VAGOTOMY or ANTRECTOMY, or both, for peptic ulcer following previous operation for peptic ulcer (Anaes.) (Assist.)	1138.25		0	0	1053.55	853.7	Y	1/11/1992	$	854	1	$	1,138	$	1,138	0%	100%	-24.2%	-24.7%
30505	3	T8	BLEEDING PEPTIC ULCER, control of, involving suture of bleeding point or wedge excision (Anaes.) (Assist.)	569.1		0	0	0	426.85	Y	1/11/1992	$	6,912	19	$	12,454	$	9,215	0%	100%	4.8%	3.1%
30506	3	T8	point or wedge excision, and vagotomy and pyloroplasty or gastroenterostomy (Anaes.) (Assist.)	995.9		0	0	0	746.95	Y	1/11/1992	$	6,164	10	$	12,278	$	8,219	0%	100%	-3.6%	3.8%
30508	3	T8	point or wedge excision, and highly selective vagotomy (Anaes.) (Assist.)	1048.3		0	0	0	786.25	Y	1/11/1992	$	786	1	$	1,498	$	1,048	0%	100%	-12.9%	-12.4%
30509	3	T8	BLEEDING PEPTIC ULCER, control of, involving gastric resection (other than wedge resection) (Anaes.) (Assist.)	1048.3		0	0	963.6	786.25	Y	1/11/1992	$	1,793	3	$	3,339	$	3,145	0%	100%	-5.6%	-6.3%
30515	3	T8	enterocolostomy or enteroenterostomy, not being a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	726.35		0	0	0	544.8	Y	1/11/1992	$	271,304	1,123	$	651,968	$	361,728	0%	100%	5.1%	4.6%
30517	3	T8	GASTROENTEROSTOMY, PYLOROPLASTY or GASTRODUODENOSTOMY, reconstruction of (Anaes.) (Assist.)	951		0	0	0	713.25	Y	1/11/1992	$	189,987	422	$	450,445	$	253,305	1%	100%	26.4%	27.2%
30518	3	T8	Partial gastrectomy, not being a service associated with a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	1018.35		0	0	0	763.8	Y	1/11/1992	$	339,453	636	$	811,536	$	452,608	1%	100%	6.0%	5.7%
30520	3	T8	GASTRIC TUMOUR, removal of, by local excision, not being a service to which item 30518 applies (Anaes.) (Assist.)	696.45		0	0	0	522.35	Y	1/11/1992	$	77,762	177	$	169,424	$	103,679	2%	100%	10.6%	11.1%
30521	3	T8	GASTRECTOMY, TOTAL, for benign disease (Anaes.) (Assist.)	1490		0	0	0	1117.5	Y	1/11/1992	$	51,226	47	$	97,608	$	68,301	0%	100%	27.4%	27.7%

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30523	3	T8	GASTRECTOMY, SUBTOTAL RADICAL, for carcinoma, (including splenectomy when performed) (Anaes.) (Assist.)	1557.25	0	0	0	1167.95	Y	1/11/1992	$	191,561	194	$	404,133	$	255,413	0%	100%	5.4%	3.6%
30524	3	T8	extended node dissection and distal pancreatectomy and splenectomy when performed) (Anaes.) (Assist.)	1714.6	0	0	0	1285.95	Y	1/11/1992	$	60,317	48	$	117,004	$	80,422	0%	100%	-2.3%	-1.8%
30526	3	T8	GASTRECTOMY, TOTAL, and including lower oesophagus, performed by left thoraco-abdominal incision or opening of diaphragmatic hiatus, (including splenectomy when performed) approach, with or without closure of the diaphragmatic hiatusnot being a service to which item 30601 applies (Anaes.) (Assist.)	2223.7	0	0	0	1667.8	Y	1/11/1992	$	68,305	41	$	135,341	$	91,073	0%	100%	1.5%	2.5%
30527	3	T8	ANTIREFLUX operation by fundoplasty, with OESOPHAGOPLASTY for stricture or short oesophagus (Anaes.) (Assist.)	898.55	0	0	0	673.95	Y	1/11/1992	$	94,568	153	$	261,402	$	126,090	0%	100%	-9.3%	-7.9%
30529	3	T8	ANTIREFLUX operation by cardiopexy, with or without fundoplasty (Anaes.) (Assist.)	1347.7	0	0	0	1010.8	Y	1/11/1992	$	2,512	3	$	4,570	$	3,349	0%	100%	-17.8%	-18.8%
30530	3	T8	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (Anaes.)	808.7	0	0	0	606.55	Y	1/11/1992	$	287,471	981	$	821,879	$	383,835	2%	100%	30.1%	30.6%
30532	3	T8	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus, by laparoscopy or OESOPHAGECTOMY with gastric reconstruction by abdominal mobilisation and thoracotomy (Anaes.) (Assist.)	928.55	0	0	0	696.45	Y	1/11/1992	$	71,189	104	$	156,424	$	94,916	2%	100%	22.3%	23.0%
30533	3	T8	mobilisation, thoracotomy and anastomosis in the neck or chest - 1 surgeon (Anaes.) (Assist.)	1104.45	0	0	0	828.35	Y	1/11/1992	$	85,575	108	$	227,117	$	114,098	5%	100%	-1.1%	-1.0%
30535	3	T8	OESOPHAGECTOMY involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest- conjoint surgery, principal surgeon (including aftercare) (Anaes.)	1749.65	0	0	0	1312.25	Y	1/11/1992	$	63,208	50	$	142,116	$	84,278	0%	100%	4.6%	4.9%
30536	3	T8	mobilisation, thoracotomy and anastomosis in the neck or chest - conjoint surgery, co-surgeon (Assist.)	1774.7	0	0	0	1331.05	Y	1/11/1992	$	168,410	128	$	372,420	$	224,547	0%	100%	-1.5%	-0.2%
30538	3	T8	abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - 1 surgeon (Anaes.) (Assist.)	1228	0	0	0	921	Y	1/11/1992	$	38,865	46	$	77,417	$	51,821	0%	100%	-1.3%	-1.3%
30539	3	T8	OESOPHAGECTOMY, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - conjoint surgery, principal surgeon and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	898.55	0	0	0	673.95	0	1/11/1992	$	19,310	32	$	34,944	$	25,746	0%	100%	-1.8%	-1.7%
30541	3	T8	and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, co-surgeon (Assist.)	1564.95	0	0	0	1173.75	Y	1/11/1992	$	2,917	3	$	4,837	$	3,889	0%	100%	0.0%	-3.1%
30542	3	T8	OESOPHAGECTOMY with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - conjoint surgery, principal surgeon (including aftercare) (Anaes.)	1063.3	0	0	0	797.5	Y	1/11/1992	$	797	1	$	1,519	$	1,063	0%	100%	#DIV/0!	#DIV/0!
30547	3	T8	and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, co-surgeon (Assist.)	1302.8	0	0	1218.1	977.1	Y	1/11/1992	$	1,240	2	$	4,545	$	1,654	0%	100%	14.9%	21.2%
30548	3	T8	OESOPHAGECTOMY with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - conjoint surgery, principal surgeon (including aftercare) (Anaes.)	973.3	0	0	888.6	730	0	1/11/1992	$	168	1	$	633	$	224	0%	100%	0.0%	-25.0%
30551	3	T8	and thoracic mobilisation with anastomosis of pedicle in the neck) - conjoint surgery, co-surgeon (Assist.)	1467.6	0	0	0	1100.7	Y	1/11/1992	$	2,185	2	$	3,433	$	2,914	0%	100%	14.9%	15.4%
30553	3	T8	conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	1085.55	0	0	1000.85	814.2	0	1/11/1992	$	3,257	4	$	7,615	$	4,342	50%	100%	-15.0%	1.8%
30556	3	T8	OESOPHAGUS, local excision for tumour of (Anaes.) (Assist.)	1632.2	0	0	0	1224.15	Y	1/11/1992	$	5,781	5	$	10,123	$	7,708	0%	100%	-12.9%	-10.5%
30559	3	T8	OESOPHAGEAL PERFORATION, repair of, by thoracotomy (Anaes.) (Assist.)	876.1	0	0	791.4	657.1	Y	1/11/1992	$	94,196	144	$	168,223	$	123,929	6%	94%	27.3%	29.7%
30560	3	T8	ENTEROSTOMY or COLOSTOMY, closure of (not involving resection of bowel), on a person 10 years of age or over (Anaes.) (Assist.)	973.3	0	0	0	730	Y	1/11/1992	$	8,395	17	$	15,926	$	11,193	0%	100%	11.2%	9.6%
30562	3	T8	COLOSTOMY OR ILEOSTOMY, refashioning of, on a person 10 years of age or over (Anaes.) (Assist.)	613.55	0	0	0	460.2	Y	1/11/1992	$	232,605	770	$	485,948	$	310,126	0%	100%	-0.7%	-2.1%
30563	3	T8	SMALL BOWEL STRICTUREPLASTY for chronic inflammatory bowel disease (Anaes.) (Assist.)	613.55	0	0	528.85	460.2	Y	1/11/1992	$	105,719	333	$	204,558	$	140,842	1%	99%	-0.2%	0.0%
30564	3	T8	SMALL INTESTINE, resection of, without anastomosis (including formation of stoma) (Anaes.) (Assist.)	796.4	0	0	0	597.3	Y	1/12/1991	$	15,902	51	$	34,690	$	21,203	0%	100%	1.6%	3.4%
30565	3	T8	SMALL INTESTINE, resection of, with anastomosis, on a person 10 years of age or over (Anaes.) (Assist.)	898.55	0	0	0	673.95	Y	1/11/1992	$	339,269	994	$	708,633	$	452,178	0%	100%	4.8%	4.5%
30566	3	T8	INTRAOPERATIVE ENTEROTOMY for visualisation of the small intestine by endoscopy (Anaes.) (Assist.)	998.1	0	0	0	748.6	Y	1/11/1992	$	1,760,035	3,060	$	3,467,193	$	2,346,637	0%	100%	0.3%	0.5%
30568	3	T8	endoscope passed at laparotomy, with or without biopsies (Anaes.) (Assist.)	748.7	0	0	0	561.55	Y	1/11/1992	$	6,252	17	$	11,358	$	8,418	0%	100%	0.0%	2.8%
30569	3	T8	APPENDICECTOMY, not being a service to which item 30574 applies on a person 10 years of age or over (Anaes.) (Assist.)	381.75	0	0	0	286.35	Y	1/11/1992	$	3,369	26	$	6,293	$	4,695	0%	100%	6.5%	18.2%
30571	3	T8		459.35	0	0	0	344.55	Y	1/11/1992	$	75,376	278	$	149,807	$	100,490	0%	100%	-13.8%	-15.8%

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30572	3	T8	LAPAROSCOPIC APPENDICECTOMY, on a person 10 years of age or over (Anaes.) (Assist.)	459.35	0	0	0	344.55	Y	1/11/1992	$	2,523,148	8,063	$	5,089,202	$	3,364,327	0%	100%	-0.3%	-0.2%
30574	3	T8	NOTE: Multiple Operation and Multiple Anaesthetic rules apply to this item APPENDICECTOMY, when performed in conjunction with any other intraabdominal procedure through the same incision	127.1	0	0	0	95.35	Y	1/11/1992	$	35,905	788	$	109,917	$	47,862	0%	100%	-0.6%	-2.1%
30575	3	T8	PANCREATIC ABSCESS, laparotomy and external drainage of, not requiring retro-pancreatic dissection (Anaes.) (Assist.)	528.7	0	0	0	396.55	Y	1/11/1992	$	5,229	19	$	13,538	$	6,972	0%	100%	6.3%	11.2%
30577	3	T8	ABSCESS FORMATION requiring major pancreatic or retro-pancreatic dissection, excluding aftercare (Anaes.) (Assist.)	1123.2	0	0	0	842.4	Y	1/11/1992	$	57,419	77	$	102,700	$	76,558	1%	100%	5.5%	4.9%
30578	3	T8	ENDOCRINE TUMOUR, exploration of pancreas or duodenum, followed by local excision of pancreatic tumour (Anaes.) (Assist.)	1183.05	0	0	0	887.3	Y	1/11/1992	$	18,781	24	$	36,291	$	25,041	0%	100%	4.8%	3.9%
30580	3	T8	ENDOCRINE TUMOUR, exploration of pancreas or duodenum, followed by local excision of duodenal tumour (Anaes.) (Assist.)	1078.1	0	0	0	808.6	Y	1/11/1992	$	4,043	5	$	7,776	$	5,391	0%	100%	0.0%	0.2%
30581	3	T8	ENDOCRINE TUMOUR, exploration of pancreas or duodenum for, but no tumour found (Anaes.) (Assist.)	786.15	0	0	0	589.65	Y	1/11/1992	$	295	1	$	538	$	393	0%	100%	-12.9%	-16.2%
30583	3	T8	DISTAL PANCREATECTOMY (Anaes.) (Assist.)	1231.55	0	0	0	923.7	Y	1/11/1992	$	168,603	236	$	353,567	$	224,803	0%	100%	5.5%	4.5%
30584	3	T8	PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION, with or without preservation of pylorus (Anaes.) (Assist.)	1817.8	0	0	0	1363.35	Y	1/11/1992	$	516,078	403	$	1,038,680	$	688,112	0%	100%	0.9%	1.2%
30586	3	T8	PANCREATIC CYSTANASTOMOSIS TO STOMACH OR DUODENUM - by open or endoscopic means (Anaes.) (Assist.)	723.2	0	0	0	542.4	Y	1/11/1992	$	23,433	46	$	40,055	$	31,244	4%	100%	5.0%	7.3%
30587	3	T8	PANCREATIC CYST, anastomosis to Roux loop of jejunum (Anaes.) (Assist.)	748.7	0	0	0	561.55	Y	1/11/1992	$	140	1	$	301	$	187	0%	100%	0.0%	-12.4%
30589	3	T8	PANCREATICO-JEJUNOSTOMY for pancreatitis or trauma (Anaes.) (Assist.)	1290.15	0	0	0	967.65	Y	1/11/1992	$	9,383	24	$	19,643	$	12,511	0%	100%	11.4%	4.5%
30590	3	T8	PANCREATICO-JEJUNOSTOMY following previous pancreatic surgery (Anaes.) (Assist.)	1422.55	0	0	0	1066.95	Y	1/11/1992	$	46,345	110	$	92,464	$	61,791	0%	100%	6.3%	2.9%
30593	3	T8	PANCREATECTOMY, near total or total (including duodenum), with or without splenectomy (Anaes.) (Assist.)	1946.7	0	0	1862	1460.05	Y	1/11/1992	$	131,552	92	$	259,862	$	175,404	0%	100%	10.0%	10.5%
30594	3	T8	PANCREATECTOMY for pancreatitis following previously attempted drainage procedure or partial resection (Anaes.) (Assist.)	2246.3	0	0	0	1684.75	Y	1/11/1992	$	11,793	7	$	21,973	$	15,724	0%	100%	-2.6%	-2.0%
30596	3	T8	SPLENORRHAPHY OR PARTIAL SPLENECTOMY (Anaes.) (Assist.)	925.3	0	0	0	694	Y	1/11/1992	$	62,899	109	$	276,914	$	83,863	3%	100%	30.3%	37.9%
30597	3	T8	SPLENECTOMY (Anaes.) (Assist.)	742.7	0	0	0	557.05	Y	1/11/1992	$	67,065	260	$	140,355	$	89,418	0%	100%	-1.4%	-3.8%
30599	3	T8	SPLENECTOMY, for massive spleen (weighing more than 1500 grams) or involving thoraco-abdominal incision (Anaes.) (Assist.)	1347.7	0	0	0	1010.8	Y	1/11/1992	$	31,581	33	$	66,071	$	42,108	0%	100%	-6.0%	-5.8%
30600	3	T8	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of (Anaes.) (Assist.)	801.4	0	0	0	601.05	Y	1/11/1992	$	33,575	116	$	62,059	$	44,763	0%	100%	10.6%	6.1%
30601	3	T8	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 person 10 years of age or over (Anaes.)	987.2	0	0	0	740.4	Y	1/12/1991	$	23,181	36	$	55,818	$	30,908	0%	100%	-4.8%	-1.7%
30602	3	T8	PORTAL HYPERTENSION, porto-caval shunt for (Anaes.) (Assist.)	1602.25	0	0	0	1201.7	Y	1/11/1992	$	22,721	19	$	32,288	$	30,294	5%	100%	0.0%	0.8%
30603	3	T8	PORTAL HYPERTENSION, meso-caval shunt for (Anaes.) (Assist.)	1692.15	0	0	1607.45	1269.15	Y	1/11/1992	$	1,586	2	$	3,097	$	2,115	0%	100%	-7.8%	-12.4%
30605	3	T8	PORTAL HYPERTENSION, selective spleno-renal shunt for (Anaes.) (Assist.)	1924.25	0	0	0	1443.2	Y	1/11/1992	$	2,865	2	$	4,560	$	3,820	0%	100%	-24.2%	-21.8%
30606	3	T8	oversew of gastric varices with or without devascularisation (Anaes.) (Assist.)	1145.5	0	0	0	859.15	Y	1/11/1992	$	2,577	3	$	6,974	$	3,437	0%	100%	-12.9%	-10.9%
30608	3	T8	SMALL INTESTINE, resection of, with anastomosis, on a person under 10 years of age (Anaes.) (Assist.)	1297.55	0	0	0	973.2	Y	1/09/2015	$	21,055	24	$	38,220	$	28,073	0%	100%	21.7%	19.9%
30609	3	T8	a service associated with a service to which item 30614 applies (Anaes.) (Assist.)	479.05	0	0	0	359.3	Y	1/11/1993	$	4,822,137	17,419	$	11,903,316	$	6,430,372	0%	100%	2.3%	2.2%
30611	3	T8	BENIGN TUMOUR of SOFT TISSUE, excluding tumours of skin, cartilage, and bone, simple lipomas covered by item 31345 and lipomata removal of by surgical excision, where the specimen of, not being a service to which item 30403 or 30615 applies, on a person 10 years of age or over (Anaes.) (Assist.)	580.95	0	0	496.25	435.75	Y	1/09/2015	$	104,899	247	$	232,453	$	138,565	2%	95%	8.8%	9.7%
30614	3	T8	of, without bowel resection, on a person 10 years of age or over (Anaes.) (Assist.)	479.05	0	0	0	359.3	Y	1/11/1992	$	3,087,064	9,757	$	6,981,725	$	4,117,857	1%	100%	-4.1%	-3.8%
30615	3	T8		537.55	0	0	0	403.2	Y	1/11/1992	$	929,085	2,674	$	2,006,439	$	1,238,981	1%	100%	2.7%	2.5%

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30618	3	T8	LYMPH NODES OF NECK, selective dissection of 1 or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck,on a person under 10 years of age (Anaes.) LAPAROSCOPIC SPLENECTOMY, on a person under 10 years of age (Anaes.) (Assist.)	538.55		0	0	457.8	403.95	Y	1/09/2015	$ 5,037	14	$ 12,871	$ 6,716	0%	100%	14.9%	12.9%
30619	3	T8		965.5		0	0	0	724.15	Y	1/09/2015	$ 2,162	3	$ 3,222	$ 2,882	0%	100%	24.6%	25.2%
30621	3	T8	Repair of symptomatic umbilical, epigastric or linea alba hernia requiring mesh or other formal repair of, in a person 10 years of age or over, other than a service to which item 30403 or 30405	420.2		0	0	0	315.15	Y	1/12/1991	$ 1,672,124	7,929	$ 4,100,138	$ 2,230,200	1%	100%	1.0%	1.0%
30622	3	T8	Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, Gastrotomy, Reduction of intussusception, Removal of Meckel's diverticulum, Suture of (where no other intraabdominal procedure is performed) on a person under 10 years of age (Anaes.) (Assist.)	698.85		0	0	0	524.15	Y	1/09/2015	$ 36,116	71	$ 60,679	$ 48,153	1%	100%	12.7%	16.1%
30623	3	T8		698.85		0	0	0	524.15	Y	1/09/2015	$ 1,565	4	$ 3,045	$ 2,086	0%	100%	14.9%	9.0%
30626	3	T8	LAPAROTOMY involving division of adhesions in conjunction with another intraabdominal procedure where the time taken to divide the adhesions is between 45 minutes and 2 hours, on a person other laparoscopic procedure, on a person under 10 years of age (Anaes.)	702.1		0	0	0	526.6	Y	1/09/2015	$ 2,879	9	$ 4,885	$ 3,838	0%	100%	2.4%	1.4%
30627	3	T8		294.9		0	0	0	221.2	Y	1/09/2015	$ 24,192	237	$ 49,297	$ 32,825	0%	100%	6.6%	7.0%
30628	3	T8	HYDROCELE, tapping of	36.7		0	0	31.2	27.55	0	1/12/1991	$ 24,017	787	$ 40,693	$ 27,783	59%	7%	-2.3%	-1.6%
30629	3	T8	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 Insertion of testicular prosthesis,at least 6 months following orchidectomy (Anaes.) (Assist.)	537.55		0	0	0	403.2	Y	1/11/2020	$ 39,106	103	$ 99,482	$ 52,136	3%	100%	#DIV/0!	#DIV/0!
30630	3	T8		488.55		0	0	0	366.45	Y	1/11/2020	$ 2,199	9	$ 9,811	$ 2,931	0%	100%	#DIV/0!	#DIV/0!
30631	3	T8	Hydrocele, removal of, other than a service associated with a service to which item 30641, 30642 or 30644 applies (Anaes.)	244.05		0	0	207.45	183.05	Y	1/12/1991	$ 294,562	2,002	$ 872,160	$ 389,160	3%	95%	2.3%	3.3%
30635	3	T8	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	300.9		0	0	0	225.7	Y	1/12/1991	$ 30,469	150	$ 116,635	$ 40,622	1%	100%	-4.8%	-3.6%
30636	3	T8	GASTROSTOMY BUTTON, caecostomy antegrade enema device (chait etc) and/or stomal indwelling device, non-endoscopic insertion of, or non-endoscopic replacement of, on a person under ENTEROSTOMY or COLOSTOMY, closure of not involving resection of bowel, on a person under 10 years of age (Anaes.) (Assist.)	240.45		0	0	204.4	180.35	Y	1/09/2015	$ 59,410	311	$ 63,834	$ 70,846	86%	15%	43.6%	45.4%
30637	3	T8		797.7		0	0	0	598.3	Y	1/09/2015	$ 18,472	32	$ 32,903	$ 24,628	0%	100%	11.0%	11.5%
30639	3	T8	COLOSTOMY OR ILEOSTOMY, refashioning of, on a person under 10 years of age (Anaes.) (Assist.)	797.7		0	0	713	598.3	Y	1/09/2015	$ 4,469	8	$ 7,362	$ 5,959	0%	100%	2.7%	4.2%
30640	3	T8	Repair of large and irreducible scrotal hernia, where duration of surgery exceeds 2 hours, in a person 10 years of age or over, other than a service to which item 30403, 30405, 30614, 30615 or 30621	943.55		0	0	0	707.7	Y	1/05/2016	$ 157,831	234	$ 319,467	$ 210,435	1%	100%	159.2%	158.3%
30641	3	T8	ORCHIDECTOMY, simple or subscapsular, unilateral with or without insertion of testicular prosthesis (Anaes.) (Assist.)	420.2		0	0	0	315.15	Y	1/12/1991	$ 73,013	317	$ 207,401	$ 97,348	1%	100%	-2.3%	-3.0%
30642	3	T8	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,	781.85		0	0	0	586.4	Y	1/05/2017	$ 120,388	329	$ 342,694	$ 160,511	0%	100%	#DIV/0!	#DIV/0!
30643	3	T8	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	698.85		0	0	0	524.15	Y	1/09/2015	$ 7,971	17	$ 15,493	$ 10,628	0%	100%	13.6%	13.0%
30644	3	T8	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	537.55		0	0	0	403.2	Y	1/12/1991	$ 646,797	2,051	$ 1,558,857	$ 862,424	1%	100%	9.5%	7.8%
30645	3	T8	APPENDICECTOMY, not being a service to which item 30574 applies, on a person under 10 years of age (Anaes.) (Assist.)	597.05		0	0	0	447.8	Y	1/09/2015	$ 32,537	74	$ 54,899	$ 43,382	1%	100%	7.7%	8.2%
30646	3	T8	LAPAROSCOPIC APPENDICECTOMY, on a person under 10 years of age (Anaes.) (Assist.)	597.05		0	0	0	447.8	Y	1/09/2015	$ 136,622	306	$ 229,733	$ 182,158	0%	100%	11.6%	12.3%
30649	3	T8	HAEMORRHAGE, arrest of, following circumcision requiring general anaesthesia on a person under 10 years of age (Anaes.)	193.5		0	0	164.5	145.15	Y	1/09/2015	$ 1,984	13	$ 3,637	$ 2,516	46%	62%	67.0%	69.7%
30653	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$ 119	3	$ 1,195	$ 140	0%	0%	-81.8%	-84.7%
30654	3	T8	Circumcision of the penis, with topical or local analgesia, other than a service to which item 30658 applies	47.95		0	0	40.8	36	0	1/11/2016	$ 766,501	8,001	$ 3,470,583	$ 381,841	11%	4%	#DIV/0!	#DIV/0!
30658	3	T8	regional anaesthesia and in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.)	146.4		0	0	124.45	109.8	Y	1/11/2016	$ 2,039,721	14,810	$ 6,701,066	$ 2,087,321	8%	36%	#DIV/0!	#DIV/0!
30663	3	T8	HAEMORRHAGE, arrest of, following circumcision requiring general anaesthesia on a person 10 years of age or over (Anaes.)	148.85		0	0	126.55	111.65	Y	1/12/1991	$ 2,084	20	$ 3,294	$ 2,678	30%	75%	5.9%	7.3%
30666	3	T8	PARAPHIMOSIS or PHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not being a service associated with a service to which another item in this Group	48.9		0	0	41.6	36.7	Y	1/12/1991	$ 2,405	64	$ 12,131	$ 2,935	11%	66%	9.3%	10.1%
30672	3	T8	COCCYX, excision of (Anaes.) (Assist.)	459.35		0	0	0	344.55	Y	1/12/1991	$ 8,659	34	$ 20,089	$ 11,544	0%	100%	-22.3%	-24.3%

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30676	3	T8	PILONIDAL SINUS OR CYST, OR SACRAL SINUS OR CYST, excision of (Anaes.)	390.9		0	0	332.3	293.2	Y	1/12/1991	$	575,863	2,332	$	1,174,760	$	752,512	11%	88%	-0.3%	0.0%
30679	3	T8	PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia (Anaes.)	99.3		0	0	84.45	74.5	Y	1/12/1991	$	1,572	34	$	2,415	$	2,036	15%	85%	-7.4%	-12.6%
30680	3	T8	Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, WITHOUT intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal	1206.55		0	0	1121.85	904.95	Y	1/07/2007	$	302,214	315	$	458,305	$	378,892	34%	75%	-0.9%	-0.6%
30682	3	T8	Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, WITHOUT intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal	1206.55		0	0	1121.85	904.95	Y	1/07/2007	$	246,520	258	$	380,775	$	309,942	34%	74%	2.7%	3.0%
30684	3	T8	Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, WITH 1 or more of the following procedures (snare polypectomy, removal of foreign body,	1484.85		0	0	1400.15	1113.65	Y	1/07/2007	$	664,927	562	$	1,037,622	$	834,025	31%	76%	5.6%	6.1%
30686	3	T8	Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, WITH 1 or more of the following procedures (snare polypectomy, removal of foreign body,	1484.85		0	0	1400.15	1113.65	Y	1/07/2007	$	191,196	160	$	289,741	$	237,333	36%	71%	13.5%	14.9%
30687	3	T8	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	490.95		0	0	417.35	368.25	Y	1/11/2012	$	162,173	429	$	269,094	$	208,915	25%	75%	11.1%	11.7%
30688	3	T8	Endoscopicultrasound(endoscopy with ultrasound imaging), with or without biopsy, for the staging of 1 or more of oesophageal, gastric or pancreatic cancer, not in association with another item in	376.3		0	0	319.9	282.25	Y	1/07/2007	$	440,317	1,592	$	749,216	$	572,580	20%	82%	3.3%	3.0%
30690	3	T8	Endoscopic ultrasound(endoscopy with ultrasound imaging), with or without biopsy,with fine needle aspiration, including aspiration of the locoregional lymph nodes if performed, for the staging of 1	580.9		0	0	496.2	435.7	Y	1/07/2007	$	634,766	1,428	$	1,061,391	$	818,846	25%	76%	11.5%	11.7%
30692	3	T8	Endoscopic ultrasound(endoscopy with ultrasound imaging), with or without biopsy, for the diagnosis of 1 or more of pancreatic, biliary or gastric submucosal tumours, not in association with	376.3		0	0	319.9	282.25	Y	1/07/2007	$	1,103,847	3,850	$	1,713,457	$	1,413,290	33%	69%	3.6%	3.7%
30694	3	T8	Endoscopic ultrasound(endoscopy with ultrasound imaging), with or without biopsy,with fine needle aspiration,for the diagnosis of 1 or more of pancreatic, biliary or gastric submucosal tumours,not in	580.9		0	0	496.2	435.7	Y	1/07/2007	$	1,034,880	2,323	$	1,611,782	$	1,325,725	30%	72%	6.4%	6.4%
30696	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	368,552	796	$	530,796	$	460,889	46%	54%	2.3%	2.4%
30710	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,117,461	2,426	$	1,582,807	$	1,405,207	44%	57%	1.6%	2.0%
31000	3	T8	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	599.05		0	0	514.35	449.3	Y	1/03/1992	$	6,180,479	14,023	$	12,748,877	$	7,353,676	3%	85%	6.3%	7.4%
31001	3	T8	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	748.7		0	0	664	561.55	Y	1/03/1992	$	2,915,093	5,105	$	6,223,044	$	3,593,246	2%	92%	10.1%	10.8%
31002	3	T8	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	898.55		0	0	813.85	673.95	Y	1/03/1992	$	223,555	312	$	450,691	$	273,529	1%	90%	-6.1%	-5.2%
31003	3	T8	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	599.05		0	0	514.35	449.3	Y	1/11/2018	$	93,375	265	$	180,622	$	114,628	2%	91%	#DIV/0!	#DIV/0!
31004	3	T8	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	748.7		0	0	664	561.55	Y	1/11/2018	$	87,225	203	$	173,637	$	108,855	2%	91%	#DIV/0!	#DIV/0!
31005	3	T8	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	898.55		0	0	813.85	673.95	Y	1/11/2018	$	118,249	68	$	149,513	$	61,101	0%	25%	#DIV/0!	#DIV/0!
31200	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	58	2	$	119	$	68	0%	0%	-81.4%	-80.7%
31205	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,789	20	$	3,846	$	1,671	0%	5%	-85.4%	-84.7%
31206	3	T8	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	98.45		0	0	83.7	73.85	Y	1/11/2016	$	656,799	8,437	$	925,219	$	756,789	69%	7%	#DIV/0!	#DIV/0!
31210	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	105	1	$	175	$	123	0%	0%	-89.7%	-89.5%
31211	3	T8	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	126.95		0	0	107.95	95.25	Y	1/11/2016	$	400,293	3,983	$	535,141	$	470,030	66%	12%	#DIV/0!	#DIV/0!
31216	3	T8	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	148.05		0	0	125.85	111.05	Y	1/11/2016	$	289,312	2,658	$	431,998	$	344,716	49%	30%	#DIV/0!	#DIV/0!
31220	3	T8	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions	221.25		0	0	188.1	165.95	Y	1/05/1997	$	345,857	1,917	$	520,036	$	397,919	52%	22%	-10.8%	-9.9%
31221	3	T8	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;	221.25		0	0	188.1	165.95	Y	1/11/2016	$	41,551	234	$	59,293	$	48,617	65%	16%	#DIV/0!	#DIV/0!
31225	3	T8	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of more than 10	393.2		0	0	334.25	294.9	Y	1/05/1997	$	103,229	342	$	193,667	$	124,831	39%	46%	-12.8%	-11.8%
31230	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	439	2	$	515	$	235	0%	0%	-87.3%	-85.7%

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31235	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	425	5	$	675	$	500	0%	0%	-86.0%	-86.5%
31240	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	143	1	$	420	$	168	0%	0%	-87.0%	-86.6%
31245	3	T8	SKIN AND SUBCUTANEOUS TISSUE, extensive excision of, in the treatment of SUPPURATIVE HIDRADENITIS (excision from axilla, groin or natal cleft) or SYCOSIS BARBAE or NUCHAE (excision from percent of body surface where the specimen excised is sent for histological confirmation of diagnosis (Anaes.)	380.5		0	0	323.45	285.4	Y	1/05/1997	$	131,168	499	$	226,882	$	164,234	30%	61%	-6.2%	-6.4%
31250	3	T8		380.5		0	0	323.45	285.4	Y	1/05/1997	$	29,528	105	$	51,854	$	34,934	44%	52%	-27.5%	-26.8%
31255	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	260	3	$	867	$	346	0%	100%	-86.8%	-88.1%
31260	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	335	3	$	1,569	$	447	0%	100%	-84.5%	-85.7%
31265	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,740	14	$	3,970	$	2,019	0%	50%	-84.2%	-84.5%
31280	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	2,264	21	$	4,467	$	2,594	0%	14%	-83.9%	-84.2%
31285	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,068	7	$	1,705	$	1,281	0%	14%	-86.0%	-86.1%
31287	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	43	1	$	222	$	58	0%	100%	-71.7%	-78.0%
31310	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	381	1	$	417	$	279	0%	0%	-81.2%	-78.8%
31330	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	295	1	$	591	$	347	0%	0%	-84.8%	-84.3%
31340	3	T8	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 LIPOMA, removal of by surgical excision or liposuction, where lesion is subcutaneous and 50mm or more in diameter, or is sub-	0	75% of the fee for excision of malignant tumour	0	0	0	0	Y	1/05/1997	$	1,685,956	18,322	$	3,769,116	$	2,088,642	7%	81%	15.9%	25.6%
31345	3	T8	fascial, where the specimen is sent for histological confirmation of Liposuction (suction assisted lipolysis) to one regional area for contour problems of abdominal, upper arm or thigh fat because of	217.55		0	0	184.95	163.2	Y	1/05/1997	$	1,373,804	10,176	$	3,243,936	$	1,722,841	17%	72%	3.2%	3.6%
31346	3	T8	repeated insulin injections, if: (a) the lesion is subcutaneous; and BENIGN TUMOUR of SOFT TISSUE, excluding tumours of skin, cartilage, and bone, simple lipomas covered by item 31345 and	217.55		0	0	184.95	163.2	Y	1/05/2003	$	2,061	15	$	5,275	$	2,488	60%	33%	8.4%	13.6%
31350	3	T8	lipomata, removal of by surgical excision, where the specimen MALIGNANT TUMOURof SOFT TISSUE, excluding tumours of skin, cartilage and bone, removal of by surgical excision, where	446.9		0	0	379.9	335.2	Y	1/05/1997	$	2,800,990	9,441	$	6,177,840	$	3,610,437	12%	83%	1.9%	2.0%
31355	3	T8	histological proof of malignancy has been obtained, not being a Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical	736.8		0	0	652.1	552.6	Y	1/05/1997	$	603,678	1,327	$	1,317,879	$	784,683	5%	93%	-1.9%	-1.7%
31356	3	T8	excision (other than by shave excision) and repair of, if: (a) the Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar	228.25		0	0	194.05	171.2	Y	1/11/2016	$	3,267,006	17,993	$	4,085,738	$	3,775,072	65%	8%	#DIV/0!	#DIV/0!
31357	3	T8	(other than a scar removed during the surgical approach at an Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical	113.1		0	0	96.15	84.85	Y	1/11/2016	$	2,661,338	31,996	$	4,285,936	$	3,054,012	56%	11%	#DIV/0!	#DIV/0!
31358	3	T8	excision (other than by shave excision) and repair of, if: (a) the Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical	279.35		0	0	237.45	209.55	Y	1/11/2016	$	19,201,945	116,847	$	27,420,434	$	22,548,361	52%	28%	#DIV/0!	#DIV/0!
31359	3	T8	excision (other than by shave excision), if: (a) the lesion is excised Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar	340.5		0	0	0	255.4	Y	1/11/2016	$	348,606	2,711	$	784,682	$	464,909	2%	100%	#DIV/0!	#DIV/0!
31360	3	T8	(other than a scar removed during the surgical approach at an Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical	173.3		0	0	147.35	130	Y	1/11/2016	$	4,464,732	35,751	$	7,105,064	$	5,202,094	52%	24%	#DIV/0!	#DIV/0!
31361	3	T8	excision (other than by shave excision) and repair of, if: (a) the Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar	192.55		0	0	163.7	144.45	Y	1/11/2016	$	27,661,579	184,316	$	34,940,180	$	31,615,233	66%	5%	#DIV/0!	#DIV/0!
31362	3	T8	(other than a scar removed during the surgical approach at an Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical	138.1		0	0	117.4	103.6	Y	1/11/2016	$	13,689,092	131,267	$	18,608,485	$	15,795,760	63%	5%	#DIV/0!	#DIV/0!
31363	3	T8	excision (other than by shave excision) and repair of, if: (a) the Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar	251.9		0	0	214.15	188.95	Y	1/11/2016	$	38,815,948	229,405	$	51,173,387	$	44,958,687	59%	20%	#DIV/0!	#DIV/0!
31364	3	T8	(other than a scar removed during the surgical approach at an Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372 or 31373), surgical excision	173.3		0	0	147.35	130	Y	1/11/2016	$	6,158,333	48,256	$	8,765,799	$	7,197,367	59%	17%	#DIV/0!	#DIV/0!
31365	3	T8	(other than by shave excision) and repair of, if: (a) the lesion is Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar	163.25		0	0	138.8	122.45	Y	1/11/2016	$	18,154,751	147,691	$	22,903,754	$	20,769,179	66%	3%	#DIV/0!	#DIV/0!
31366	3	T8	(other than a scar removed during the surgical approach at an Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical	98.45		0	0	83.7	73.85	Y	1/11/2016	$	15,343,207	208,952	$	21,568,035	$	17,593,276	63%	2%	#DIV/0!	#DIV/0!
31367	3	T8	excision (other than by shave excision) and repair of, if: (a) the	220.25		0	0	187.25	165.2	Y	1/11/2016	$	21,401,016	124,584	$	26,764,198	$	24,603,398	65%	9%	#DIV/0!	#DIV/0!

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31368	3	T8	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	129.45	0	0	110.05	97.1	Y	1/11/2016	$ 5,578,685	55,309	$ 7,853,997	$ 6,404,396	64%	6%	#DIV/0!	#DIV/0!
31369	3	T8	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the	253.6	0	0	215.6	190.2	Y	1/11/2016	$ 3,661,302	20,800	$ 4,814,459	$ 4,266,320	61%	21%	#DIV/0!	#DIV/0!
31370	3	T8	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	148.05	0	0	125.85	111.05	Y	1/11/2016	$ 1,440,970	13,011	$ 2,124,170	$ 1,677,469	64%	14%	#DIV/0!	#DIV/0!
31371	3	T8	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	368.15	0	0	312.95	276.15	Y	1/11/2016	$ 675,538	3,014	$ 1,077,230	$ 800,716	34%	45%	#DIV/0!	#DIV/0!
31372	3	T8	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	318.35	0	0	270.6	238.8	Y	1/11/2016	$ 1,425,262	5,433	$ 1,796,286	$ 1,660,864	61%	9%	#DIV/0!	#DIV/0!
31373	3	T8	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	367.95	0	0	312.8	276	Y	1/11/2016	$ 3,551,403	14,565	$ 5,575,026	$ 4,186,156	38%	39%	#DIV/0!	#DIV/0!
31374	3	T8	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	290.7	0	0	247.1	218.05	Y	1/11/2016	$ 3,387,183	13,989	$ 4,153,698	$ 3,903,753	63%	3%	#DIV/0!	#DIV/0!
31375	3	T8	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	312.85	0	0	265.95	234.65	Y	1/11/2016	$ 6,066,644	23,029	$ 8,452,636	$ 6,913,382	53%	11%	#DIV/0!	#DIV/0!
31376	3	T8	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	362.6	0	0	308.25	271.95	Y	1/11/2016	$ 2,830,031	10,715	$ 4,436,690	$ 3,314,204	43%	33%	#DIV/0!	#DIV/0!
31400	3	T8	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR up to and including 20mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been	269.25	0	0	228.9	201.95	Y	1/07/1998	$ 3,468	27	$ 7,261	$ 4,104	0%	93%	-8.0%	-10.0%
31403	3	T8	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	310.75	0	0	0	233.1	Y	1/07/1998	$ 6,295	47	$ 19,907	$ 8,392	0%	100%	0.0%	1.5%
31406	3	T8	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR more than 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.)	517.85	0	0	440.2	388.4	Y	1/07/1998	$ 9,789	48	$ 25,323	$ 13,053	0%	100%	0.4%	-2.4%
31409	3	T8	PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.)	1608.9	0	0	0	1206.7	Y	1/07/1998	$ 88,611	79	$ 213,223	$ 118,147	0%	100%	0.0%	0.1%
31412	3	T8	RECURRENT OR PERSISTENT PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.)	1981.8	0	0	0	1486.35	Y	1/07/1998	$ 17,519	14	$ 42,039	$ 23,359	0%	100%	-7.8%	-5.9%
31420	3	T8	LYMPH NODE OF NECK, biopsy of (Anaes.)	189.65	0	0	161.25	142.25	Y	1/07/1998	$ 473,289	3,218	$ 629,792	$ 566,064	53%	21%	-2.1%	-1.8%
31423	3	T8	LYMPH NODES OF NECK, selective dissection of 1 or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a person 10 years of age or over (Anaes.)	414.3	0	0	352.2	310.75	Y	1/07/1998	$ 337,026	1,806	$ 897,724	$ 448,867	0%	100%	6.1%	5.4%
31426	3	T8	levels involving removal of soft tissue and lymph nodes from one side of the neck (Anaes.) (Assist.)	828.55	0	0	0	621.45	Y	1/07/1998	$ 184,711	464	$ 502,812	$ 247,036	0%	100%	2.2%	3.0%
31429	3	T8	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	1291.25	0	0	0	968.45	Y	1/07/1998	$ 476,303	574	$ 1,122,464	$ 635,067	0%	100%	1.0%	1.8%
31432	3	T8	LYMPH NODES OF NECK, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections) (Anaes.) (Assist.)	1381	0	0	0	1035.75	Y	1/07/1998	$ 19,099	19	$ 42,773	$ 25,466	0%	100%	-4.6%	-2.1%
31435	3	T8	LYMPH NODES OF NECK, comprehensive dissection of all 5 lymph node levels on one side of the neck (Anaes.) (Assist.)	1015.05	0	0	0	761.3	Y	1/07/1998	$ 28,746	55	$ 70,150	$ 38,733	0%	100%	7.7%	6.1%
31438	3	T8	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	1608.9	0	0	0	1206.7	Y	1/07/1998	$ 398,911	364	$ 942,128	$ 531,880	0%	100%	-2.1%	-0.9%
31450	3	T8	LAPAROSCOPIC DIVISION OF ADHESIONS, as an independent procedure, where the time taken is 1 hour or less (Anaes.) (Assist.)	419.35	0	0	0	314.55	Y	1/11/1999	$ 145,889	473	$ 308,335	$ 194,496	1%	100%	3.2%	3.7%
31452	3	T8	procedure, where the time taken in more than 1 hour (Anaes.) (Assist.)	733.75	0	0	0	550.35	Y	1/11/1999	$ 233,585	428	$ 486,838	$ 311,427	2%	100%	1.5%	2.1%
31454	3	T8	LAPAROSCOPY with drainage of pus, bile or blood, as an independent procedure (Anaes.) (Assist.)	580.9	0	0	0	435.7	Y	1/11/2000	$ 249,191	576	$ 471,907	$ 332,236	4%	100%	1.6%	2.3%
31456	3	T8	tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition (Anaes.)	253.25	0	0	0	189.95	Y	1/11/2000	$ 110,296	689	$ 200,496	$ 147,051	2%	100%	8.2%	8.4%
31458	3	T8	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	303.85	0	0	0	227.9	Y	1/11/2000	$ 99,401	462	$ 165,762	$ 132,527	1%	100%	26.4%	27.9%
31460	3	T8	PERCUTANEOUS GASTROSTOMY TUBE, jejunal extension to, including any associated imaging services (Anaes.) (Assist.)	368.15	0	0	0	276.15	Y	1/11/2000	$ 63,516	248	$ 110,120	$ 84,680	4%	100%	16.6%	17.7%
31462	3	T8	OPERATIVE FEEDING JEJUNOSTOMY performed in conjunction with major upper gastro-intestinal resection (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/11/2000	$ 48,192	281	$ 97,142	$ 64,255	0%	100%	-5.1%	-3.5%
31464	3	T8	ANTIREFLUX OPERATION BY FUNDOPLASTY, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, by laparoscopic technique - not being a service to which	898.55	0	0	0	673.95	Y	1/11/2000	$ 626,302	1,007	$ 1,631,769	$ 835,730	8%	100%	0.0%	-0.7%

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31466	3	T8	ANTIREFLUX OPERATION BY FUNDOPLASTY, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation reduction of hernia, resection of sac and repair of hiatus, with or without fundoplication (Anaes.) (Assist.)	1347.75	0	0	0	1010.85	Y	1/11/2000	$ 393,765	443	$ 896,814	$ 525,017	6%	100%	14.0%	13.1%
31468	3	T8	LAPAROSCOPIC SPLENECTOMY, on a person 10 years of age or over (Anaes.) (Assist.)	1480.7	0	0	0	1110.55	Y	1/11/2000	$ 5,068,064	4,756	$ 10,957,249	$ 6,757,916	5%	100%	14.5%	15.1%
31470	3	T8	CHOLEDOCHOJEJUNOSTOMY OR ROUX-EN-Y as a bypass procedure where prior biliary surgery has been performed (Anaes.) (Assist.)	742.7	0	0	0	557.05	Y	1/11/2000	$ 35,976	83	$ 76,060	$ 47,966	1%	100%	-2.9%	-5.4%
31472	3	T8	BREAST, BENIGN LESION up to and including 50mm in diameter, including simple cyst, fibroadenoma or fibrocystic disease, open surgical biopsy or excision of, with or without frozen section	1206.35	0	0	0	904.8	Y	1/11/2000	$ 11,647	16	$ 23,239	$ 15,529	0%	100%	-7.0%	-9.6%
31500	3	T8	BREAST, BENIGN LESION more than 50mm in diameter, excision of (Anaes.) (Assist.)	268.15	0	0	227.95	201.15	Y	1/11/2002	$ 344,540	1,694	$ 819,160	$ 387,572	6%	86%	-4.2%	-1.2%
31503	3	T8	where guidewire or other localisation procedure is performed, excision biopsy of (Anaes.) (Assist.)	357.6	0	0	304	268.2	Y	1/11/2002	$ 112,135	476	$ 254,194	$ 148,145	2%	97%	-0.7%	-1.3%
31506	3	T8	BREAST, MALIGNANT TUMOUR, open surgical biopsy of, with or without frozen section histology (Anaes.)	402.3	0	0	0	301.75	Y	1/11/2002	$ 717,702	2,853	$ 1,854,149	$ 956,860	1%	100%	1.1%	0.7%
31509	3	T8	BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology (Anaes.) (Assist.)	357.6	0	0	304	268.2	Y	1/11/2002	$ 9,258	43	$ 17,556	$ 12,045	16%	81%	-11.7%	-12.9%
31512	3	T8	BREAST, TUMOUR SITE, re-excision of following open biopsy or incomplete excision of malignant tumour (Anaes.) (Assist.)	670.45	0	0	0	502.85	Y	1/11/2002	$ 2,933,197	8,436	$ 6,784,467	$ 3,911,961	1%	100%	1.4%	1.3%
31515	3	T8	BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology when targeted intraoperative	449.8	0	0	0	337.35	Y	1/11/2002	$ 432,553	1,505	$ 886,344	$ 576,881	0%	100%	1.5%	1.2%
31516	3	T8	radiation therapy(using an Intrabeam® or Xoft® Axxent® device) is	894.05	0	0	0	670.55	Y	1/09/2015	$ 29,938	51	$ 50,398	$ 39,916	0%	100%	91.1%	91.2%
31519	3	T8	BREAST, total mastectomy (H) (Anaes.) (Assist.)	759.05	0	0	0	569.3	Y	1/07/2014	$ 1,294,502	3,472	$ 3,240,176	$ 1,726,709	0%	100%	-2.3%	-1.7%
31524	3	T8	BREAST, subcutaneous mastectomy (H) (Anaes.) (Assist.)	1072.75	0	0	0	804.6	Y	1/11/2002	$ 1,734,300	3,123	$ 4,674,848	$ 2,314,061	1%	100%	1.9%	2.7%
31525	3	T8	(suction assisted lipolysis), not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)	536.2	0	0	0	402.15	Y	1/07/2014	$ 525,540	1,714	$ 3,140,207	$ 700,707	1%	100%	3.6%	4.2%
31530	3	T8	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 by mammography or ultrasound, imaging guided - but not including imaging (Anaes.)	614.3	0	0	529.6	460.75	0	1/11/2002	$ 2,266,920	4,455	$ 2,755,081	$ 2,572,516	45%	1%	2.1%	2.2%
31533	3	T8	similar device, using interventional imaging techniques, but not including imaging (Anaes.) (Anaes.)	142.2	0	0	120.9	106.65	Y	1/11/2002	$ 4,071,853	38,362	$ 5,296,346	$ 4,722,165	55%	1%	-1.1%	-2.3%
31536	3	T8	Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination, other than a service	195.35	0	0	166.05	146.55	Y	1/11/2002	$ 1,819,373	12,956	$ 2,761,192	$ 2,255,304	34%	51%	6.8%	6.7%
31548	3	T8	associated with a service to which item 31530 applies (Anaes.)	206.25	0	0	175.35	154.7	Y	1/11/2002	$ 8,310,925	50,281	$ 10,346,322	$ 9,689,175	49%	1%	7.3%	17.3%
31551	3	T8	BREAST, HAEMATOMA, SEROMA OR INFLAMMATORY CONDITION including abscess, granulomatous mastitis or similar, exploration and drainage of when undertaken in the operating theatre of a BREAST, microdochotomy of, for benign or malignant condition (Anaes.) (Assist.)	223.5	0	0	0	167.65	Y	1/11/2002	$ 107,981	774	$ 212,893	$ 143,954	4%	100%	-0.9%	-1.4%
31554	3	T8	BREAST CENTRAL DUCTS, excision of, for benign condition (Anaes.) (Assist.)	447.05	0	0	0	335.3	Y	1/11/2002	$ 141,304	459	$ 319,974	$ 188,530	0%	100%	-3.9%	-4.0%
31557	3	T8	ACCESSORY BREAST TISSUE, excision of (Anaes.) (Assist.)	357.6	0	0	304	268.2	Y	1/11/2002	$ 53,095	218	$ 108,412	$ 69,144	3%	96%	-2.5%	-2.2%
31560	3	T8	INVERTED NIPPLE, surgical eversion of (Anaes.)	357.6	0	0	304	268.2	Y	1/11/2002	$ 88,923	494	$ 413,269	$ 116,769	3%	96%	8.4%	6.6%
31563	3	T8	ACCESSORY NIPPLE, excision of (Anaes.)	267.85	0	0	227.7	200.9	Y	1/11/2002	$ 79,545	466	$ 253,906	$ 90,329	16%	59%	-1.4%	-0.4%
31566	3	T8	taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	134.05	0	0	113.95	100.55	Y	1/11/2002	$ 7,618	90	$ 34,978	$ 9,558	8%	66%	-0.9%	-1.9%
31569	3	T8	Gastric bypass by Roux-en-Y including associated anastomoses, with or without crural repair taking 45 minutes or less, for a patient	876.1	0	0	0	657.1	Y	1/07/2013	$ 178,680	316	$ 661,981	$ 239,233	2%	100%	-32.2%	-32.3%
31572	3	T8	with clinically severe obesity not being associated with a service to Sleeve gastrectomy, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	1078.1	0	0	0	808.6	Y	1/07/2013	$ 4,180,847	5,945	$ 14,373,232	$ 5,578,301	10%	100%	24.5%	25.1%
31575	3	T8	repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	876.1	0	0	0	657.1	Y	1/07/2013	$ 12,979,369	20,595	$ 55,215,519	$ 17,308,057	14%	100%	8.5%	9.4%
31578	3	T8	Gastric bypass by biliopancreatic diversion with or without duodenal switch including gastric resection and anastomoses, with	876.1	0	0	0	657.1	Y	1/07/2013	$ 135,197	263	$ 843,942	$ 180,854	2%	100%	36.7%	35.1%
31581	3	T8	or without crural repair taking 45 minutes or less, for a patient with	1078.1	0	0	0	808.6	Y	1/07/2013	$ 687,109	932	$ 2,660,307	$ 916,872	8%	100%	73.7%	73.6%

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31584	3	T8	Surgical reversal of adjustable gastric banding (removal or replacement of gastric band), gastric bypass, gastroplasty (excluding by gastric plication) or biliopancreatic diversion being Adjustment of gastric band as an independent procedure including any associated consultation	1587.2	0	0	0	1190.4	Y	1/07/2013	$	4,270,798	3,664	$	8,916,560	$	5,701,350	3%	100%	0.1%	0.6%
31587	3	T8	Adjustment of gastric band reservoir, repair, revision or replacement of (Anaes.) (Assist.)	101	0	0	85.85	75.75	0	1/07/2013	$	2,379,480	27,595	$	2,743,059	$	2,784,118	73%	1%	-19.1%	-18.6%
31590	3	T8	right hemicolectomy (including formation of stoma) (Anaes.) (Assist.)	259.6	0	0	220.7	194.7	Y	1/07/2013	$	32,515	182	$	70,293	$	43,109	7%	96%	-18.8%	-18.0%
32000	3	T8	LARGE INTESTINE, resection of, with anastomosis, including right hemicolectomy (Anaes.) (Assist.)	1063.55	0	0	0	797.7	Y	1/12/1991	$	669,477	934	$	1,249,817	$	892,626	0%	100%	7.9%	9.4%
32003	3	T8	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,	1112.5	0	0	0	834.4	Y	1/12/1991	$	3,210,586	3,985	$	6,549,811	$	4,280,822	0%	100%	-0.9%	-0.4%
32004	3	T8	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,	1186.3	0	0	0	889.75	Y	1/11/1992	$	64,973	76	$	126,416	$	86,629	1%	100%	-1.3%	-0.8%
32005	3	T8	LEFT HEMICOLECTOMY, including the descending and sigmoid colon (including formation of stoma) (Anaes.) (Assist.)	1340.15	0	0	0	1005.15	Y	1/11/1992	$	334,064	340	$	670,065	$	445,416	0%	100%	-4.5%	-4.0%
32006	3	T8	TOTAL COLECTOMY AND ILEOSTOMY (Anaes.) (Assist.)	1186.3	0	0	0	889.75	Y	1/12/1991	$	501,892	798	$	1,005,630	$	669,188	0%	100%	0.1%	0.8%
32009	3	T8	TOTAL COLECTOMY AND ILEORECTAL ANASTOMOSIS (Anaes.) (Assist.)	1407.25	0	0	0	1055.45	Y	1/12/1991	$	129,508	125	$	256,441	$	172,676	0%	100%	-0.9%	-0.5%
32012	3	T8	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY1 surgeon (Anaes.) (Assist.)	1554.45	0	0	0	1165.85	Y	1/12/1991	$	138,769	120	$	297,832	$	185,024	0%	100%	-6.6%	-5.9%
32015	3	T8	COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including aftercare) (Anaes.) (Assist.)	1910.4	0	0	0	1432.8	Y	1/12/1991	$	103,699	74	$	208,298	$	138,266	0%	100%	-1.8%	-1.3%
32018	3	T8	COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION (Assist.)	1619.95	0	0	0	1215	Y	1/12/1991	$	3,627	3	$	7,207	$	4,836	0%	100%	-5.6%	-5.1%
32021	3	T8	Endoscopic insertion of stent or stents for large bowel obstruction, stricture or stenosis, including colonoscopy and any image	580.9	0	0	0	435.7	0	1/12/1991	$	1,089	3	$	2,106	$	1,452	0%	100%	-32.9%	-35.4%
32023	3	T8	intensification, where the obstruction is due to: a) a pre-diagnosed RECTUM, HIGH RESTORATIVE ANTERIOR RESECTION WITH INTRAPERITONEAL ANASTOMOSIS (of the rectum) greater than 10	572.7	0	0	0	429.55	Y	1/03/2013	$	43,438	103	$	78,253	$	57,913	1%	100%	2.1%	2.6%
32024	3	T8	centimetres from the anal vergeexcluding resection of sigmoid RECTUM, LOW RESTORATIVE ANTERIOR RESECTION WITH EXTRAPERITONEAL ANASTOMOSIS (of the rectum) less than 10	1407.25	0	0	0	1055.45	Y	1/12/1991	$	1,641,380	1,584	$	3,428,758	$	2,188,503	0%	100%	-0.6%	0.0%
32025	3	T8	centimetres from the anal verge, with or without covering stoma covering stoma, where the anastomosis is sited in the anorectal region and is 6cm or less from the anal verge (Anaes.) (Assist.)	1882.3	0	0	0	1411.75	Y	1/05/1994	$	1,631,017	1,175	$	3,343,871	$	2,176,410	0%	100%	0.1%	0.6%
32026	3	T8	peranal sutured coloanal anastomosis, with or without covering stoma (Anaes.) (Assist.)	2027.05	0	0	0	1520.3	Y	1/05/1994	$	1,014,646	677	$	2,070,638	$	1,352,186	0%	100%	-4.4%	-3.9%
32028	3	T8	with a service to which any other item in this Subgroup applies (Anaes.) (Assist.)	2172	0	0	0	1629	Y	1/05/1994	$	58,054	36	$	116,394	$	77,406	0%	100%	-13.4%	-12.7%
32029	3	T8	RECTOSIGMOIDECTOMY(Hartmann's operation) (Anaes.) (Assist.)	434.35	0	0	0	325.8	Y	1/05/1994	$	17,567	145	$	42,230	$	23,423	1%	100%	-9.1%	-9.0%
32030	3	T8	RESTORATION OF BOWEL following Hartmann's or similar operation, including dismantling of the stoma (Anaes.) (Assist.)	1063.55	0	0	0	797.7	Y	1/12/1991	$	420,031	558	$	796,581	$	560,624	0%	100%	0.8%	1.4%
32033	3	T8	SACROCOCCYGEAL AND PRESACRAL TUMOURexcision of (Anaes.) (Assist.)	1554.45	0	0	0	1165.85	Y	1/12/1991	$	439,066	389	$	864,016	$	585,420	0%	100%	1.6%	2.0%
32036	3	T8	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF1 surgeon (Anaes.) (Assist.)	1971.55	0	0	0	1478.7	Y	1/12/1991	$	74,362	60	$	150,002	$	99,149	0%	100%	2.9%	1.7%
32039	3	T8	COMBINED SYNCHRONOUS OPERATIONabdominal resection (Anaes.) (Assist.)	1583	0	0	0	1187.25	Y	1/12/1991	$	333,936	303	$	659,692	$	445,249	0%	100%	0.7%	0.9%
32042	3	T8	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATIONperineal resection (Assist.)	1333.55	0	0	0	1000.2	Y	1/12/1991	$	40,212	44	$	89,812	$	53,621	0%	100%	-4.7%	-5.6%
32045	3	T8	synchronous operation - perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon (Assist.)	499.1	0	0	0	374.35	0	1/12/1991	$	8,141	27	$	16,782	$	10,854	0%	100%	1.6%	4.5%
32046	3	T8	PERINEAL PROCTECTOMY (Anaes.) (Assist.)	771.25	0	0	0	578.45	0	1/11/1992	$	7,673	13	$	15,072	$	10,230	0%	100%	-5.2%	-4.3%
32047	3	T8	anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy1 surgeon (Anaes.) (Assist.)	898.55	0	0	0	673.95	Y	1/11/1992	$	10,099	15	$	22,477	$	13,465	0%	100%	0.0%	3.1%
32051	3	T8	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without	2388.95	0	0	0	1791.75	Y	1/12/1991	$	57,121	32	$	106,398	$	76,161	0%	100%	-12.1%	-11.6%
32054	3	T8	creation of temporary ileostomyconjoint surgery, abdominal	2192.6	0	0	0	1644.45	Y	1/12/1991	$	2,809	2	$	5,209	$	3,745	0%	100%	-19.7%	-21.7%

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32057	3	T8	anastomosis with formation of ileal reservoirconjoint surgery, perineal surgeon (Assist.)	580.9		0	0	0	435.7	0	1/12/1991	$	871	3	$	1,582	$	1,162	0%	100%	-5.6%	-12.9%
32060	3	T8	ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy1 surgeon (Anaes.) (Assist.)	2388.95		0	0	0	1791.75	Y	1/12/1991	$	68,005	38	$	139,049	$	90,672	0%	100%	-5.0%	-4.1%
32063	3	T8	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomyconjoint surgery, abdominal	2192.6		0	0	0	1644.45	Y	1/12/1991	$	4,909	3	$	9,052	$	6,545	0%	100%	8.4%	9.0%
32066	3	T8	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomyconjoint surgery, perineal	580.9		0	0	0	435.7	0	1/12/1991	$	1,307	3	$	2,389	$	1,743	0%	100%	-9.7%	-7.2%
32069	3	T8	ILEOSTOMY RESERVOIR, continent type, creation of, including conversion of existing ileostomy where appropriate (Anaes.)	1767.15		0	0	0	1325.4	Y	1/12/1991	$	15,203	13	$	24,607	$	20,270	0%	100%	-4.1%	-4.0%
32072	3	T8	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy	49.35		0	0	41.95	37.05	0	1/12/1991	$	624,591	14,858	$	1,081,953	$	703,607	29%	5%	-6.2%	-5.5%
32075	3	T8	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not being a service associated with a service to which another item in this without biopsy,other thana service associated with a service to whichany of items 32222 to 32228applies. (Anaes.)	77.4		0	0	65.8	58.05	Y	1/12/1991	$	7,219	141	$	16,760	$	9,351	2%	95%	-9.7%	-11.6%
32084	3	T8	Endoscopic examination of the colon up to the hepatic flexure by sigmoidoscopy or colonoscopy for the removal of one or more	114.85		0	0	97.65	86.15	Y	1/12/1991	$	1,699,388	23,368	$	2,935,590	$	2,211,525	21%	84%	3.8%	3.6%
32087	3	T8	polyps, other than a service associated with a service to which any	211.1		0	0	179.45	158.35	Y	1/12/1991	$	615,799	4,019	$	1,055,561	$	805,321	19%	86%	3.6%	3.8%
32088	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	3,577	14	$	5,907	$	4,724	14%	93%	-38.3%	-38.2%
32089	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	6,325	18	$	10,244	$	8,184	28%	78%	-40.2%	-40.5%
32090	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	373,379	1,475	$	585,628	$	491,209	29%	90%	-66.2%	-66.2%
32093	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	448,132	1,253	$	681,110	$	589,515	37%	89%	-65.8%	-65.8%
32094	3	T8	ENDOSCOPIC DILATATION OF COLORECTAL STRICTURES including colonoscopy (Anaes.)	569.1		0	0	0	426.85	Y	1/11/1992	$	161,971	386	$	290,609	$	215,949	3%	100%	-13.5%	-12.9%
32095	3	T8	ENDOSCOPIC EXAMINATION of SMALL BOWEL with flexible endoscope passed by stoma, with or without biopsies (Anaes.)	131.8		0	0	112.05	98.85	Y	1/11/1992	$	23,871	310	$	40,618	$	31,234	15%	87%	4.1%	5.4%
32096	3	T8	epidural or spinal (intrathecal) nerve block where undertaken in a hospital (Anaes.) (Assist.)	264.95		0	0	0	198.75	Y	1/12/1991	$	23,454	139	$	46,735	$	31,269	1%	100%	-6.5%	-6.0%
32099	3	T8	RECTAL TUMOUR of 5 centimetres or less in diameter, per anal submucosal excision of (Anaes.) (Assist.)	343.65		0	0	0	257.75	Y	1/12/1991	$	63,559	303	$	127,575	$	84,741	0%	100%	-2.1%	-1.9%
32102	3	T8	indicated by pathological examination, per anal submucosal excision of (Anaes.) (Assist.)	654.5		0	0	0	490.9	Y	1/12/1991	$	41,078	85	$	81,548	$	54,768	0%	100%	-1.8%	-1.3%
32103	3	T8	RECTAL TUMOUR, of less than 4 cm in diameter, per anal excision of, using rectoscopy incorporating either 3 dimensional or 2 dimensional optic viewing systems, if removal is unable to be	796.4		0	0	0	597.3	Y	1/05/2004	$	73,695	127	$	148,635	$	98,260	0%	100%	2.0%	2.4%
32104	3	T8	RECTAL TUMOUR, of 4 cm or greater in diameter, per anal excision of, using rectoscopy incorporating either 3 dimensional or 2 dimensional optic viewing systems, if removal is unable to be	1030.9		0	0	0	773.2	Y	1/05/2004	$	137,947	181	$	273,537	$	183,923	0%	100%	5.1%	5.9%
32105	3	T8	ANORECTAL CARCINOMAper anal full thickness excision of (Anaes.) (Assist.)	499.1		0	0	424.25	374.35	Y	1/12/1991	$	24,897	70	$	47,057	$	33,109	0%	99%	-6.1%	-6.4%
32106	3	T8	ANTEROLATERAL INTRAPERITONEAL RECTAL TUMOUR, per anal excision of, using rectoscopy incorporating either 3 dimensional or 2 dimensional optic viewing systems, if removal is unable to be RECTAL TUMOUR, transsphincteric excision of (Kraske or similar operation) (Anaes.) (Assist.)	1407.25		0	0	1322.55	1055.45	Y	1/05/2004	$	16,909	16	$	29,537	$	21,833	6%	88%	-15.4%	-13.6%
32108	3	T8	RECTAL PROLAPSEDelorme procedure for (Anaes.) (Assist.)	1030.9		0	0	0	773.2	Y	1/12/1991	$	4,639	6	$	8,444	$	6,185	0%	100%	-11.4%	-10.0%
32111	3	T8	RECTAL PROLAPSE, perineal recto-sigmoidectomy for (Anaes.) (Assist.)	654.5		0	0	0	490.9	Y	1/12/1991	$	492,881	1,013	$	1,016,286	$	657,588	0%	100%	0.7%	1.3%
32112	3	T8	RECTAL STRICTURE, per anal release of (Anaes.)	796.4		0	0	0	597.3	Y	1/05/1994	$	31,517	53	$	63,699	$	42,022	0%	100%	7.5%	8.4%
32114	3	T8	RECTAL STRICTURE, dilatation of (Anaes.)	179.9		0	0	152.95	134.95	Y	1/12/1991	$	8,380	85	$	18,192	$	11,146	0%	99%	-4.0%	-2.5%
32115	3	T8	RECTAL PROLAPSE, abdominal rectopexy of (Anaes.) (Assist.)	130.85		0	0	0	98.15	Y	1/05/1997	$	16,086	258	$	32,545	$	21,445	3%	100%	7.0%	7.0%
32117	3	T8	RECTAL PROLAPSE, perineal repair of (Anaes.) (Assist.)	1030.9		0	0	0	773.2	Y	1/12/1991	$	383,834	644	$	831,056	$	511,766	0%	100%	2.3%	3.5%
32120	3	T8		264.95		0	0	0	198.75	Y	1/12/1991	$	86,500	967	$	206,126	$	115,306	1%	100%	5.0%	5.4%

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32123	3	T8	ANAL STRICTURE, anoplasty for (Anaes.) (Assist.)	343.65	0	0	292.15	257.75	Y	1/12/1991	$ 15,703	94	$ 34,856	$ 20,936	1%	100%	-4.3%	-8.4%
32126	3	T8	ANAL INCONTINENCE, Parks' intersphincteric procedure for (Anaes.) (Assist.)	499.1	0	0	0	374.35	Y	1/12/1991	$ 930	4	$ 1,686	$ 1,240	0%	100%	-19.7%	-21.7%
32129	3	T8	ANAL SPHINCTER, direct repair of (Anaes.) (Assist.)	654.5	0	0	0	490.9	Y	1/12/1991	$ 54,159	138	$ 108,951	$ 72,414	0%	100%	-4.4%	-2.4%
32131	3	T8	RECTOCELE, transanal repair of rectocele (Anaes.) (Assist.)	550.3	0	0	0	412.75	Y	1/05/1994	$ 39,625	140	$ 81,469	$ 52,828	0%	100%	-10.6%	-8.1%
32132	3	T8	HAEMORRHOIDS OR RECTAL PROLAPSEsclerotherapy for (Anaes.)	46.5	0	0	39.55	34.9	Y	1/12/1991	$ 63,467	3,408	$ 160,837	$ 79,380	12%	79%	-3.4%	-4.3%
32135	3	T8	with or without sclerotherapy, cryotherapy or infra red therapy for (Anaes.)	69.65	0	0	59.25	52.25	Y	1/12/1991	$ 790,183	32,174	$ 1,595,957	$ 1,008,520	18%	83%	1.2%	-1.3%
32138	3	T8	HAEMORRHOIDECTOMY including excision of anal skin tags when performed (Anaes.)	379.25	0	0	322.4	284.45	Y	1/12/1991	$ 556,561	1,941	$ 1,048,135	$ 728,693	11%	86%	2.0%	3.4%
32139	3	T8	haemorrhoids, including excision of anal skin tags when performed (Anaes.) (Assist.)	379.25	0	0	0	284.45	Y	1/05/1997	$ 1,959,202	7,224	$ 4,299,221	$ 2,612,422	1%	100%	2.8%	4.7%
32142	3	T8	ANAL SKIN TAGS or ANAL POLYPS, excision of 1 or more of (Anaes.)	69.65	0	0	59.25	52.25	Y	1/11/1992	$ 40,432	763	$ 90,174	$ 44,265	39%	25%	-0.3%	0.1%
32145	3	T8	ANAL SKIN TAGS or ANAL POLYPS, excision of 1 or more of, undertaken in the operating theatre of a hospital (Anaes.)	139.25	0	0	0	104.45	Y	1/11/1992	$ 210,165	3,383	$ 469,048	$ 280,222	2%	100%	2.4%	1.7%
32147	3	T8	PERIANAL THROMBOSIS, incision of (Anaes.)	46.5	0	0	39.55	34.9	Y	1/12/1991	$ 66,277	1,742	$ 83,532	$ 77,266	68%	6%	-10.9%	-10.6%
32150	3	T8	OPERATION FOR FISSUREINANO, including excision or sphincterotomy, but excluding dilatation only (Anaes.) (Assist.)	264.95	0	0	225.25	198.75	Y	1/12/1991	$ 553,368	3,792	$ 1,172,785	$ 732,758	6%	95%	2.9%	2.7%
32153	3	T8	disimpaction of faeces, not being a service associated with a service to which another item in this Group applies (Anaes.)	72.25	0	0	0	54.2	Y	1/12/1991	$ 4,631	94	$ 10,996	$ 6,173	3%	100%	-3.8%	-4.3%
32156	3	T8	FISTULA-IN-ANO, SUBCUTANEOUS, excision of (Anaes.)	135.85	0	0	115.5	101.9	Y	1/12/1991	$ 17,925	257	$ 39,142	$ 23,482	4%	91%	-4.2%	-4.3%
32159	3	T8	or by a combination of both procedures, involving the lower half of the anal sphincter mechanism (Anaes.) (Assist.)	343.65	0	0	0	257.75	Y	1/12/1991	$ 690,016	3,019	$ 1,436,730	$ 919,974	2%	100%	2.3%	2.7%
32162	3	T8	or by a combination of both procedures, involving the upper half of the anal sphincter mechanism (Anaes.) (Assist.)	499.1	0	0	0	374.35	Y	1/12/1991	$ 684,347	1,881	$ 1,349,388	$ 912,434	1%	100%	2.4%	3.0%
32165	3	T8	ANAL FISTULA, repair of, by mucosal flap advancement (Anaes.) (Assist.)	654.5	0	0	569.8	490.9	Y	1/12/1991	$ 201,910	425	$ 390,868	$ 268,622	1%	99%	3.6%	4.0%
32166	3	T8	ANAL FISTULA - readjustment of Seton (Anaes.)	212.65	0	0	180.8	159.5	Y	1/11/1992	$ 99,803	686	$ 164,588	$ 125,834	15%	67%	5.5%	5.2%
32168	3	T8	FISTULA WOUND, review of, under general or regional anaesthetic, as an independent procedure (Anaes.)	135.85	0	0	0	101.9	Y	1/12/1991	$ 4,504	48	$ 8,511	$ 6,005	2%	100%	-11.0%	-11.2%
32171	3	T8	anaesthetic, not being a service associated with a service to which another item in this Group applies (Anaes.)	91.55	0	0	0	68.7	Y	1/12/1991	$ 70,484	1,083	$ 151,400	$ 94,016	1%	100%	-1.2%	-1.1%
32174	3	T8	INTR-AANAL, perianal or ischiorectal abscess, drainage of (excluding aftercare) (Anaes.)	91.55	0	0	77.85	68.7	Y	1/12/1991	$ 19,158	265	$ 26,725	$ 22,942	46%	37%	-8.0%	-7.9%
32175	3	T8	undertaken in the operating theatre of a hospital (excluding aftercare) (Anaes.)	167.75	0	0	0	125.85	Y	1/11/1992	$ 193,941	2,098	$ 408,189	$ 258,524	1%	100%	3.3%	3.2%
32177	3	T8	ANAL WARTS, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital, where the time taken is less than or equal	179.7	0	0	0	134.8	Y	1/12/1991	$ 27,793	261	$ 60,423	$ 37,051	3%	100%	0.2%	0.3%
32180	3	T8	ANAL WARTS, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital, where the time taken is greater than 45	264.95	0	0	0	198.75	Y	1/12/1991	$ 15,581	90	$ 34,310	$ 20,773	2%	100%	-1.1%	1.2%
32183	3	T8	INTESTINAL SLING PROCEDURE prior to radiotherapy (Anaes.) (Assist.)	579.2	0	0	0	434.4	Y	1/12/1991	$ 652	5	$ 1,263	$ 869	0%	100%	-14.6%	-16.2%
32186	3	T8	COLONIC LAVAGE, total, intra operative (Anaes.) (Assist.)	579.2	0	0	0	434.4	Y	1/12/1991	$ 27,125	106	$ 49,969	$ 36,167	0%	100%	-3.9%	-4.5%
32200	3	T8	DISTAL MUSCLE, devascularisation of (Anaes.) (Assist.)	304.95	0	0	259.25	228.75	Y	1/05/1997	$ 229	1	$ 430	$ 305	0%	100%	-12.9%	-7.2%
32210	3	T8	GRACILIS NEOSPHINCTER PACEMAKER, replacement of (Anaes.)	263.45	0	0	223.95	197.6	Y	19/06/1997	$ 646	3	$ 1,173	$ 790	33%	33%	24.6%	27.5%
32212	3	T8	radiation proctitis, where performed in the operating theatre of a hospital, excluding aftercare (Anaes.)	140.55	0	0	0	105.45	Y	1/05/1997	$ 4,127	71	$ 8,824	$ 5,502	0%	100%	-6.4%	-9.0%

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32213	3	T8	Sacral nerve lead or leads, percutaneous placement using fluoroscopic guidance (or open placement) and intraoperative test stimulation, to manage faecal incontinence in a patient who:a) has	681.6	0	0	0	511.2	Y		1/11/2005	$ 231,940	454	$ 469,327	$ 309,254	0%	100%	-3.2%	-2.6%
32214	3	T8	Neurostimulator or receiver, subcutaneous placement of, involving placement and connection of an extension wire to a sacral nerve electrode using fluoroscopic guidance, to manage faecal	344.45	0	0	0	258.35	Y		1/11/2005	$ 67,723	353	$ 141,001	$ 90,291	0%	100%	0.0%	1.6%
32215	3	T8	Sacral nerve electrode or electrodes, management, adjustment and electronic programming of the neurostimulator by a medical practitioner, to manage faecal incontinence, other than in a patient	129.3	0	0	109.95	97	0		1/11/2005	$ 153,275	1,595	$ 193,788	$ 180,098	54%	23%	3.6%	3.7%
32216	3	T8	Sacral nerve lead or leads, percutaneous surgical repositioning of, using fluoroscopic guidance (or open surgical repositioning of) and interoperative test stimulation, to correct displacement or	612.1	0	0	0	459.1	Y		1/11/2005	$ 6,427	14	$ 11,543	$ 8,569	0%	100%	3.1%	3.8%
32217	3	T8	Neurostimulator or receiver, removal of, if the neurostimulator or receiver was inserted to manage faecal incontinence in a patient who:a) has an anatomically intact but functionally deficient anal	161.2	0	0	0	120.9	Y		1/11/2005	$ 10,271	158	$ 22,035	$ 13,693	0%	100%	11.2%	9.6%
32218	3	T8	Sacral nerve lead or leads, removal of, if the lead was inserted to manage faecal incontinence in a patient who:a) has an anatomically intact but functionally deficient anal sphincter; and b)	161.2	0	0	0	120.9	Y		1/11/2005	$ 6,221	106	$ 12,826	$ 8,293	2%	100%	10.6%	11.2%
32220	3	T8	Insertion of an artificial bowel sphincter for severe faecal incontinence in the treatment of a patient for whom conservative and other less invasive forms of treatment are contraindicated or	932.15	0	0	847.45	699.15	Y		1/03/2009	$ 15,638	22	$ 24,681	$ 20,480	18%	82%	85.6%	87.3%
32221	3	T8	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	932.15	0	0	847.45	699.15	Y		1/03/2009	$ 5,607	8	$ 8,476	$ 7,457	13%	88%	#DIV/0!	#DIV/0!
32222	3	T8	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	344.8	0	0	293.1	258.6	Y		1/11/2019	$ 125,588,449	481,836	$ 207,848,050	$ 164,605,302	23%	87%	#DIV/0!	#DIV/0!
32223	3	T8	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient: (a) who has had a colonoscopy that revealed: (i) 1 to 4 adenomas, each of which was less than 10 mm	344.8	0	0	293.1	258.6	0		1/11/2019	$ 20,215,757	77,808	$ 35,558,950	$ 26,720,573	11%	94%	#DIV/0!	#DIV/0!
32224	3	T8	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient with a moderate risk of colorectal cancer due to: (a) a history of adenomas, including an adenoma that: (i)	344.8	0	0	293.1	258.6	0		1/11/2019	$ 8,416,600	32,361	$ 14,864,416	$ 11,122,629	11%	93%	#DIV/0!	#DIV/0!
32225	3	T8	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient with a high risk of colorectal cancer due to having had a previous colonoscopy that: (a) revealed 10 or more	344.8	0	0	293.1	258.6	Y		1/11/2019	$ 5,557,838	21,141	$ 9,318,144	$ 7,265,936	20%	85%	#DIV/0!	#DIV/0!
32226	3	T8	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	344.8	0	0	293.1	258.6	0		1/11/2019	$ 2,485,075	9,508	$ 4,261,564	$ 3,267,463	14%	90%	#DIV/0!	#DIV/0!
32227	3	T8	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)	483.85	0	0	411.3	362.9	Y		1/11/2019	$ 1,068,622	2,917	$ 1,755,908	$ 1,397,909	20%	86%	#DIV/0!	#DIV/0!
32228	3	T8	colonoscopy, other that a service to which item 32222, 32223, 32224, 32225, or 32226 applies. Applicable only once (Anaes.)	344.8	0	0	293.1	258.6	Y		1/11/2019	$ 2,523,735	9,615	$ 4,385,468	$ 3,301,203	18%	86%	#DIV/0!	#DIV/0!
32229	3	T8	with a service to which item 32222, 32223, 32224, 32225, 32226, or 32228 applies (Anaes.)	278.1	0	0	236.4	208.6	Y		1/11/2019	$ 34,869,443	332,039	$ 58,071,566	$ 45,759,925	19%	88%	#DIV/0!	#DIV/0!
32500	3	T8	VARICOSE VEINS where varicosity measures 2.5mm or greater in diameter, multiple injections of sclerosant using continuous compression techniques, including associated consultation - 1 or	113.2	0	0	96.25	84.9	Y		1/12/1991	$ 5,253,597	40,924	$ 15,563,983	$ 4,617,953	23%	1%	-3.5%	-2.0%
32504	3	T8	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,	276.05	0	0	234.65	207.05	Y		1/11/1994	$ 843,583	2,961	$ 1,780,173	$ 709,951	28%	20%	1.0%	2.4%
32507	3	T8	VARICOSE VEINS, sub-fascial surgical exploration of one or more incompetent perforating veins - 1 leg - not being a service associated with a service to which item 32508, 32511, 32514 or	550.3	0	0	467.8	412.75	Y		1/07/1998	$ 662,968	1,490	$ 1,436,038	$ 743,019	22%	62%	3.0%	5.8%
32508	3	T8	VARICOSE VEINS, complete dissection at the sapheno-femoral OR sapheno-popliteal junction - 1 leg - with or without either ligation or stripping, or both, of the long or short saphenous veins, for the	550.3	0	0	0	412.75	Y		1/11/1994	$ 754,404	2,178	$ 1,746,257	$ 1,005,873	2%	100%	-16.4%	-16.5%
32511	3	T8	VARICOSE VEINS, complete dissection at the sapheno-femoral AND sapheno-popliteal junction - 1 leg - with or without either ligation or stripping, or both, of the long or short saphenous veins, for the	818.1	0	0	0	613.6	Y		1/11/1994	$ 113,761	212	$ 266,474	$ 151,967	1%	100%	-15.6%	-16.0%
32514	3	T8	VARICOSE VEINS, ligation of the long or short saphenous vein on the same leg, with or without stripping, by re-operation for recurrent veins in the same territory - 1 leg - including excision or	955.75	0	0	0	716.85	Y		1/11/1994	$ 552,820	851	$ 1,179,500	$ 736,574	1%	100%	-6.5%	-5.8%
32517	3	T8	VARICOSE VEINS, ligation of the long and short saphenous vein on the same leg, with or without stripping, by re-operation for recurrent veins in either territory - 1 leg - including excision or	1230.7	0	0	0	923.05	Y		1/11/1994	$ 345,359	425	$ 714,859	$ 461,698	1%	100%	4.2%	3.6%
32520	3	T8	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a	550.3	0	0	467.8	412.75	Y		1/11/2011	$ 2,857,481	5,817	$ 10,031,187	$ 2,953,144	6%	22%	-1.0%	0.3%
32522	3	T8	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a	818.1	0	0	733.4	613.6	Y		1/11/2011	$ 853,581	1,188	$ 2,263,303	$ 908,628	10%	15%	-0.6%	0.2%
32523	3	T8	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a	550.3	0	0	467.8	412.75	Y		1/05/2013	$ 2,407,565	6,390	$ 7,691,858	$ 3,008,693	4%	78%	14.7%	15.4%
32526	3	T8	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a	818.1	0	0	733.4	613.6	Y		1/05/2013	$ 667,886	1,075	$ 1,871,417	$ 814,665	4%	71%	13.0%	13.7%
32528	3	T8	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using	550.3	0	0	467.8	412.75	Y		1/05/2018	$ 866,156	2,083	$ 2,327,101	$ 1,013,208	11%	44%	#DIV/0!	#DIV/0!
32529	3	T8	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using	818.1	0	0	733.4	613.6	Y		1/05/2018	$ 299,910	444	$ 789,287	$ 352,474	2%	51%	#DIV/0!	#DIV/0!

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32700	3	T8	ARTERY OF NECK, bypass using vein or synthetic material (Anaes.) (Assist.)	1481.2	0	0	0	1110.9	Y	1/12/1991	$ 47,257	67	$ 92,014	$ 63,009	0%	100%	3.7%	1.7%
32703	3	T8	resection of small length and reanastomosis of - with or without endarterectomy (Anaes.) (Assist.)	1225.3	0	0	0	919	Y	1/12/1991	$ 63,842	70	$ 130,583	$ 85,121	1%	100%	-8.3%	-7.3%
32708	3	T8	AORTIC BYPASS for occlusive disease using a straight non-bifurcated graft (Anaes.) (Assist.)	1465.75	0	0	0	1099.35	Y	1/07/1996	$ 2,195	2	$ 4,678	$ 2,927	0%	100%	-7.8%	-1.8%
32710	3	T8	AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (Anaes.) (Assist.)	1628.6	0	0	0	1221.45	Y	1/07/1996	$ 17,382	17	$ 54,962	$ 23,176	0%	100%	-7.4%	-9.4%
32711	3	T8	or both anastomoses to the common femoral or profunda femoris arteries (Anaes.) (Assist.)	1791.55	0	0	0	1343.7	Y	1/07/1996	$ 29,461	22	$ 62,767	$ 39,282	0%	100%	-3.3%	-2.8%
32712	3	T8	ILIO-FEMORAL BYPASS GRAFTING (Anaes.) (Assist.)	1295.05	0	0	0	971.3	Y	1/12/1991	$ 26,373	40	$ 53,819	$ 35,164	0%	100%	0.5%	-1.4%
32715	3	T8	AXILLARY or SUBCLAVIAN TO FEMORAL BYPASS GRAFTING to 1 or both FEMORAL ARTERIES (Anaes.) (Assist.)	1295.05	0	0	0	971.3	Y	1/12/1991	$ 15,003	17	$ 27,143	$ 20,005	0%	100%	-7.4%	-5.1%
32718	3	T8	FEMORO-FEMORAL OR ILIO-FEMORAL CROSS-OVER BYPASS GRAFTING (Anaes.) (Assist.)	1225.3	0	0	0	919	Y	1/12/1991	$ 45,328	63	$ 90,833	$ 60,437	0%	100%	-5.1%	-4.6%
32721	3	T8	RENAL ARTERY, bypass grafting to (Anaes.) (Assist.)	1946.3	0	0	0	1459.75	Y	1/12/1991	$ 3,649	3	$ 6,969	$ 4,866	0%	100%	-19.7%	-17.7%
32724	3	T8	RENAL ARTERIES (both), bypass grafting to (Anaes.) (Assist.)	2210.05	0	0	0	1657.55	Y	1/12/1991	$ 3,705	3	$ 7,954	$ 4,940	0%	100%	0.0%	-1.6%
32730	3	T8	MESENTERIC VESSEL (single), bypass grafting to (Anaes.) (Assist.)	1675.05	0	0	0	1256.3	Y	1/12/1991	$ 16,328	13	$ 32,017	$ 21,771	0%	100%	7.6%	12.3%
32733	3	T8	MESENTERIC VESSELS (multiple), bypass grafting to (Anaes.) (Assist.)	1946.3	0	0	0	1459.75	Y	1/12/1991	$ 5,463	5	$ 10,675	$ 7,284	0%	100%	-3.6%	-3.0%
32736	3	T8	conjunction with another intra-abdominal vascular operation (Anaes.) (Assist.)	426.45	0	0	0	319.85	Y	1/12/1991	$ 2,378	24	$ 5,783	$ 3,170	0%	100%	4.8%	1.1%
32739	3	T8	harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (Anaes.) (Assist.)	1333.8	0	0	0	1000.35	Y	1/12/1991	$ 68,077	81	$ 137,322	$ 90,770	1%	100%	-0.2%	-1.0%
32742	3	T8	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.)	1527.8	0	0	0	1145.85	Y	1/12/1991	$ 143,589	126	$ 284,494	$ 191,453	0%	100%	-2.2%	-1.5%
32745	3	T8	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	1744.8	0	0	0	1308.6	Y	1/12/1991	$ 216,972	167	$ 422,815	$ 289,299	0%	100%	-0.1%	0.6%
32748	3	T8	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.)	1892.1	0	0	0	1419.1	Y	1/12/1991	$ 58,054	42	$ 119,802	$ 77,405	0%	100%	6.3%	6.4%
32751	3	T8	FEMORAL ARTERY BYPASS GRAFTING using synthetic graft, with lower anastomosis above or below the knee (Anaes.) (Assist.)	1225.3	0	0	0	919	Y	1/12/1991	$ 87,887	109	$ 182,967	$ 117,184	2%	100%	-1.7%	-1.3%
32754	3	T8	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	1527.8	0	0	0	1145.85	Y	1/12/1991	$ 59,941	53	$ 116,239	$ 79,923	0%	100%	-1.1%	-0.8%
32757	3	T8	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	426.45	0	0	0	319.85	Y	1/12/1991	$ 476	4	$ 724	$ 635	0%	100%	-21.0%	-18.0%
32760	3	T8	replacement graft when not performed on the limb which is the subject of the bypass or graft - each vein (Anaes.) (Assist.)	418.75	0	0	0	314.1	Y	1/12/1991	$ 15,987	153	$ 33,154	$ 21,313	0%	100%	1.9%	1.9%
32763	3	T8	being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	1225.3	0	0	0	919	Y	1/12/1991	$ 33,515	42	$ 65,564	$ 44,687	0%	100%	-1.4%	3.2%
32766	3	T8	another item in this Sub-group applies, as an independent procedure (Anaes.) (Assist.)	814.35	0	0	0	610.8	Y	1/12/1991	$ 5,477	15	$ 10,397	$ 7,302	0%	100%	10.8%	7.3%
32769	3	T8	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 including harvesting vein (when it is the ipsilateral long saphenous vein) (Anaes.) (Assist.)	282.2	0	0	0	211.65	Y	1/12/1991	$ 14,947	261	$ 33,113	$ 19,917	0%	100%	1.2%	0.4%
33050	3	T8	BYPASS GRAFTING to replace a popliteal aneurysm using a synthetic graft (Anaes.) (Assist.)	1500.8	0	0	0	1125.6	Y	1/07/1996	$ 62,495	56	$ 125,669	$ 83,326	0%	100%	-3.5%	-3.1%
33055	3	T8	ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1203.5	0	0	0	902.65	Y	1/07/1996	$ 55,573	64	$ 113,928	$ 74,097	2%	100%	9.9%	10.3%
33070	3	T8	ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	868.3	0	0	783.6	651.25	Y	1/07/1996	$ 50,817	100	$ 105,820	$ 67,755	1%	100%	0.2%	-1.0%
33075	3	T8	INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1104.5	0	0	0	828.4	Y	1/07/1996	$ 10,240	13	$ 20,369	$ 13,166	8%	100%	3.4%	5.5%
33080	3	T8		1348.3	0	0	0	1011.25	Y	1/07/1996	$ 8,592	10	$ 16,895	$ 11,456	0%	100%	2.1%	1.2%

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33100	3	T8	BOTH, replacement by graft of vein or synthetic material (Anaes.) (Assist.)	1481.2	0	0	1396.5	1110.9	Y	1/12/1991	$ 8,037	16	$ 15,390	$ 10,716	0%	100%	4.2%	3.7%
33103	3	T8	THORACIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	2078.25	0	0	0	1558.7	Y	1/12/1991	$ 47,009	32	$ 94,003	$ 62,678	0%	100%	-8.9%	-8.3%
33109	3	T8	THORACO-ABDOMINAL ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)	2512.65	0	0	2427.95	1884.5	Y	1/12/1991	$ 27,917	16	$ 65,525	$ 37,222	0%	100%	-5.3%	-5.0%
33112	3	T8	SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)	2179.1	0	0	0	1634.35	Y	1/12/1991	$ 54,748	34	$ 111,590	$ 72,997	0%	100%	0.6%	1.1%
33115	3	T8	tube graft, not being a service associated with a service to which item 33116 applies (Anaes.) (Assist.)	1465.75	0	0	0	1099.35	Y	1/12/1991	$ 45,525	43	$ 93,920	$ 60,699	0%	100%	-7.6%	-7.0%
33116	3	T8	tube graft using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.)	1442.7	0	0	1358	1082.05	Y	1/11/1999	$ 72,821	72	$ 145,218	$ 96,725	1%	99%	1.8%	2.4%
33118	3	T8	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	1628.6	0	0	0	1221.45	Y	1/12/1991	$ 64,306	57	$ 130,564	$ 86,152	0%	100%	-6.1%	-6.6%
33119	3	T8	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to one or both iliac arteries using endovascular repair procedure, excluding associated radiological services	1603.1	0	0	1518.4	1202.35	Y	1/11/1999	$ 790,554	675	$ 1,603,434	$ 1,053,653	0%	100%	-1.5%	-1.3%
33121	3	T8	bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)	1791.55	0	0	0	1343.7	Y	1/12/1991	$ 8,019	6	$ 19,845	$ 10,691	0%	100%	-19.7%	-18.2%
33124	3	T8	ANEURYSM OF ILIAC ARTERY (common, external or internal), replacement by graft - unilateral (Anaes.) (Assist.)	1248.6	0	0	0	936.45	Y	1/12/1991	$ 54,656	72	$ 115,254	$ 72,875	0%	100%	2.1%	2.0%
33127	3	T8	ANEURYSMS OF ILIAC ARTERIES (common, external or internal), replacement by graft - bilateral (Anaes.) (Assist.)	1636.35	0	0	1551.65	1227.3	Y	1/12/1991	$ 25,967	22	$ 54,618	$ 34,622	0%	100%	34.5%	40.1%
33130	3	T8	ANEURYSM OF VISCERAL ARTERY, excision and repair by direct anastomosis or replacement by graft (Anaes.) (Assist.)	1426.9	0	0	0	1070.2	Y	1/12/1991	$ 20,292	20	$ 38,521	$ 27,055	5%	100%	17.3%	16.8%
33133	3	T8	ANEURYSM OF VISCERAL ARTERY, dissection and ligation of arteries without restoration of continuity (Anaes.) (Assist.)	1070.05	0	0	0	802.55	Y	1/12/1991	$ 5,016	7	$ 9,499	$ 6,688	0%	100%	0.0%	6.3%
33136	3	T8	FALSE ANEURYSM, repair of, at aortic anastomosis following previous aortic surgery (Anaes.) (Assist.)	2698.5	0	0	0	2023.9	Y	1/12/1991	$ 34,368	17	$ 65,267	$ 45,825	0%	100%	1.2%	2.5%
33139	3	T8	FALSE ANEURYSM, repair of, in iliac artery and restoration of arterial continuity (Anaes.) (Assist.)	1636.35	0	0	0	1227.3	Y	1/12/1991	$ 22,664	19	$ 46,067	$ 30,219	0%	100%	2.2%	3.6%
33142	3	T8	FALSE ANEURYSM, repair of, in femoral artery and restoration of arterial continuity (Anaes.) (Assist.)	1527.8	0	0	1443.1	1145.85	Y	1/12/1991	$ 178,359	158	$ 339,403	$ 237,813	0%	100%	-0.9%	-0.1%
33145	3	T8	RUPTURED THORACIC AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	2628.85	0	0	0	1971.65	Y	1/12/1991	$ 15,773	8	$ 32,258	$ 21,031	0%	100%	2.7%	3.3%
33148	3	T8	RUPTURED THORACO-ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	3264.7	0	0	0	2448.55	Y	1/12/1991	$ 2,449	1	$ 4,742	$ 3,265	0%	100%	-24.2%	-23.7%
33151	3	T8	RUPTURED SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	3101.9	0	0	0	2326.45	Y	1/12/1991	$ 10,256	5	$ 19,031	$ 15,510	0%	100%	20.1%	17.8%
33154	3	T8	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft (Anaes.) (Assist.)	2295.4	0	0	0	1721.55	Y	1/12/1991	$ 10,273	6	$ 19,041	$ 13,698	0%	100%	-20.6%	-20.2%
33157	3	T8	replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)	2559	0	0	0	1919.25	Y	1/12/1991	$ 40,110	21	$ 75,961	$ 53,480	0%	100%	-1.8%	-1.3%
33160	3	T8	replacement by bifurcation graft to 1 or both femoral arteries (Anaes.) (Assist.)	2559	0	0	0	1919.25	Y	1/12/1991	$ 8,637	5	$ 15,798	$ 11,516	0%	100%	10.8%	9.1%
33163	3	T8	RUPTURED ILIAC ARTERY ANEURYSM, replacement by graft (Anaes.) (Assist.)	2171.5	0	0	0	1628.65	Y	1/12/1991	$ 8,958	6	$ 16,001	$ 11,943	17%	100%	8.4%	7.2%
33166	3	T8	RUPTURED ANEURYSM OF VISCERAL ARTERY, replacement by anastomosis or graft (Anaes.) (Assist.)	2171.5	0	0	2086.8	1628.65	Y	1/12/1991	$ 3,723	2	$ 5,348	$ 4,343	50%	50%	14.9%	18.8%
33169	3	T8	RUPTURED ANEURYSM OF VISCERAL ARTERY, simple ligation of (Anaes.) (Assist.)	1690.6	0	0	0	1267.95	Y	1/12/1991	$ 3,804	3	$ 7,568	$ 5,072	0%	100%	0.0%	0.6%
33172	3	T8	service to which another item in this Sub-group applies (Anaes.) (Assist.)	1318.3	0	0	0	988.75	Y	1/12/1991	$ 32,428	36	$ 70,884	$ 44,173	0%	100%	-6.4%	-5.4%
33175	3	T8	RUPTURED ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1214.9	0	0	0	911.2	Y	1/07/1996	$ 24,461	29	$ 48,335	$ 32,614	0%	100%	-0.7%	-0.9%
33178	3	T8	RUPTURED ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1545	0	0	0	1158.75	Y	1/07/1996	$ 3,476	3	$ 6,628	$ 4,635	0%	100%	-9.7%	-9.1%
33181	3	T8	suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1888.9	0	0	0	1416.7	Y	1/07/1996	$ 9,896	7	$ 17,375	$ 13,194	0%	100%	11.8%	12.5%

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33500	3	T8	closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) (Anaes.) (Assist.)	1170.85	0	0	0	878.15	Y	1/12/1991	$	714,547	848	$	1,524,287	$	952,431	1%	100%	-1.0%	-0.8%
33506	3	T8	INNOMINATE OR SUBCLAVIAN ARTERY, endarterectomy of, including closure by suture (Anaes.) (Assist.)	1310.6	0	0	0	982.95	Y	1/12/1991	$	11,162	18	$	23,305	$	14,882	0%	100%	20.8%	46.3%
33509	3	T8	a service associated with another procedure on the aorta (Anaes.) (Assist.)	1465.75	0	0	0	1099.35	Y	1/12/1991	$	14,704	43	$	32,424	$	19,605	0%	100%	-9.8%	-11.1%
33512	3	T8	closure by suture not being a service associated with a service to which item 33515 applies (Anaes.) (Assist.)	1628.6	0	0	0	1221.45	Y	1/12/1991	$	7,629	11	$	14,767	$	11,777	0%	100%	-4.7%	-8.4%
33515	3	T8	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 service associated with another procedure on the iliac artery (Anaes.) (Assist.)	1791.55	0	0	0	1343.7	Y	1/12/1991	$	14,741	12	$	27,471	$	19,656	0%	100%	14.9%	13.5%
33518	3	T8	ILIO-FEMORAL ENDARTERECTOMY (1 side), including closure by suture (Anaes.) (Assist.)	1310.6	0	0	1225.9	982.95	Y	1/12/1991	$	11,766	15	$	24,497	$	15,687	0%	100%	-9.7%	-7.9%
33521	3	T8	RENAL ARTERY, endarterectomy of (Anaes.) (Assist.)	1419.05	0	0	0	1064.3	Y	1/12/1991	$	431,973	452	$	876,429	$	575,894	1%	100%	-0.8%	0.0%
33524	3	T8	COELIAC OR SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.)	1675.05	0	0	0	1256.3	Y	1/12/1991	$	11,297	11	$	22,236	$	15,063	0%	100%	-1.7%	-2.0%
33530	3	T8	COELIAC AND SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.)	1675.05	0	0	0	1256.3	Y	1/12/1991	$	1,256	1	$	2,525	$	1,675	0%	100%	-27.5%	-25.5%
33533	3	T8	ARTERY OF EXTREMITIES, endarterectomy of, including closure by suture (Anaes.) (Assist.)	1946.3	0	0	0	1459.75	Y	1/12/1991	$	1,460	1	$	3,500	$	1,946	0%	100%	-12.9%	-7.2%
33539	3	T8	EXTENDED DEEP FEMORAL ENDARTERECTOMY where the endarterectomy is at least 7cms long (Anaes.) (Assist.)	1000.35	0	0	0	750.3	Y	1/12/1991	$	106,596	194	$	213,095	$	142,128	1%	100%	-5.2%	-4.3%
33542	3	T8	synthetic material where patch is less than 3cm long (Anaes.) (Assist.)	1426.9	0	0	0	1070.2	Y	1/12/1991	$	120,312	124	$	267,903	$	160,416	0%	100%	-0.6%	0.7%
33545	3	T8	synthetic material where patch is 3cm long or greater (Anaes.) (Assist.)	282.2	0	0	0	211.65	Y	1/12/1991	$	5,595	84	$	13,123	$	7,456	0%	100%	0.2%	3.0%
33548	3	T8	VEIN, harvesting of from leg or arm for patch when not performed through same incision as operation (Anaes.) (Assist.)	574	0	0	0	430.5	Y	1/12/1991	$	247,772	1,400	$	538,134	$	330,853	1%	100%	-0.8%	-0.9%
33551	3	T8	operation to prepare the site for anastomosis - each site (Anaes.) (Assist.)	282.2	0	0	0	211.65	Y	1/12/1991	$	6,980	122	$	14,067	$	9,302	0%	100%	-7.1%	-7.1%
33554	3	T8	EMBOLUS, removal of, from artery of neck (Anaes.) (Assist.)	280.9	0	0	0	210.7	Y	1/12/1991	$	29,937	462	$	63,109	$	40,190	0%	100%	-4.4%	-4.6%
33800	3	T8	EMBOLECTOMY or THROMBECTOMY, by abdominal approach, of an artery or bypass graft of trunk (Anaes.) (Assist.)	1217.5	0	0	1132.8	913.15	Y	1/12/1991	$	69,406	69	$	85,071	$	82,253	55%	52%	-1.7%	0.1%
33803	3	T8	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	1163.3	0	0	0	872.5	Y	1/12/1991	$	22,851	53	$	43,487	$	30,467	0%	100%	-2.1%	-1.8%
33806	3	T8	INFERIOR VENA CAVA OR ILIAC VEIN, closed thrombectomy by catheter via the femoral vein (Anaes.) (Assist.)	837.55	0	0	752.85	628.2	Y	1/12/1991	$	388,962	1,114	$	740,158	$	518,311	2%	99%	3.5%	2.2%
33810	3	T8	INFERIOR VENA CAVA OR ILIAC VEIN, open removal of thrombus or tumour (Anaes.) (Assist.)	611	0	0	526.3	458.25	Y	1/07/1996	$	5,511	19	$	11,625	$	7,348	0%	100%	9.6%	5.2%
33811	3	T8	THROMBUS, removal of, from femoral or other similar large vein (Anaes.) (Assist.)	1818.9	0	0	0	1364.2	Y	1/07/1996	$	48,244	45	$	106,704	$	64,325	0%	100%	-4.3%	-5.6%
33812	3	T8	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)	961.55	0	0	876.85	721.2	Y	1/12/1991	$	43,732	70	$	81,876	$	57,345	6%	94%	-10.7%	-12.2%
33815	3	T8	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)	884.05	0	0	0	663.05	Y	1/12/1991	$	2,915,839	6,214	$	5,828,249	$	3,890,021	0%	100%	24.7%	27.0%
33818	3	T8	restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)	1031.4	0	0	0	773.55	Y	1/12/1991	$	69,052	131	$	137,440	$	92,068	0%	100%	6.6%	4.6%
33821	3	T8	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)	1178.7	0	0	0	884.05	Y	1/12/1991	$	32,407	45	$	61,598	$	43,209	0%	100%	-2.5%	-2.2%
33824	3	T8	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)	1124.4	0	0	0	843.3	Y	1/12/1991	$	158,170	302	$	333,022	$	210,758	0%	100%	20.1%	17.5%
33827	3	T8	restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)	1318.3	0	0	0	988.75	Y	1/12/1991	$	14,333	20	$	27,465	$	19,111	0%	100%	5.9%	2.1%
33830	3	T8	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by lateral suture (Anaes.) (Assist.)	1512.1	0	0	0	1134.1	Y	1/12/1991	$	13,301	36	$	27,041	$	17,734	0%	100%	7.6%	0.6%
33833	3	T8		1372.75	0	0	0	1029.6	Y	1/12/1991	$	971,798	1,530	$	2,009,538	$	1,295,721	1%	100%	2.3%	0.2%

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33836	3	T8	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by direct anastomosis (Anaes.) (Assist.)	1636.35	0	0	0	1227.3	Y	1/12/1991	$	87,785	96	$	170,184	$	117,046	0%	100%	0.9%	1.6%
33839	3	T8	restoration of continuity by means of interposition graft (Anaes.) (Assist.)	1915.4	0	0	0	1436.55	Y	1/12/1991	$	30,512	26	$	62,170	$	40,683	0%	100%	6.5%	7.5%
33842	3	T8	ARTERY OF NECK, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (Anaes.) (Assist.)	946.1	0	0	0	709.6	Y	1/12/1991	$	13,827	24	$	26,246	$	18,435	0%	100%	-6.2%	-7.3%
33845	3	T8	after intra-abdominal vascular procedure, where no other procedure is performed (Anaes.) (Assist.)	659.2	0	0	0	494.4	Y	1/12/1991	$	7,357	15	$	13,333	$	9,810	0%	100%	8.4%	8.9%
33848	3	T8	after vascular procedure, where no other procedure is performed (Anaes.) (Assist.)	659.2	0	0	0	494.4	Y	1/12/1991	$	28,842	60	$	56,331	$	38,455	0%	100%	-0.3%	0.2%
34100	3	T8	being a service associated with any other vascular procedure (Anaes.) (Assist.)	729.05	0	0	0	546.8	Y	1/12/1991	$	36,210	142	$	82,754	$	48,282	0%	100%	14.2%	11.9%
34103	3	T8	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,	426.45	0	0	0	319.85	Y	1/12/1991	$	204,009	1,684	$	438,370	$	272,234	1%	100%	-17.4%	-18.4%
34106	3	T8	ARTERY OR VEIN (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not being a service associated with any other vascular procedure except those services	300.8	0	0	255.7	225.6	Y	1/12/1991	$	150,729	1,114	$	331,485	$	154,825	1%	77%	13.4%	10.6%
34109	3	T8	TEMPORAL ARTERY, biopsy of (Anaes.) (Assist.)	348.9	0	0	296.6	261.7	Y	1/12/1991	$	385,346	1,536	$	773,558	$	492,537	6%	84%	6.5%	7.1%
34112	3	T8	ARTERIO-VENOUS FISTULA OF AN EXTREMITY, dissection and ligation (Anaes.) (Assist.)	884.05	0	0	0	663.05	Y	1/12/1991	$	49,412	102	$	95,193	$	65,882	1%	100%	5.0%	6.4%
34115	3	T8	ARTERIO-VENOUS FISTULA OF THE NECK, dissection and ligation (Anaes.) (Assist.)	1000.35	0	0	0	750.3	Y	1/12/1991	$	2,240	3	$	4,454	$	2,986	0%	100%	8.4%	9.0%
34118	3	T8	ARTERIO-VENOUS FISTULA OF THE ABDOMEN, dissection and ligation (Anaes.) (Assist.)	1426.9	0	0	1342.2	1070.2	Y	1/12/1991	$	1,070	1	$	1,981	$	1,427	0%	100%	-12.9%	-7.2%
34121	3	T8	ARTERIO-VENOUS FISTULA OF AN EXTREMITY, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	1139.9	0	0	0	854.95	Y	1/12/1991	$	55,051	71	$	104,863	$	73,401	0%	100%	10.5%	10.9%
34130	3	T8	SURGICALLY CREATED ARTERIO-VENOUS FISTULA OF AN EXTREMITY, closure of (Anaes.) (Assist.)	511.8	0	0	435.05	383.85	Y	1/12/1991	$	30,916	169	$	58,836	$	40,675	5%	95%	6.6%	5.5%
34133	3	T8	SCALENOTOMY (Anaes.) (Assist.)	574	0	0	0	430.5	Y	1/12/1991	$	25,819	113	$	58,003	$	34,426	0%	100%	2.1%	0.0%
34136	3	T8	FIRST RIB, resection of portion of (Anaes.) (Assist.)	922.7	0	0	0	692.05	Y	1/12/1991	$	78,626	127	$	159,728	$	104,834	0%	100%	4.7%	4.9%
34139	3	T8	thoracic outlet compression, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	922.7	0	0	0	692.05	Y	1/12/1991	$	19,083	32	$	40,605	$	26,015	0%	100%	5.9%	5.5%
34142	3	T8	COELIAC ARTERY, decompression of, for coeliac artery compression syndrome, as an independent procedure (Anaes.) (Assist.)	1139.9	0	0	0	854.95	Y	1/12/1991	$	13,667	17	$	32,140	$	18,222	0%	100%	2.5%	1.9%
34145	3	T8	POPLITEAL ARTERY, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (Anaes.) (Assist.)	829.75	0	0	0	622.35	Y	1/12/1991	$	77,654	156	$	215,385	$	103,538	2%	100%	1.2%	1.5%
34148	3	T8	repair or reconstruction of internal or common carotid arteries, when tumour is 4cm or less in maximum diameter (Anaes.) (Assist.)	1481.2	0	0	0	1110.9	Y	1/12/1991	$	15,434	16	$	30,942	$	20,578	0%	100%	4.2%	2.0%
34151	3	T8	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.) without repair or replacement of portion of internal or common carotid arteries (Anaes.) (Assist.)	2023.95	0	0	0	1518	Y	1/12/1991	$	18,975	13	$	37,757	$	25,300	0%	100%	-8.3%	-7.5%
34154	3	T8	NECK, excision of infected bypass graft, including closure of vessel or vessels (Anaes.) (Assist.)	2411.8	0	0	2327.1	1808.85	Y	1/12/1991	$	10,853	6	$	21,021	$	14,471	0%	100%	-5.6%	-5.0%
34157	3	T8	AORTO-DUODENAL FISTULA, repair of, by suture of aorta and repair of duodenum (Anaes.) (Assist.)	1225.3	0	0	0	919	Y	1/12/1991	$	2,037	3	$	3,403	$	2,715	0%	100%	-5.6%	-8.2%
34160	3	T8	AORTO-DUODENAL FISTULA, repair of, by insertion of aortic graft and repair of duodenum (Anaes.) (Assist.)	2295.4	0	0	0	1721.55	Y	1/12/1991	$	5,165	3	$	9,829	$	6,886	0%	100%	8.4%	9.1%
34163	3	T8	aorta, repair of duodenum and axillo-bifemoral grafting (Anaes.) (Assist.)	2946.8	0	0	0	2210.1	Y	1/12/1991	$	4,420	2	$	5,894	$	5,894	0%	100%	-7.8%	-7.2%
34166	3	T8	INFECTED BYPASS GRAFT FROM TRUNK, excision of, including closure of arteries (Anaes.) (Assist.)	2946.8	0	0	0	2210.1	Y	1/12/1991	$	6,630	3	$	13,256	$	8,840	0%	100%	24.6%	25.3%
34169	3	T8	INFECTED AXILLO-FEMORAL OR FEMORO-FEMORAL GRAFT, excision of, including closure of arteries (Anaes.) (Assist.)	1636.35	0	0	0	1227.3	Y	1/12/1991	$	7,304	6	$	14,553	$	9,739	0%	100%	-7.8%	-6.3%
34172	3	T8	INFECTED BYPASS GRAFT FROM EXTREMITIES, excision of including closure of arteries (Anaes.) (Assist.)	1333.8	0	0	0	1000.35	Y	1/12/1991	$	4,971	5	$	9,706	$	6,629	0%	100%	-3.6%	-1.4%
34175	3	T8		1225.3	0	0	0	919	Y	1/12/1991	$	26,601	31	$	53,342	$	35,469	0%	100%	-2.4%	-0.6%

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34500	3	T8	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of (Anaes.) (Assist.)	318.05	0	0	270.35	238.55	Y	1/12/1991	$	954	5	$	1,354	$	1,272	0%	100%	-31.0%	-34.8%
34503	3	T8	conjunction with another venous or arterial operation (Anaes.) (Assist.)	426.45	0	0	0	319.85	Y	1/12/1991	$	6,018	47	$	14,907	$	8,023	0%	100%	2.3%	2.8%
34506	3	T8	ARTERIOVENOUS SHUNT, EXTERNAL, removal of (Anaes.) (Assist.)	217	0	0	0	162.75	Y	1/12/1991	$	366	6	$	1,897	$	488	0%	100%	43.1%	18.3%
34509	3	T8	in conjunctionwith another venous or arterial operation (Anaes.) (Assist.)	1008.1	0	0	0	756.1	Y	1/12/1991	$	595,826	793	$	1,154,580	$	794,413	4%	100%	1.0%	1.5%
34512	3	T8	ARTERIOVENOUS ACCESS DEVICE, insertion of (Anaes.) (Assist.)	1109	0	0	0	831.75	Y	1/12/1991	$	103,674	131	$	197,228	$	138,232	0%	100%	-5.4%	-5.0%
34515	3	T8	ARTERIOVENOUS ACCESS DEVICE, thrombectomy of (Anaes.) (Assist.)	790.95	0	0	0	593.25	Y	1/12/1991	$	37,960	118	$	71,429	$	50,612	0%	100%	-2.1%	-0.7%
34518	3	T8	STENOSIS OF ARTERIOVENOUS FISTULA OR PROSTHETIC ARTERIOVENOUS ACCESS DEVICE, correction of (Anaes.) (Assist.)	1325.9	0	0	0	994.45	Y	1/12/1991	$	1,079,667	1,089	$	2,021,664	$	1,439,552	1%	100%	9.1%	9.8%
34524	3	T8	operation, not being a service to which item 34521 applies (excluding after-care) (Anaes.) (Assist.)	426.45	0	0	0	319.85	Y	1/12/1991	$	1,275	4	$	2,270	$	1,700	0%	100%	-16.7%	-15.1%
34527	3	T8	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,	568.85	0	0	484.15	426.65	Y	1/12/1991	$	3,388,976	7,828	$	5,606,895	$	4,387,788	22%	78%	3.6%	4.5%
34528	3	T8	CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery	280.9	0	0	238.8	210.7	Y	1/07/1996	$	2,622,971	12,279	$	4,160,187	$	3,427,261	16%	85%	5.2%	5.9%
34529	3	T8	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, removal of, by open surgical procedure in the operating theatre of a hospital on a person 10 years of age or over (Anaes.)	739.5	0	0	654.8	554.65	Y	1/09/2015	$	37,734	73	$	68,860	$	50,310	0%	100%	5.1%	4.8%
34530	3	T8	ISOLATED LIMB PERFUSION, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and	210.6	0	0	179.05	157.95	Y	1/12/1991	$	641,499	4,329	$	1,062,261	$	823,307	26%	73%	3.0%	3.4%
34533	3	T8	CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery	1279.4	0	0	1194.7	959.55	Y	1/12/1991	$	5,992	6	$	10,438	$	7,676	17%	83%	3.7%	5.2%
34534	3	T8	CENTRAL VEIN CATHERTERISATION by percutaneous technique, using subcutaneous tunnelled cuffed catheter or similar device, for the administration of haemodialysis or parenteral nutrition	365.15	0	0	310.4	273.9	Y	1/09/2015	$	14,111	54	$	21,200	$	18,813	0%	100%	14.0%	16.1%
34538	3	T8	TUNNELLED CUFFED CATHETER, OR SIMILAR DEVICE, removal of, by open surgical procedure (Anaes.)	280.9	0	0	238.8	210.7	Y	1/05/2004	$	137,669	673	$	203,377	$	180,298	13%	87%	-9.2%	-9.6%
34539	3	T8	removal of, by open surgical procedure in the operating theatre of a hospital, on a person under 10 years of age (Anaes.)	210.6	0	0	179.05	157.95	Y	1/05/2004	$	110,278	709	$	154,135	$	138,475	47%	58%	5.9%	6.9%
34540	3	T8	INFERIOR VENA CAVA, plication, ligation, or application of caval clip (Anaes.) (Assist.)	273.8	0	0	232.75	205.35	Y	1/09/2015	$	19,412	101	$	34,634	$	25,882	0%	100%	7.6%	8.4%
34800	3	T8	INFERIOR VENA CAVA, reconstruction of or bypass by vein or synthetic material (Anaes.) (Assist.)	837.55	0	0	752.85	628.2	Y	1/12/1991	$	2,501	11	$	4,591	$	3,335	27%	100%	-4.7%	-4.8%
34803	3	T8	CROSS LEG BYPASS GRAFTING, saphenous to iliac or femoral vein (Anaes.) (Assist.)	1845.8	0	0	0	1384.35	Y	1/12/1991	$	24,378	20	$	57,965	$	32,504	0%	100%	-4.4%	-3.7%
34806	3	T8	synthetic material, not being a service associated with a service to which item 34806 or 34809 applies (Anaes.) (Assist.)	1000.35	0	0	0	750.3	Y	1/12/1991	$	728	1	$	970	$	970	0%	100%	0.0%	0.0%
34812	3	T8	VEIN STENOSIS, patch angioplasty for, (excluding vein graft stenosis)-using vein or synthetic material (Anaes.) (Assist.)	1209.7	0	0	0	907.3	Y	1/12/1991	$	7,776	11	$	16,021	$	10,368	0%	100%	1.9%	2.7%
34815	3	T8	VENOUS VALVE, plication or repair to restore valve competency (Anaes.) (Assist.)	1000.35	0	0	0	750.3	Y	1/12/1991	$	2,622	6	$	4,742	$	3,496	0%	100%	-5.6%	-8.5%
34818	3	T8	VEIN TRANSPLANT to restore valvular function (Anaes.) (Assist.)	1101.15	0	0	0	825.9	Y	1/12/1991	$	1,084	2	$	2,775	$	1,445	0%	100%	-7.8%	-14.7%
34821	3	T8	EXTERNAL STENT, application of, to restore venous valve competency to superficial vein - 1 stent (Anaes.) (Assist.)	1496.75	0	0	1412.05	1122.6	Y	1/12/1991	$	1,123	1	$	2,256	$	1,497	0%	100%	0.0%	0.6%
34824	3	T8	LUMBAR SYMPATHECTOMY (Anaes.) (Assist.)	511.8	0	0	0	383.85	Y	1/12/1991	$	341	2	$	1,080	$	455	0%	100%	-40.1%	-38.0%
35000	3	T8	CERVICAL OR UPPER THORACIC SYMPATHECTOMY by any surgical approach (Anaes.) (Assist.)	729.05	0	0	644.35	546.8	Y	1/12/1991	$	7,292	15	$	9,428	$	9,511	40%	60%	-14.6%	-11.1%
35003	3	T8	operation is a reoperation for previous incomplete sympathectomy by any surgical approach (Anaes.) (Assist.)	946.1	0	0	0	709.6	Y	1/12/1991	$	149,923	289	$	323,817	$	199,908	0%	100%	5.1%	5.1%
35006	3	T8	SACRAL or PRE-SACRAL SYMPATHECTOMY (Anaes.) (Assist.)	1186.5	0	0	0	889.9	Y	1/12/1991	$	3,560	5	$	7,497	$	4,746	0%	100%	-9.0%	-10.0%
35012	3	T8		729.05	0	0	0	546.8	Y	1/05/1994	$	1,914	4	$	3,962	$	2,552	0%	100%	5.9%	8.9%

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35100	3	T8	tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (Anaes.) (Assist.)	380.05	0	0	0	285.05	Y	1/12/1991	$ 487,941	2,544	$ 966,891	$ 650,815	1%	100%	9.0%	5.8%
35103	3	T8	tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (Anaes.)	241.85	0	0	0	181.4	Y	1/12/1991	$ 21,227	187	$ 43,364	$ 28,304	0%	100%	0.1%	-1.5%
35200	3	T8	performed during the course of an operative procedure on an artery or vein, 1 site (Anaes.)	176.85	0	0	0	132.65	Y	1/12/1991	$ 219,210	5,479	$ 454,493	$ 292,635	1%	100%	14.7%	12.6%
35202	3	T8	EXTREMITIES, access to, as part of RE-OPERATION after prior surgery on these vessels (Anaes.) (Assist.)	842.6	0	0	0	631.95	Y	1/07/1996	$ 873,330	2,456	$ 1,708,262	$ 1,168,300	1%	100%	6.6%	8.0%
35300	3	T8	TRANSLUMINAL BALLOON ANGIOPLASTY of 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding	531.45	0	0	451.75	398.6	Y	1/04/1992	$ 1,055,392	3,149	$ 1,733,911	$ 1,335,180	21%	81%	2.4%	1.1%
35303	3	T8	TRANSLUMINAL BALLOON ANGIOPLASTY of aortic arch branches, aortic visceral branches, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated	681.4	0	0	596.7	511.05	Y	1/04/1992	$ 2,301,335	5,557	$ 4,108,846	$ 3,011,074	10%	94%	6.0%	4.1%
35306	3	T8	TRANSLUMINAL STENT INSERTION, 1 or more stents, including associated balloon dilatation for 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated	628.95	0	0	544.25	471.75	Y	1/04/1992	$ 827,122	2,214	$ 1,513,436	$ 1,091,183	9%	94%	1.0%	-0.5%
35307	3	T8	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	1156.2	0	0	0	867.15	Y	1/11/2005	$ 151,794	186	$ 281,608	$ 202,391	3%	100%	-0.8%	-0.6%
35309	3	T8	TRANSLUMINAL STENT INSERTION, 1 or more stents, including associated balloon dilatation for visceral arteries or veins, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open	786.15	0	0	701.45	589.65	Y	1/04/1992	$ 2,228,025	4,798	$ 4,060,680	$ 2,736,429	5%	95%	5.1%	2.0%
35312	3	T8	PERIPHERAL ARTERIAL ATHERECTOMY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding	891	0	0	0	668.25	Y	1/04/1992	$ 538,796	827	$ 1,131,116	$ 718,386	3%	100%	56.9%	58.4%
35317	3	T8	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY CONTINUOUS INFUSION, using percutaneous approach, excluding	366.9	0	0	311.9	275.2	Y	1/07/1996	$ 112,845	474	$ 181,351	$ 147,455	17%	83%	-9.3%	-11.0%
35319	3	T8	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY PULSE SPRAY TECHNIQUE, using percutaneous approach, excluding	657.7	0	0	573	493.3	Y	1/07/1996	$ 489,956	1,145	$ 775,095	$ 611,257	29%	71%	21.9%	23.9%
35320	3	T8	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY OPEN EXPOSURE, excluding associated radiological services or	883.45	0	0	798.75	662.6	Y	1/07/1996	$ 13,087	21	$ 19,441	$ 17,267	5%	95%	2.0%	2.2%
35321	3	T8	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 associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	838.7	0	0	754	629.05	Y	1/04/1992	$ 3,050,879	5,072	$ 4,756,647	$ 3,911,706	18%	83%	3.3%	3.2%
35327	3	T8	open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	421.5	0	0	0	316.15	Y	1/04/1992	$ 79	1	$ 167	$ 105	0%	100%	-24.2%	-39.7%
35330	3	T8	open exposure, not including associated radiological services or preparation, and not including aftercare (Anaes.)	531.45	0	0	451.75	398.6	Y	1/04/1992	$ 192,699	501	$ 316,228	$ 255,330	5%	95%	1.6%	2.2%
35331	3	T8	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	611	0	0	0	458.25	Y	1/05/2005	$ 128,611	289	$ 212,955	$ 171,576	1%	100%	3.6%	4.1%
35360	3	T8	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	854.05	0	0	0	640.55	Y	1/05/2005	$ 11,510	24	$ 24,990	$ 15,674	0%	100%	13.0%	9.0%
35361	3	T8	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	732.45	0	0	0	549.35	Y	1/05/2005	$ 13,140	27	$ 22,603	$ 17,520	0%	100%	14.0%	21.4%
35362	3	T8	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	611	0	0	0	458.25	Y	1/05/2005	$ 5,018	19	$ 9,135	$ 6,691	0%	100%	7.9%	7.2%
35363	3	T8	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	489.5	0	0	0	367.15	Y	1/05/2005	$ 11,225	77	$ 22,239	$ 14,966	3%	100%	1.1%	-5.6%
35404	3	T8	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	357.45	0	0	0	268.1	0	1/05/2006	$ 30,376	123	$ 49,222	$ 40,500	2%	100%	-8.8%	-8.8%
35406	3	T8	UTERINE ARTERY CATHETERISATION with percutaneous administration of occlusive agents, for the treatment of symptomatic uterine fibroids in a patient who has been referred	838.7	0	0	0	629.05	Y	1/05/2006	$ 104,679	179	$ 166,637	$ 139,566	3%	100%	-7.1%	-6.3%
35410	3	T8	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	838.7	0	0	754	629.05	Y	1/11/2006	$ 156,639	257	$ 266,206	$ 202,380	6%	85%	13.9%	13.6%
35412	3	T8	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 a service associated with a service to which another item in this Group applies (Anaes.)	2946.8	0	0	2862.1	2210.1	Y	1/11/2006	$ 1,095,608	483	$ 1,690,869	$ 1,406,572	13%	87%	8.0%	9.3%
35414	3	T8		3609.35	0	0	0	2707.05	Y	1/11/2017	$ 910,231	337	$ 1,475,553	$ 1,213,637	0%	100%	#DIV/0!	#DIV/0!
35500	3	T8	INTRAUTERINE DEVICE, INTRODUCTION OF, for the control of idiopathic menorrhagia, AND ENDOMETRIAL BIOPSY to exclude endometrial pathology, not being a service associated with a not associated with a service to which another item in this Group applies (other than a service mentioned in item 30062) (Anaes.)	83.85	0	0	71.3	62.9	Y	1/12/1991	$ 104,822	1,611	$ 213,364	$ 132,064	33%	61%	6.0%	7.1%
35502	3	T8		82.65	0	0	70.3	62	Y	1/11/2004	$ 309,695	4,319	$ 567,811	$ 351,129	27%	9%	5.3%	4.2%
35503	3	T8		55.2	0	0	46.95	41.4	Y	1/12/1991	$ 4,584,374	93,308	$ 9,739,853	$ 5,090,336	33%	3%	9.2%	9.9%

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35506	3	T8	GENERAL ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)	55.35	0	0	47.05	41.55	Y	1/12/1991	$	146,052	3,157	$	265,594	$	172,435	41%	20%	-0.4%	0.1%
35507	3	T8	VULVAL OR VAGINAL WARTS, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital, where the time	179.9	0	0	152.95	134.95	Y	1/04/1992	$	18,766	188	$	50,352	$	25,016	1%	100%	-6.1%	-6.0%
35508	3	T8	VULVAL OR VAGINAL WARTS, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital, where the time	264.95	0	0	225.25	198.75	Y	1/04/1992	$	10,447	58	$	25,491	$	13,927	5%	100%	-1.3%	-0.5%
35509	3	T8	HYMENECTOMY (Anaes.)	92.25	0	0	78.45	69.2	Y	1/12/1991	$	29,164	464	$	90,645	$	37,319	3%	85%	6.4%	6.8%
35513	3	T8	BARTHOLIN'S CYST, excision of (Anaes.)	228.65	0	0	194.4	171.5	Y	1/12/1991	$	54,014	332	$	126,622	$	70,615	7%	88%	2.7%	4.2%
35517	3	T8	BARTHOLIN'S CYST OR GLAND, marsupialisation of (Anaes.)	150.6	0	0	128.05	112.95	Y	1/12/1991	$	80,930	757	$	208,430	$	104,991	6%	86%	-2.4%	-1.6%
35518	3	T8	OVARIAN CYST ASPIRATION, for cysts of at least 4cm in diameter in a premenopausal person and at least 2cm in diameter in a postmenopausal person, by abdominal or vaginal route, using	214.35	0	0	182.2	160.8	Y	1/07/1995	$	24,111	146	$	46,262	$	28,881	19%	53%	-3.7%	-2.6%
35520	3	T8	BARTHOLIN'S ABSCESS, incision of (Anaes.)	60.15	0	0	51.15	45.15	Y	1/12/1991	$	6,192	129	$	14,603	$	6,922	27%	34%	-4.7%	-4.8%
35523	3	T8	URETHRA OR URETHRAL CARUNCLE, cauterisation of (Anaes.)	60.15	0	0	51.15	45.15	Y	1/12/1991	$	1,545	65	$	12,124	$	1,949	2%	97%	-4.5%	-7.5%
35527	3	T8	URETHRAL CARUNCLE, excision of (Anaes.)	150.6	0	0	128.05	112.95	Y	1/12/1991	$	10,033	159	$	29,957	$	13,164	0%	99%	9.1%	9.5%
35530	3	T8	CLITORIS, amputation of, where medically indicated (Anaes.) (Assist.)	278.25	0	0	0	208.7	Y	1/12/1991	$	1,458	17	$	5,958	$	1,943	0%	100%	2.5%	-6.8%
35533	3	T8	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	360.8	0	0	0	270.6	Y	1/12/1991	$	78,121	353	$	390,434	$	104,161	6%	100%	-12.8%	-13.2%
35534	3	T8	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	360.8	0	0	0	270.6	Y	1/11/2014	$	40,562	181	$	220,761	$	54,082	1%	100%	#DIV/0!	#DIV/0!
35536	3	T8	VULVA, wide local excision of suspected malignancy or hemivulvectomy, 1 or both procedures (Anaes.) (Assist.)	359.35	0	0	305.45	269.55	Y	1/12/1991	$	201,964	803	$	496,505	$	266,182	4%	94%	-1.8%	-2.2%
35539	3	T8	COLPOSCOPICALLY DIRECTED CO² LASER THERAPY for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated	281.45	0	0	239.25	211.1	Y	1/12/1991	$	57,547	276	$	129,442	$	72,288	18%	62%	-12.1%	-12.0%
35542	3	T8	COLPOSCOPICALLY DIRECTED CO² LASER THERAPY for previously confirmed intraepithelial neoplasticchanges of the cervix, vagina, vulva, urethra or anal canal, including any associated	329.55	0	0	280.15	247.2	Y	1/12/1991	$	16,710	66	$	47,608	$	21,399	17%	70%	-1.7%	-1.6%
35545	3	T8	COLPOSCOPICALLY DIRECTED CO² LASER THERAPY for condylomata, unsuccessfully treated by other methods (Anaes.)	189.35	0	0	160.95	142.05	Y	1/12/1991	$	5,817	39	$	9,767	$	6,993	18%	18%	-1.9%	-0.8%
35548	3	T8	VULVECTOMY, radical, for malignancy (Anaes.) (Assist.)	860.1	0	0	0	645.1	Y	1/12/1991	$	84,530	152	$	227,208	$	112,705	0%	100%	2.1%	2.1%
35551	3	T8	Pelvic lymph nodes, radical excision of,unilateral, or sentinel node dissection (including any pre-operative injection) (Anaes.) (Assist.)	953.6	0	0	0	715.2	Y	1/12/1991	$	231,822	701	$	593,646	$	309,125	0%	100%	31.8%	41.6%
35552	3	T8	Pelvic lymph nodes, radical excision of, unilateral, following similar previous dissection, radiation or chemotherapy (Anaes.) (Assist.)	1434.6	0	0	0	1075.95	Y	1/11/2020	$	42,685	52	$	80,687	$	57,443	0%	100%	#DIV/0!	#DIV/0!
35554	3	T8	VAGINA, DILATATION OF, as an independent procedure including any associated consultation (Anaes.)	44.85	0	0	38.15	33.65	Y	1/12/1991	$	337	10	$	587	$	425	30%	60%	-16.7%	-16.1%
35557	3	T8	VAGINA, removal of simple tumour (including Gartner duct cyst) (Anaes.)	221.2	0	0	188.05	165.9	Y	1/12/1991	$	139,846	958	$	314,751	$	177,440	10%	79%	-0.5%	0.0%
35560	3	T8	VAGINA, partial or complete removal of (Anaes.) (Assist.)	705.25	0	0	0	528.95	Y	1/12/1991	$	83,373	217	$	218,110	$	111,164	0%	100%	2.6%	4.1%
35561	3	T8	VAGINECTOMY, radical, for proven invasive malignancy - 1 surgeon (Anaes.) (Assist.)	1422.55	0	0	0	1066.95	Y	1/11/1992	$	87,928	98	$	177,744	$	117,236	0%	100%	2.9%	3.8%
35562	3	T8	VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - abdominal surgeon (including aftercare) (Anaes.) (Assist.)	1167.95	0	0	0	876	Y	1/11/1992	$	3,063	7	$	5,576	$	4,084	0%	100%	-4.9%	-10.9%
35564	3	T8	VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - perineal surgeon (Assist.)	539.15	0	0	0	404.4	0	1/11/1992	$	2,016	5	$	4,141	$	2,688	0%	100%	-9.0%	-4.5%
35565	3	T8	VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus (Anaes.) (Assist.)	705.25	0	0	0	528.95	Y	1/11/1992	$	13,955	67	$	50,101	$	18,606	3%	100%	2.6%	-3.1%
35566	3	T8	VAGINAL SEPTUM, excision of, for correction of double vagina (Anaes.) (Assist.)	409.65	0	0	0	307.25	Y	1/12/1991	$	25,162	95	$	60,652	$	33,548	3%	100%	5.4%	4.7%
35568	3	T8	SACROSPINOUS COLPOPEXY FOR MANAGEMENT OF UPPER VAGINAL PROLAPSE (Anaes.) (Assist.)	644.1	0	0	0	483.1	Y	1/05/2005	$	920,891	3,925	$	2,345,341	$	1,229,066	0%	100%	-1.9%	-2.3%

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35569	3	T8	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE (Anaes.)	165.85	0	0	0	124.4	Y	1/12/1991	$ 42,650	451	$ 117,197	$ 56,864	0%	100%	-0.7%	-4.0%
35570	3	T8	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	571.15	0	0	0	428.4	Y	1/05/2005	$ 407,099	1,517	$ 1,003,158	$ 542,945	0%	100%	-8.7%	-7.5%
35571	3	T8	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)	571.15	0	0	0	428.4	Y	1/05/2005	$ 708,915	2,493	$ 1,765,321	$ 945,834	1%	100%	-5.6%	-5.6%
35572	3	T8	COLPOTOMYnot being a service to which another item in this Group applies (Anaes.)	127.7	0	0	0	95.8	Y	1/12/1991	$ 597	11	$ 1,630	$ 796	0%	100%	-17.0%	-20.1%
35573	3	T8	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	856.85	0	0	0	642.65	Y	1/05/2005	$ 2,982,207	5,452	$ 7,381,844	$ 3,977,039	0%	100%	-3.6%	-4.1%
35577	3	T8	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 associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)	695.6	0	0	0	521.7	Y	1/05/2005	$ 17,862	38	$ 38,475	$ 23,816	0%	100%	-2.9%	-2.5%
35578	3	T8	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	695.6	0	0	0	521.7	Y	1/05/2005	$ 90,436	176	$ 222,082	$ 120,582	3%	100%	11.7%	12.2%
35581	3	T8	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	571.15	0	0	0	428.4	Y	1/07/2018	$ 32,722	97	$ 78,804	$ 43,629	0%	100%	#DIV/0!	#DIV/0!
35582	3	T8	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	856.85	0	0	0	642.65	Y	1/07/2018	$ 67,921	126	$ 180,772	$ 90,561	0%	100%	#DIV/0!	#DIV/0!
35585	3	T8	LAPAROSCOPIC OR ABDOMINAL PELVIC FLOOR REPAIR INCORPORATING THE FIXATION OF THE UTEROSACRAL AND	1519.2	0	0	0	1139.4	Y	1/07/2018	$ 160,479	146	$ 404,503	$ 215,062	0%	100%	#DIV/0!	#DIV/0!
35595	3	T8	CARDINAL LIGAMENTS TO RECTOVAGINAL AND PUBOCERVICAL TRACTS, repair of, not being a service to which item 37029, 37333 or 37336 applies (Anaes.) (Assist.)	1191.1	0	0	0	893.35	Y	1/05/2005	$ 1,752,594	2,194	$ 4,176,783	$ 2,336,810	1%	100%	15.6%	17.4%
35596	3	T8	SACRAL COLPOPEXY, laparoscopic or open procedure where graft or mesh secured to vault, anterior and posterior compartment and	705.25	0	0	0	528.95	Y	1/12/1991	$ 46,891	151	$ 107,344	$ 62,521	0%	100%	0.8%	-0.5%
35597	3	T8	to sacrum for correction of symptomatic upper vaginal vault Stress incontinence, procedure using a female synthetic mid-urethral sling, with diagnostic cystoscopy to assess the integrity of	1519.2	0	0	0	1139.4	Y	1/05/2005	$ 853,971	790	$ 2,130,825	$ 1,138,669	0%	100%	-3.9%	-3.4%
35599	3	T8	the lower urinary tract, other than a service associated with a STRESS INCONTINENCE, combined synchronous	781.55	0	0	0	586.2	Y	1/12/1991	$ 671,975	1,603	$ 1,728,818	$ 896,252	0%	100%	-20.5%	-19.4%
35602	3	T8	ABDOMINOVAGINAL operation for; abdominal procedure, with or without mesh, (including aftercare), not being a service associated STRESS INCONTINENCE, combined synchronous	695.6	0	0	0	521.7	Y	1/12/1991	$ 3,951	11	$ 15,004	$ 5,268	0%	100%	-15.1%	-16.8%
35605	3	T8	ABDOMINOVAGINAL operation for; vaginal procedure, with or without mesh, (including aftercare), not being a service associated CERVIX, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix (Anaes.)	377.4	0	0	320.8	283.05	0	1/12/1991	$ 2,161	21	$ 4,418	$ 2,831	5%	95%	-1.8%	-12.7%
35608	3	T8	cervix, not being a service associated with a service to which item 35608 applies (Anaes.)	65.95	0	0	56.1	49.5	Y	1/12/1991	$ 2,218,730	36,341	$ 4,321,286	$ 2,526,341	27%	4%	6.5%	7.5%
35611	3	T8	CERVIX, RESIDUAL STUMP, removal of, by abdominal approach (Anaes.) (Assist.)	65.95	0	0	56.1	49.5	Y	1/12/1991	$ 230,466	4,376	$ 436,234	$ 267,164	22%	17%	-5.4%	-4.5%
35612	3	T8	CERVIX, RESIDUAL STUMP, removal of, by vaginal approach (Anaes.) (Assist.)	521.8	0	0	443.55	391.35	Y	1/05/1997	$ 6,743	33	$ 16,481	$ 8,882	3%	94%	3.3%	0.7%
35613	3	T8	EXAMINATION OF LOWER TRACT by a Hinselmanntype colposcope in a patient with a previous abnormal cervical smear screen result	417.45	0	0	0	313.1	Y	1/05/1997	$ 4,188	19	$ 11,505	$ 5,796	0%	100%	-2.0%	1.7%
35614	3	T8	or a history of maternal ingestion of oestrogen or where a patient, VULVA, biopsy of, when performed in conjunction with a service to which item 35614 applies	65.85	0	0	56	49.4	Y	1/12/1991	$ 5,798,743	120,541	$ 11,003,928	$ 6,561,449	30%	2%	7.2%	8.0%
35615	3	T8	ENDOMETRIUM, endoscopic examination of and ablation of, by microwave or thermal balloon or radiofrequency electrosurgery,	55.35	0	0	47.05	41.55	0	1/04/1992	$ 135,414	6,288	$ 254,185	$ 152,453	36%	9%	7.5%	8.1%
35616	3	T8	for chronic refractory menorrhagia including any hysteroscopy CERVIX, cone biopsy, amputation or repair of, other than a service to which item35577 or 35578 applies (Anaes.)	463.65	0	0	0	347.75	Y	1/05/2001	$ 1,738,695	5,521	$ 4,372,424	$ 2,318,451	0%	100%	3.7%	3.6%
35618	3	T8	with abnormal uterine bleeding or post menopausal bleeding (Anaes.)	224.8	0	0	191.1	168.6	Y	1/12/1991	$ 139,658	872	$ 368,920	$ 185,110	4%	95%	-2.4%	-1.4%
35620	3	T8	ENDOMETRIUM, endoscopic ablation of, by laser or diathermy, for chronic refractory menorrhagia including any hysteroscopy	55	0	0	46.75	41.25	Y	1/05/1994	$ 455,881	9,806	$ 865,301	$ 480,411	27%	3%	6.4%	5.9%
35622	3	T8	performed on the same day, with or without uterine curettage, not septum resection (where both are performed), followed by endometrial ablation by laser or diathermy (Anaes.)	621.3	0	0	0	466	Y	1/05/1994	$ 683,503	1,620	$ 1,677,917	$ 911,454	0%	100%	0.7%	0.7%
35623	3	T8	HYSTEROSCOPY, including biopsy, performed by a specialist in the practice of his or her specialty where the patient is referred to him	844.85	0	0	0	633.65	Y	1/05/1994	$ 470,105	759	$ 1,198,802	$ 627,550	2%	100%	1.7%	2.2%
35626	3	T8	or her for the investigation of suspected intrauterine pathology operating theatre of a hospital - not being a service associated with a service to which item 35626 or 35630 applies (Anaes.)	85.35	0	0	72.55	64.05	0	1/04/1992	$ 22,440	301	$ 62,597	$ 24,875	54%	10%	2.2%	2.7%
35627	3	T8		110.5	0	0	0	82.9	Y	1/12/1991	$ 42,513	761	$ 122,231	$ 56,716	1%	100%	-5.1%	-4.9%

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35630	3	T8	operating theatre of a hospital - not being a service associated with a service to which item 35626 or 35627 applies (Anaes.)	188.75	0	0	0	141.6	Y	1/12/1991	$ 3,350,367	31,330	$ 9,600,675	$ 4,466,881	2%	100%	0.6%	0.3%
35633	3	T8	HYSTEROSCOPY with uterine adhesiolysis or polypectomy or tubal catheterisation (including for insertion of device for sterilisation) or removal of IUD which cannot be removed by other means, 1 or HYSTEROSCOPIC RESECTION of uterine septum followed by endometrial ablation by laser or diathermy (Anaes.)	224.8	0	0	191.1	168.6	Y	1/12/1991	$ 3,873,560	25,460	$ 11,176,540	$ 5,120,595	2%	98%	5.4%	5.8%
35634	3	T8	HYSTEROSCOPY involving resection of the uterine septum (Anaes.)	707.1	0	0	622.4	530.35	Y	1/11/2000	$ 20,595	44	$ 45,103	$ 27,337	0%	98%	-0.4%	0.6%
35635	3	T8	HYSTEROSCOPY, involving resection of myoma, or resection of myoma and uterine septum (where both are performed) (Anaes.)	308.8	0	0	0	231.6	Y	1/11/2000	$ 48,899	292	$ 163,275	$ 65,198	1%	100%	5.9%	6.7%
35636	3	T8	LAPAROSCOPY, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or similar procedure - 1 or more procedures with or without biopsy - not COMPLICATED OPERATIVE LAPAROSCOPY, including use of laser when required, for 1 or more of the following procedures;	446.55	0	0	0	334.95	Y	1/12/1991	$ 690,966	2,212	$ 1,837,728	$ 921,287	1%	100%	9.3%	9.7%
35637	3	T8	oophorectomy, ovarian cystectomy, myomectomy, salpingectomy UTERUS, CURETTAGE OF, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia,	419.35	0	0	0	314.55	Y	1/04/1992	$ 2,045,592	6,745	$ 5,737,193	$ 2,727,299	2%	100%	-2.5%	-1.8%
35638	3	T8	or under epidural or spinal (intrathecal) nerve block, including ENDOMETRIOSIS LEVEL 4 OR 5, LAPAROSCOPIC RESECTION OF, involving any two of the following procedures, resection of the	733.75	0	0	0	550.35	Y	1/04/1992	$ 11,007,009	20,481	$ 29,842,249	$ 14,678,942	1%	100%	4.1%	4.7%
35640	3	T8	pelvic side wall including dissection of endometriosis or scar tissue EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE other than a service to	188.75	0	0	0	141.6	Y	1/12/1991	$ 1,237,063	14,558	$ 2,921,867	$ 1,649,687	11%	100%	-0.5%	-0.2%
35641	3	T8	which item 35640 applies, including procedures to which item CERVIX, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the	1281.5	0	0	0	961.15	Y	1/11/2000	$ 4,010,715	4,216	$ 10,960,797	$ 5,347,734	2%	100%	10.4%	11.0%
35643	3	T8	cervix, including any local anaesthesia and biopsies, other than a CERVIX, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the	224.8	0	0	191.1	168.6	Y	1/12/1991	$ 6,510,313	36,879	$ 8,250,964	$ 8,269,826	78%	66%	-6.5%	-6.0%
35644	3	T8	cervix, including any local anaesthesia and biopsies, in conjunction cervical biopsy, for previously confirmed intraepithelial neoplastic changes of the cervix (Anaes.)	210	0	0	178.5	157.5	Y	1/04/1992	$ 140,406	808	$ 194,932	$ 165,203	52%	13%	1.2%	1.8%
35645	3	T8	CERVIX, large loop excision of transformation zone together with colposcopy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies,	328.65	0	0	279.4	246.5	Y	1/04/1992	$ 11,854	51	$ 22,791	$ 15,190	20%	73%	-11.9%	-11.5%
35646	3	T8	CERVIX, large loop excision diathermy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in conjunction with ablative treatment of HYSTEROTOMY or UTERINE MYOMECTOMY, abdominal (Anaes.) (Assist.)	210	0	0	178.5	157.5	Y	1/12/1991	$ 30,960	199	$ 46,312	$ 37,826	63%	34%	-0.9%	1.7%
35647	3	T8		210	0	0	178.5	157.5	Y	1/04/1992	$ 930,981	5,999	$ 2,459,983	$ 1,179,703	7%	81%	0.0%	0.5%
35648	3	T8		328.65	0	0	279.4	246.5	Y	1/04/1992	$ 116,356	472	$ 289,103	$ 149,561	15%	79%	2.9%	4.1%
35649	3	T8	HYSTERECTOMY, ABDOMINAL, SUBTOTAL or TOTAL, with or without removal of uterine adnexae (Anaes.) (Assist.)	552.75	0	0	0	414.6	Y	1/12/1991	$ 283,503	885	$ 841,933	$ 377,985	1%	100%	2.8%	2.3%
35653	3	T8	HYSTERECTOMY, VAGINAL, with or without uterine curettage, not being a service to which item 35673 applies NOTE:Strict legal requirements apply in relation to sterilisation procedures on debulking of, prior to vaginal removal at hysterectomy (Anaes.) (Assist.)	695.8	0	0	0	521.85	Y	1/12/1991	$ 695,251	1,379	$ 1,799,349	$ 927,014	2%	100%	-9.2%	-8.7%
35657	3	T8		695.8	0	0	0	521.85	Y	1/12/1991	$ 690,277	1,999	$ 1,736,944	$ 920,329	1%	100%	-10.9%	-11.9%
35658	3	T8	HYSTERECTOMY, ABDOMINAL, requiring extensive retroperitoneal dissection, with or without exposure of 1 or both ureters, for the management of severe endometriosis, pelvic inflammatory disease RADICAL HYSTERECTOMY with radical excision of pelvic lymph nodes (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, RADICAL HYSTERECTOMY without gland dissection (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, paracolpos, nodes, with or without removal of uterine adnexae (Anaes.) (Assist.)	429.05	0	0	0	321.8	Y	1/11/1995	$ 338,642	2,435	$ 980,970	$ 451,553	1%	100%	2.1%	2.7%
35661	3	T8		898.55	0	0	0	673.95	Y	1/12/1991	$ 769,619	1,201	$ 1,971,099	$ 1,026,282	1%	100%	-6.6%	-6.3%
35664	3	T8		1497.6	0	0	0	1123.2	Y	1/12/1991	$ 548,544	498	$ 1,649,711	$ 731,399	0%	100%	2.6%	3.4%
35667	3	T8		1272.8	0	0	0	954.6	Y	1/12/1991	$ 1,125,703	1,397	$ 3,088,284	$ 1,500,955	0%	100%	2.3%	2.1%
35670	3	T8	salpingectomy, oophorectomy or excision of ovarian cyst, 1 or more, 1 or both sides (Anaes.) (Assist.)	1048.05	0	0	0	786.05	Y	1/12/1991	$ 5,391	8	$ 16,401	$ 7,188	0%	100%	-30.7%	-30.2%
35673	3	T8	ULTRASOUND GUIDED NEEDLING and injection of ectopic pregnancy	781.45	0	0	0	586.1	Y	1/12/1991	$ 224,247	568	$ 544,590	$ 298,994	1%	100%	-7.7%	-9.0%
35674	3	T8	ECTOPIC PREGNANCY, removal of (Anaes.) (Assist.)	214.35	0	0	182.2	160.8	0	1/07/1995	$ 356	2	$ 707	$ 446	50%	50%	-7.8%	-9.7%
35677	3	T8	ECTOPIC PREGNANCY, laparoscopic removal of (Anaes.) (Assist.)	552.75	0	0	0	414.6	Y	1/12/1991	$ 3,923	10	$ 6,985	$ 5,230	10%	100%	-13.8%	-12.6%
35678	3	T8	BICORNUATE UTERUS, plastic reconstruction for (Anaes.) (Assist.)	666.45	0	0	0	499.85	Y	1/04/1992	$ 118,104	239	$ 255,133	$ 157,468	0%	100%	-2.5%	-2.0%
35680	3	T8	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using	600.2	0	0	515.5	450.15	Y	1/12/1991	$ 444	1	$ 680	$ 591	0%	100%	-24.2%	-24.9%
35688	3	T8	diathermy or any other method NOTE:Strict legal requirements	409.65	0	0	0	307.25	Y	1/12/1991	$ 147,888	661	$ 365,045	$ 197,172	1%	100%	-12.7%	-13.5%

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35691	3	T8	STERILISATION BY INTERRUPTION OF FALLOPIAN TUBES, when performed in conjunction with Caesarean section NOTE:Strict legal requirements apply in relation to sterilisation procedures on into uterus), UNILATERAL or BILATERAL, 1 or more procedures (Anaes.) (Assist.)	163.65	0	0	0	122.75	Y	1/12/1991	$	85,135	710	$	166,077	$	113,605	8%	100%	-5.5%	-4.9%
35694	3	T8	tubal implantation into uterus), UNILATERAL or BILATERAL, 1 or more procedures (Anaes.) (Assist.)	657.6	0	0	0	493.2	Y	1/12/1991	$	31,887	90	$	102,353	$	42,516	1%	100%	-6.4%	-4.9%
35697	3	T8	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope (Anaes.) (Assist.)	975.75	0	0	0	731.85	Y	1/12/1991	$	47,598	80	$	132,973	$	63,462	3%	100%	-9.4%	-11.4%
35700	3	T8	procedure not being a service associated with a service to which another item in this Sub-group applies (Anaes.)	752.9	0	0	0	564.7	Y	1/12/1991	$	37,822	91	$	136,298	$	50,428	4%	100%	-6.7%	-5.8%
35703	3	T8	RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES (Anaes.)	69.65	0	0	59.25	52.25	Y	1/12/1991	$	152,021	2,553	$	225,292	$	174,335	1%	3%	41.3%	46.0%
35706	3	T8	FALLOPIAN TUBES, hydrotubation of, as a repetitive postoperative procedure (Anaes.)	69.65	0	0	59.25	52.25	Y	1/12/1991	$	40,318	2,311	$	162,423	$	53,769	1%	100%	7.0%	7.2%
35709	3	T8	FALLOPOSCOPY, unilateral or bilateral, including hysteroscopy and tubal catheterization (Anaes.) (Assist.)	44.85	0	0	38.15	33.65	Y	1/12/1991	$	5,539	487	$	17,067	$	7,377	0%	100%	25.4%	32.9%
35710	3	T8	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARAOVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - one such procedure,other	477.75	0	0	0	358.35	Y	1/05/1997	$	986	5	$	2,485	$	1,314	0%	100%	0.0%	-10.7%
35713	3	T8	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARAOVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - 2 or more such procedures, RADICAL OR DEBULKING OPERATION for advanced gynaecological malignancy, with or without omentectomy (Anaes.) (Assist.)	467	0	0	0	350.25	Y	1/12/1991	$	346,264	1,129	$	719,652	$	462,044	1%	100%	2.4%	4.6%
35717	3	T8	the aortic bifurcation, for staging or restaging of gynaecological malignancy (Anaes.) (Assist.)	562.3	0	0	0	421.75	Y	1/12/1991	$	300,068	837	$	649,419	$	400,327	1%	100%	0.3%	2.1%
35720	3	T8	INFRACOLIC OMENTECTOMY with multiple peritoneal biopsies for staging or restaging of gynaecological malignancy (Anaes.) (Assist.)	695.6	0	0	0	521.7	Y	1/12/1991	$	170,660	706	$	458,417	$	227,536	0%	100%	-1.1%	-1.2%
35723	3	T8	OVARIAN TRANSPOSITION out of the pelvis, in conjunction with radical hysterectomy for invasive malignancy (Anaes.)	498.2	0	0	0	373.65	Y	1/12/1991	$	17,341	120	$	49,171	$	23,117	2%	100%	-0.7%	-2.7%
35726	3	T8	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	498.2	0	0	0	373.65	Y	1/12/1991	$	168,921	1,070	$	472,122	$	225,841	0%	100%	5.2%	5.8%
35729	3	T8	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY, including any associated laparoscopy (Anaes.) (Assist.)	224.6	0	0	0	168.45	Y	1/11/1992	$	360	4	$	1,002	$	480	0%	100%	-16.7%	-10.1%
35730	3	T8	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY with one or more of the following procedures:salpingectomy, oophorectomy, excision of ovarian cyst or treatment of moderate endometriosis, one or	224.6	0	0	0	168.45	Y	1/05/2017	$	295	3	$	582	$	393	0%	100%	#DIV/0!	#DIV/0!
35750	3	T8	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY which requires dissection of endometriosis, or other pathology, from the ureter, one or both sides, including any associated laparoscopy, including completed by open hysterectomy, including any associated laparoscopy (Anaes.) (Assist.)	809.1	0	0	0	606.85	Y	1/05/1997	$	176,376	359	$	555,427	$	235,162	0%	100%	-4.9%	-5.6%
35753	3	T8	Procedure for the control of POST OPERATIVE HAEMORRHAGE following gynaecological surgery, under general anaesthesia, utilising a vaginal or abdominal and vaginal approach where no PELVIC LYMPHADENECTOMY, open or laparoscopic, or both, unilateral or bilateral (Anaes.) (Assist.)	894.7	0	0	0	671.05	Y	1/05/1997	$	3,588,022	5,982	$	9,941,879	$	4,784,434	1%	100%	7.3%	6.8%
35754	3	T8	RENAL TRANSPLANT (not being a service to which item 36506 or 36509 applies) (Anaes.) (Assist.)	1126	0	0	0	844.5	Y	1/05/2001	$	3,249,206	4,301	$	9,102,947	$	4,332,289	1%	100%	10.3%	10.5%
35756	3	T8	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	809.1	0	0	0	606.85	Y	1/05/1997	$	54,251	94	$	146,839	$	72,333	2%	100%	2.5%	2.7%
35759	3	T8	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 operating togethervascular anastomosis including aftercare (Anaes.) (Assist.)	580.9	0	0	0	435.7	Y	1/11/2000	$	77,923	178	$	157,400	$	103,891	3%	100%	-1.7%	-0.8%
36502	3	T8	RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with resection, diathermy or visual laser destruction of bladder tumour or other	705.25	0	0	0	528.95	Y	1/11/1997	$	56,030	241	$	150,956	$	74,705	0%	100%	-5.9%	-7.1%
36503	3	T8	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 operating togetherureterovesical anastomosis including aftercare (Assist.)	1434.6	0	0	0	1075.95	Y	1/12/1991	$	140,039	142	$	254,535	$	186,717	3%	100%	-7.0%	-7.2%
36504	3	T8	approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	304.05	0	0	258.45	228.05	Y	1/05/2019	$	5,039	30	$	12,742	$	6,714	13%	87%	#DIV/0!	#DIV/0!
36505	3	T8		238.95	0	0	203.15	179.25	Y	1/05/2019	$	919	9	$	1,700	$	1,193	11%	89%	#DIV/0!	#DIV/0!
36506	3	T8		953.6	0	0	0	715.2	Y	1/12/1991	$	14,961	35	$	29,719	$	19,948	3%	100%	-4.9%	-6.8%
36507	3	T8		400.3	0	0	340.3	300.25	Y	1/05/2019	$	15,375	54	$	51,721	$	20,499	0%	100%	#DIV/0!	#DIV/0!
36508	3	T8		780.05	0	0	695.35	585.05	Y	1/05/2019	$	10,823	19	$	31,697	$	14,431	0%	100%	#DIV/0!	#DIV/0!
36509	3	T8		807.45	0	0	0	605.6	0	1/12/1991	$	12,947	24	$	26,551	$	17,263	0%	100%	3.7%	3.0%
36516	3	T8		953.6	0	0	0	715.2	Y	1/12/1991	$	84,190	128	$	220,430	$	112,253	2%	100%	-4.5%	-4.3%

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36519	3	T8	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 approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1331.45		0	0	0	998.6	Y	1/12/1991	$	46,369	49	$	112,158	$	61,824	0%	100%	-6.6%	-6.0%
36522	3	T8		1142.6		0	0	0	856.95	Y	1/12/1991	$	716,130	865	$	2,778,011	$	954,840	1%	100%	4.8%	5.3%
36525	3	T8	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	1623.65		0	0	0	1217.75	Y	1/12/1991	$	82,770	68	$	221,229	$	110,359	1%	100%	17.8%	20.0%
36526	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	145,897	147	$	436,209	$	194,196	1%	99%	-12.8%	-12.3%
36527	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	30,103	25	$	76,748	$	40,137	0%	100%	-21.5%	-20.9%
36528	3	T8	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	1331.45		0	0	0	998.6	Y	1/12/1991	$	714,240	728	$	2,294,161	$	953,475	0%	100%	6.2%	6.6%
36529	3	T8	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	1643.2		0	0	0	1232.4	Y	1/05/2001	$	242,953	200	$	658,387	$	323,938	2%	100%	-0.5%	0.8%
36531	3	T8	Nephroureterectomy, complete, by open, laparoscopic or robot-assisted approach, including associated bladder repair and any associated endoscopic procedure, other than a service associated	1194.05		0	0	0	895.55	Y	1/12/1991	$	42,277	49	$	126,365	$	56,368	0%	100%	-1.9%	-2.1%
36532	3	T8	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	1713.8		0	0	0	1285.35	Y	1/05/2001	$	257,524	202	$	729,586	$	343,367	0%	100%	1.1%	1.6%
36533	3	T8	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 drainage of, by open exposure, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	2025.55		0	0	0	1519.2	Y	1/05/2001	$	78,431	54	$	187,437	$	104,573	0%	100%	7.3%	7.3%
36537	3	T8		713		0	0	0	534.75	Y	1/12/1991	$	16,971	92	$	34,731	$	22,626	0%	100%	18.7%	3.7%
36540	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	6,774	9	$	13,007	$	9,088	0%	100%	-19.7%	-20.3%
36543	3	T8	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 tract and posttreatment care for 3 days, including pretreatment consultation, unilateral (Anaes.)	1331.45		0	0	1246.75	998.6	Y	1/12/1991	$	31,722	32	$	80,483	$	42,296	0%	100%	21.7%	25.2%
36546	3	T8		713		0	0	628.3	534.75	Y	1/12/1991	$	1,064,659	1,932	$	2,044,756	$	1,367,259	21%	79%	-5.9%	-4.9%
36549	3	T8	Ureterolithotomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)	859.15		0	0	0	644.4	Y	1/12/1991	$	3,679	7	$	8,017	$	4,905	0%	100%	18.5%	37.1%
36552	3	T8	NEPHROSTOMY or pyelostomy, open, as an independent procedure (Anaes.) (Assist.)	764.65		0	0	0	573.5	Y	1/12/1991	$	3,433	6	$	10,312	$	4,577	0%	100%	-5.6%	-0.6%
36558	3	T8	RENAL CYST OR CYSTS, excision or unroofing of (Anaes.) (Assist.)	670.1		0	0	585.4	502.6	Y	1/12/1991	$	34,535	89	$	106,633	$	46,045	0%	100%	4.9%	4.2%
36561	3	T8	Renal biopsy, performed under image guidance (closed) (Anaes.)	177.9		0	0	151.25	133.45	Y	1/12/1991	$	292,196	2,044	$	392,102	$	359,490	56%	39%	4.7%	5.4%
36564	3	T8	by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)	953.6		0	0	0	715.2	Y	1/12/1991	$	183,435	262	$	574,804	$	244,580	0%	100%	1.2%	1.8%
36567	3	T8	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, aparoscopic or robot-assisted approach, with or by open,laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)	1048.05		0	0	0	786.05	Y	1/12/1991	$	40,049	52	$	92,567	$	53,399	4%	100%	4.9%	5.5%
36570	3	T8		1331.45		0	0	0	998.6	Y	1/12/1991	$	21,306	23	$	55,644	$	28,407	4%	100%	3.9%	4.7%
36573	3	T8	DIVIDED URETER, repair of (Anaes.) (Assist.)	953.6		0	0	0	715.2	Y	1/12/1991	$	18,800	29	$	42,576	$	25,067	0%	100%	-4.8%	-1.1%
36576	3	T8	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	1194.05		0	0	0	895.55	Y	1/12/1991	$	3,108	4	$	5,684	$	4,144	0%	100%	-12.9%	-12.6%
36579	3	T8	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	764.65		0	0	0	573.5	Y	1/12/1991	$	61,143	290	$	168,387	$	81,670	0%	100%	2.7%	0.7%
36585	3	T8	URETER, transplantation of, into skin (Anaes.) (Assist.)	764.65		0	0	0	573.5	Y	1/12/1991	$	795	4	$	2,319	$	1,061	0%	100%	0.0%	-10.6%
36588	3	T8	URETER, reimplantation into bladder (Anaes.) (Assist.)	953.6		0	0	0	715.2	Y	1/12/1991	$	90,727	153	$	195,141	$	120,968	1%	100%	-7.6%	-7.1%
36591	3	T8	URETER, reimplantation into bladder with psoas hitch or Boari flap or both (Anaes.) (Assist.)	1142.6		0	0	0	856.95	Y	1/12/1991	$	75,842	94	$	202,562	$	101,120	1%	100%	-2.7%	-2.4%
36594	3	T8	URETER, transplantation of, into intestine (Anaes.) (Assist.)	953.6		0	0	0	715.2	Y	1/12/1991	$	3,540	11	$	6,753	$	4,719	0%	100%	-1.7%	14.1%
36597	3	T8	URETER, transplantation of, into another ureter (Anaes.) (Assist.)	953.6		0	0	0	715.2	Y	1/12/1991	$	3,474	12	$	7,661	$	4,632	0%	100%	-8.8%	-8.9%

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36600	3	T8	URETER, transplantation of, into isolated intestinal segment, unilateral (Anaes.) (Assist.)	1142.6		0	0	1057.9	856.95	Y	1/12/1991	$	22,595	39	$	67,837	$	30,127	0%	100%	0.5%	2.3%
36603	3	T8	URETERS, transplantation of, into isolated intestinal segment, bilateral (Anaes.) (Assist.)	1331.45		0	0	0	998.6	Y	1/12/1991	$	252,229	314	$	606,553	$	336,306	0%	100%	-3.5%	-3.9%
36604	3	T8	tube, using interventional radiology techniques, but not including imaging (Anaes.)	276.05		0	0	234.65	207.05	Y	1/05/1997	$	60,244	386	$	96,563	$	79,487	8%	93%	1.4%	2.4%
36605	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	2,074	6	$	4,419	$	2,765	0%	100%	0.0%	-3.1%
36606	3	T8	including formation of nonreturn valves and implantation of ureters (1 or both) into reservoir (Anaes.) (Assist.)	2388.15		0	0	0	1791.15	Y	1/12/1991	$	67,830	39	$	152,507	$	90,440	0%	100%	-6.3%	-5.6%
36607	3	T8	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	712.3		0	0	0	534.25	Y	1/05/2005	$	67,069	136	$	116,509	$	89,421	0%	100%	6.8%	6.9%
36608	3	T8	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	276.05		0	0	0	207.05	Y	1/05/2005	$	8,591	54	$	17,120	$	11,455	0%	100%	17.6%	18.0%
36609	3	T8	Intestinal urinary conduit, reservoir or ureterostomy, revision of (Anaes.) (Assist.)	764.65		0	0	0	573.5	Y	1/12/1991	$	22,453	59	$	48,035	$	29,939	0%	100%	0.7%	2.7%
36610	3	T8	associated small bowel resection and anastomosis), including implantation of one or both ureters into reservoir (Anaes.) (Assist.)	1830.5		0	0	0	1372.9	Y	1/11/2020	$	62,158	70	$	172,090	$	82,877	0%	100%	#DIV/0!	#DIV/0!
36611	3	T8	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 URETER, exploration of, with or without drainage of, as an independent procedure (Anaes.) (Assist.)	2887.2		0	0	0	2165.4	Y	1/11/2020	$	23,987	13	$	56,830	$	33,203	0%	100%	#DIV/0!	#DIV/0!
36612	3	T8	Ureterolysis, unilateral, with or without repositioning of the ureter, for obstruction of the ureter, if: (a) the obstruction: (i) is evident	670.1		0	0	0	502.6	Y	1/12/1991	$	6,112	15	$	12,430	$	8,149	7%	100%	6.4%	4.9%
36615	3	T8	either radiologically or by proximal ureteric dilatation at operation;	764.65		0	0	0	573.5	Y	1/12/1991	$	454,058	1,621	$	1,136,963	$	605,542	0%	100%	11.5%	9.5%
36618	3	T8	REDUCTION URETEROPLASTY (Anaes.) (Assist.)	670.1		0	0	0	502.6	Y	1/12/1991	$	2,631	10	$	6,338	$	3,508	0%	100%	-1.9%	2.5%
36621	3	T8	CLOSURE OF CUTANEOUS URETEROSTOMY (Anaes.) (Assist.)	479.05		0	0	0	359.3	Y	1/12/1991	$	359	3	$	894	$	479	0%	100%	8.4%	70.1%
36624	3	T8	Nephrostomy, percutaneous, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.)	575.55		0	0	490.85	431.7	Y	1/12/1991	$	477,497	1,265	$	742,040	$	623,193	12%	87%	2.3%	3.2%
36627	3	T8	stone extraction, biopsy or diathermy, not being a service to which item 36639 or 36645 applies (Anaes.)	713		0	0	0	534.75	Y	1/12/1991	$	9,137	19	$	20,752	$	12,182	0%	100%	-14.7%	-14.0%
36633	3	T8	Nephroscopy, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a	764.65		0	0	679.95	573.5	Y	1/12/1991	$	5,012	10	$	9,662	$	6,683	0%	100%	4.6%	6.0%
36636	3	T8	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	412.4		0	0	0	309.3	Y	1/12/1991	$	1,392	5	$	2,841	$	1,856	0%	100%	20.1%	30.0%
36639	3	T8	Nephroscopy, percutaneous, with destruction and extraction of one or two stones using ultrasound or electrohydraulic shock waves orlasers, other than a service to which item 36645 applies	859.15		0	0	0	644.4	Y	1/12/1991	$	32,313	52	$	72,954	$	43,083	0%	100%	-6.3%	-5.5%
36642	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	161	1	$	618	$	215	0%	100%	#DIV/0!	#DIV/0!
36645	3	T8	stone greater than 3 cm in any dimension, or for 3 or more stones (Anaes.) (Assist.)	1099.6		0	0	0	824.7	Y	1/12/1991	$	129,856	162	$	286,744	$	173,137	0%	100%	-3.1%	-2.7%
36648	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,469	2	$	3,026	$	1,959	0%	100%	0.0%	0.6%
36649	3	T8	Nephrostomy drainage tube, exchange of, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.)	276.05		0	0	234.65	207.05	Y	1/04/1992	$	186,914	969	$	231,027	$	231,609	55%	47%	10.1%	10.7%
36650	3	T8	Nephrostomy tube, removal of, using interventionalradiology techniques, but not including imaging, if the ureter has been stented with a double J ureteric stent and that stent is left in place	154.4		0	0	0	115.8	Y	1/05/2005	$	32,075	309	$	55,056	$	42,767	1%	100%	8.4%	10.3%
36652	3	T8	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	670.1		0	0	0	502.6	Y	1/05/2001	$	827,342	1,907	$	1,746,462	$	1,103,070	0%	100%	2.5%	3.3%
36654	3	T8	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	859.15		0	0	0	644.4	Y	1/05/2001	$	670,801	1,099	$	1,428,368	$	894,366	0%	100%	2.5%	3.0%
36656	3	T8	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,	1099.6		0	0	0	824.7	Y	1/05/2001	$	7,748,479	9,719	$	16,463,942	$	10,331,140	0%	100%	4.1%	4.7%
36663	3	T8	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:	681.6		0	0	596.9	511.2	Y	1/05/2010	$	242,214	478	$	579,394	$	322,955	0%	100%	4.8%	5.3%
36664	3	T8	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	612.1		0	0	527.4	459.1	Y	1/05/2010	$	8,559	19	$	17,384	$	11,411	0%	100%	9.6%	9.9%

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36665	3	T8	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	129.3		0	0	109.95	97	0	1/05/2010	$	202,976	2,174		$	259,172	$	241,641	54%	26%	10.6%	11.1%
36666	3	T8	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	344.45		0	0	292.8	258.35	Y	1/05/2010	$	81,681	389		$	209,188	$	108,901	0%	100%	4.5%	5.2%
36667	3	T8	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)	161.2		0	0	137.05	120.9	Y	1/05/2010	$	16,872	188		$	39,222	$	22,495	3%	100%	7.3%	8.0%
36668	3	T8	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)	161.2		0	0	137.05	120.9	Y	1/05/2010	$	8,382	156		$	19,091	$	11,175	0%	100%	12.6%	14.7%
36671	3	T8	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	206.25		0	0	175.35	154.7	0	1/11/2018	$	1,661,408	9,280		$	1,741,737	$	1,912,940	66%	0%	#DIV/0!	#DIV/0!
36672	3	T8	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	206.25		0	0	175.35	154.7	0	1/11/2018	$	343,273	1,897		$	364,472	$	391,083	61%	0%	#DIV/0!	#DIV/0!
36673	3	T8	Percutaneous tibial nerve stimulation, maintenance treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve	206.25		0	0	175.35	154.7	0	1/11/2018	$	367,233	2,025		$	413,024	$	417,498	41%	0%	#DIV/0!	#DIV/0!
36800	3	T8	BLADDER, catheterisation of, where no other procedure is performed (Anaes.)	28.45		0	0	24.2	21.35	Y	1/12/1991	$	436,018	17,673		$	615,867	$	501,924	58%	23%	-1.0%	-0.1%
36803	3	T8	Ureteroscopy, of one ureter, with or without any one or more of; cystoscopy, ureteric meatotomy or ureteric dilatation, not being a service associated with a service to which item 36652, 36654,	480.9		0	0	408.8	360.7	Y	1/12/1991	$	815,990	2,556		$	1,760,548	$	1,087,261	0%	100%	1.1%	0.9%
36806	3	T8	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;	670.1		0	0	0	502.6	Y	1/12/1991	$	867,059	2,207		$	1,876,519	$	1,156,045	0%	100%	3.0%	2.8%
36809	3	T8	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	859.15		0	0	0	644.4	Y	1/12/1991	$	2,912,722	5,745		$	6,526,914	$	3,883,511	0%	100%	2.7%	2.2%
36811	3	T8	prostheses, other than a service associated with a service to which item 37203, 37207 or 37230 applies (Anaes.)	333.5		0	0	283.5	250.15	Y	1/05/1997	$	262,982	1,178		$	921,715	$	349,607	0%	99%	1.7%	1.6%
36812	3	T8	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	171.9		0	0	146.15	128.95	Y	1/12/1991	$	9,976,944	87,719		$	24,665,377	$	12,940,270	6%	89%	1.9%	2.2%
36815	3	T8	penile warts or uretheral warts, not being a service associated with a service to which item 30189 applies (Anaes.)	245.35		0	0	208.55	184.05	Y	1/12/1991	$	6,557	44		$	16,898	$	8,643	7%	93%	-12.7%	-12.5%
36818	3	T8	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 ureteric stent, or brush biopsy of ureter or renal pelvis, unilateral (Anaes.) (Assist.)	285.25		0	0	242.5	213.95	Y	1/12/1991	$	2,387,418	24,654		$	5,635,066	$	3,180,014	0%	100%	-1.7%	-0.9%
36821	3	T8	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	333.3		0	0	283.35	250	Y	1/12/1991	$	2,660,626	18,402		$	6,064,928	$	3,542,291	0%	100%	-2.2%	-1.8%
36822	3	T8	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	475.95		0	0	404.6	357	Y	1/11/2020	$	793,429	3,910		$	1,715,745	$	1,057,945	0%	100%	#DIV/0!	#DIV/0!
36823	3	T8	bilateral,other than a service associated with a service to which item 36818 applies (Anaes.)	547.25		0	0	465.2	410.45	Y	1/11/2020	$	546,132	2,344		$	1,150,801	$	728,137	0%	100%	#DIV/0!	#DIV/0!
36824	3	T8		219.8		0	0	186.85	164.85	Y	1/12/1991	$	66,105	693		$	224,887	$	88,096	1%	100%	3.4%	5.7%
36825	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	6,056	15		$	16,396	$	8,075	0%	100%	-8.2%	-6.5%
36827	3	T8	than a service associated with a service to which item 37011 or 37245 applies (Anaes.)	237.05		0	0	201.5	177.8	Y	1/12/1991	$	705,549	5,248		$	1,782,890	$	934,449	2%	98%	6.2%	6.6%
36830	3	T8	CYSTOSCOPY, with ureteric meatotomy (Anaes.)	209.6		0	0	0	157.2	Y	1/12/1991	$	1,296	13		$	3,075	$	1,728	0%	100%	-17.5%	-16.5%
36833	3	T8	Cystoscopy, with removal of ureteric stent or other foreign body in the lower urinary tract, unilateral (Anaes.)	285.25		0	0	242.5	213.95	Y	1/12/1991	$	2,526,410	19,697		$	5,237,085	$	3,321,675	4%	95%	1.0%	2.3%
36836	3	T8	CYSTOSCOPY, with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203, 37206, 37215, 37230 or 37233applies	237.05		0	0	201.5	177.8	Y	1/12/1991	$	387,240	2,755		$	967,587	$	512,171	1%	97%	3.4%	3.5%
36840	3	T8	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	333.3		0	0	283.35	250	Y	1/05/2003	$	2,158,906	9,408		$	5,198,338	$	2,870,013	1%	99%	0.7%	0.9%
36842	3	T8	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	335.35		0	0	0	251.55	Y	1/12/1991	$	302,774	1,312		$	647,346	$	403,648	0%	100%	9.0%	8.9%
36845	3	T8	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	713		0	0	628.3	534.75	Y	1/12/1991	$	3,603,027	7,005		$	7,892,024	$	4,784,317	0%	99%	2.2%	2.7%
36848	3	T8	CYSTOSCOPY, with resection of ureterocele (Anaes.)	237.05		0	0	0	177.8	Y	1/12/1991	$	4,921	49		$	14,001	$	6,561	0%	100%	2.6%	-0.6%
36851	3	T8	associated with a service to which item 18375 or 18379 applies (H) (Anaes.)	237.05		0	0	0	177.8	Y	1/12/1991	$	181,829	1,399		$	481,929	$	242,433	0%	100%	2.4%	2.7%

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36854	3	T8	CYSTOSCOPY, with endoscopic incision or resection of external sphincter, bladder neck or both (Anaes.)	480.9		0	0	0	360.7	Y	1/12/1991	$	493,640	1,445	$	1,231,296	$	658,154	0%	100%	-0.7%	-0.2%
36857	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	35,874	181	$	83,741	$	47,826	0%	100%	-18.2%	-19.7%
36860	3	T8	ENDOSCOPIC EXAMINATION of intestinal conduit or reservoir (Anaes.)	171.9		0	0	146.15	128.95	Y	1/12/1991	$	27,562	330	$	60,435	$	33,426	0%	99%	10.1%	11.3%
36863	3	T8	Litholapaxy, with or without cystoscopy (Anaes.)	480.9		0	0	0	360.7	Y	1/12/1991	$	703,727	2,671	$	1,688,260	$	938,416	0%	100%	3.7%	3.8%
37000	3	T8	BLADDER, partial excision of (Anaes.) (Assist.)	764.65		0	0	0	573.5	Y	1/12/1991	$	86,071	236	$	224,059	$	114,762	0%	100%	4.8%	4.5%
37004	3	T8	BLADDER, repair of rupture (Anaes.) (Assist.)	670.1		0	0	0	502.6	Y	1/12/1991	$	87,356	245	$	190,395	$	116,470	2%	100%	2.5%	2.6%
37008	3	T8	Open cystostomy or cystotomy, suprapubic, other than: (a) a service to which item37011 applies; or (b) a service associated with a service to which item37245 applies; or (c) another open bladder	429.45		0	0	365.05	322.1	Y	1/12/1991	$	150,814	600	$	344,206	$	200,599	2%	98%	4.0%	3.5%
37011	3	T8	Suprapubic stab cystotomy, other than a service associated with a service to which item 36827 applies (Anaes.)	96.25		0	0	81.85	72.2	Y	1/12/1991	$	99,617	2,079	$	281,478	$	129,302	3%	94%	0.2%	-0.9%
37014	3	T8	BLADDER, total excision of (Anaes.) (Assist.)	1099.6		0	0	0	824.7	Y	1/12/1991	$	97,187	303	$	245,569	$	129,576	0%	100%	-6.1%	-4.4%
37015	3	T8	robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis (Anaes.) (Assist.)	1319.5		0	0	0	989.65	Y	1/11/2020	$	8,960	17	$	25,924	$	11,947	0%	100%	#DIV/0!	#DIV/0!
37016	3	T8	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.)	2057.55		0	0	0	1543.2	Y	1/11/2020	$	72,041	52	$	200,478	$	96,054	0%	100%	#DIV/0!	#DIV/0!
37018	3	T8	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	3086.35		0	0	0	2314.8	Y	1/11/2020	$	78,029	34	$	152,355	$	104,038	0%	100%	#DIV/0!	#DIV/0!
37019	3	T8	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 BLADDER DIVERTICULUM, excision or obliteration of (Anaes.) (Assist.)	2055.2		0	0	0	1541.4	Y	1/11/2020	$	23,510	15	$	48,192	$	31,346	0%	100%	#DIV/0!	#DIV/0!
37020	3	T8	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	764.65		0	0	0	573.5	Y	1/12/1991	$	24,647	53	$	70,095	$	32,863	0%	100%	-6.5%	-4.2%
37021	3	T8	VESICAL FISTULA, cutaneous, operation for (Anaes.)	3082.8		0	0	0	2312.1	Y	1/11/2020	$	27,055	12	$	50,442	$	36,073	0%	100%	#DIV/0!	#DIV/0!
37023	3	T8	CUTANEOUS VESICOSTOMY, establishment of (Anaes.) (Assist.)	429.45		0	0	0	322.1	Y	1/12/1991	$	939	5	-$	904	$	1,253	0%	100%	-6.5%	-13.8%
37026	3	T8	VESICOVAGINAL FISTULA, closure of, by abdominal approach (Anaes.) (Assist.)	429.45		0	0	0	322.1	Y	1/12/1991	$	644	2	$	1,083	$	859	0%	100%	-12.9%	-5.6%
37029	3	T8	VESICOINTESTINAL FISTULA, closure of, excluding bowel resection (Anaes.) (Assist.)	953.6		0	0	0	715.2	Y	1/12/1991	$	11,298	17	$	33,235	$	15,065	0%	100%	0.0%	3.2%
37038	3	T8	Bladder stress incontinence, sling procedure for, using a non-autologous biological sling (Anaes.) (Assist.)	713.35		0	0	0	535.05	Y	1/12/1991	$	14,423	58	$	32,942	$	19,230	0%	100%	-7.8%	-6.7%
37039	3	T8	Bladder stress incontinence, sling procedure for, using a non-adjustable synthetic male sling system, other than a service	695.6		0	0	0	521.7	Y	1/11/2020	$	1,565	3	$	3,388	$	2,087	0%	100%	#DIV/0!	#DIV/0!
37040	3	T8	associated with a service to which item 30405 or 37042 applies	939.8		0	0	0	704.85	Y	1/05/2016	$	75,804	109	$	214,029	$	101,073	1%	100%	#DIV/0!	#DIV/0!
37041	3	T8	BLADDER ASPIRATION by needle	48.05		0	0	40.85	36.05	0	1/12/1991	$	1,058	41	$	1,786	$	1,364	27%	71%	-5.4%	-11.0%
37042	3	T8	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 30405 or 35599 applies	939.8		0	0	0	704.85	Y	1/05/2001	$	198,882	307	$	551,003	$	265,175	0%	100%	-4.9%	-5.6%
37043	3	T8	colposuspension, other than a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.)	695.6		0	0	0	521.7	Y	1/05/2001	$	8,510	29	$	17,910	$	11,346	0%	100%	-11.0%	-18.2%
37044	3	T8	colposuspension,other than a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.)	713.35		0	0	0	535.05	Y	1/12/1991	$	108,789	322	$	258,990	$	145,048	0%	100%	6.8%	7.1%
37045	3	T8	CONTINENT CATHETERISATION BLADDER STOMAS (eg. Mitrofanoff), formation of (Anaes.) (Assist.)	1473.35		0	0	0	1105.05	Y	1/05/1997	$	17,104	19	$	31,815	$	22,804	0%	100%	3.5%	2.6%
37046	3	T8	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	714.05		0	0	0	535.55	Y	1/11/2020	$	536	1	$	2,025	$	714	0%	100%	#DIV/0!	#DIV/0!
37047	3	T8	BLADDER ENLARGEMENT using intestine (Anaes.) (Assist.)	1718.1		0	0	0	1288.6	Y	1/12/1991	$	25,313	20	$	61,423	$	33,751	0%	100%	38.0%	38.3%
37053	3	T8	BLADDER TRANSECTION AND RE-ANASTOMOSIS TO TRIGONE (Anaes.) (Assist.)	883.45		0	0	0	662.6	Y	1/12/1991	$	1,657	3	$	4,035	$	2,209	0%	100%	-5.6%	-3.0%

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37200	3	T8	Prostatectomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)	1048.05	0	0	0	786.05	Y	1/12/1991	$ 127,317	167	$ 583,543	$ 169,756	0%	100%	11.0%	11.8%
37201	3	T8	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	854.75	0	0	0	641.1	Y	1/11/2002	$ 418,094	656	$ 1,084,800	$ 557,433	1%	100%	265.9%	267.7%
37202	3	T8	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	429.05	0	0	364.7	321.8	Y	1/11/2002	$ 1,282	4	$ 2,619	$ 1,710	0%	100%	-232.0%	-232.7%
37203	3	T8	Prostatectomy, transurethral resection using cautery, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37201, 37202, 37207,	1074.7	0	0	0	806.05	Y	1/12/1991	$ 8,973,737	11,163	$ 22,036,080	$ 11,965,382	0%	100%	0.0%	0.6%
37206	3	T8	Prostatectomy, endoscopic, using diathermy or other ablative techniques: (a) with or without cystoscopy and with or without urethroscopy; and (b) including services to which one or more of	575.55	0	0	0	431.7	Y	1/12/1991	$ 8,196	20	$ 18,043	$ 10,927	0%	100%	-1.9%	-2.3%
37207	3	T8	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,	1074.7	0	0	0	806.05	Y	1/07/1995	$ 2,066,635	2,573	$ 5,317,756	$ 2,756,527	0%	100%	-1.8%	2.5%
37208	3	T8	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,	575.55	0	0	0	431.7	Y	1/07/1995	$ 1,295	3	$ 3,135	$ 1,727	0%	100%	24.6%	52.7%
37209	3	T8	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.)	1331.45	0	0	0	998.6	Y	1/12/1991	$ 110,473	149	$ 340,715	$ 147,298	0%	100%	-3.4%	-0.7%
37210	3	T8	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	1643.2	0	0	0	1232.4	Y	1/11/1997	$ 4,860,572	3,956	$ 21,556,406	$ 6,482,355	0%	100%	7.1%	7.7%
37211	3	T8	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	1995.65	0	0	0	1496.75	Y	1/11/1997	$ 3,746,445	2,521	$ 14,995,935	$ 4,996,609	0%	100%	-2.7%	-2.2%
37213	3	T8	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	2464.65	0	0	0	1848.5	Y	1/11/2020	$ 71,559	39	$ 218,832	$ 96,121	0%	100%	#DIV/0!	#DIV/0!
37214	3	T8	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	2993.7	0	0	0	2245.3	Y	1/11/2020	$ 15,717	7	$ 34,938	$ 20,956	0%	100%	#DIV/0!	#DIV/0!
37215	3	T8	Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.)	429.45	0	0	365.05	322.1	Y	1/12/1991	$ 178,083	627	$ 393,390	$ 236,316	1%	100%	-1.5%	-3.8%
37216	3	T8	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	144.85	0	0	123.15	108.65	Y	1/11/2020	$ 75,127	695	$ 194,926	$ 88,560	30%	50%	#DIV/0!	#DIV/0!
37217	3	T8	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	142.6	0	0	121.25	106.95	Y	1/07/2011	$ 202,371	2,962	$ 412,663	$ 255,601	15%	86%	9.9%	4.2%
37218	3	T8	Prostate, injection into, one or more, excluding insertion of fiduciary markers (Anaes.)	142.6	0	0	121.25	106.95	Y	1/12/1991	$ 55,342	740	$ 173,096	$ 60,333	7%	80%	-21.2%	-21.6%
37219	3	T8	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	347.6	0	0	295.5	260.7	Y	1/05/1994	$ 5,047,411	20,879	$ 12,686,741	$ 6,656,486	3%	95%	2.7%	5.5%
37220	3	T8	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	1076.8	0	0	0	807.6	Y	1/11/2001	$ 138,254	211	$ 457,838	$ 184,339	0%	100%	-9.9%	-12.8%
37221	3	T8	Prostatic abscess, endoscopic drainage of (Anaes.)	480.9	0	0	0	360.7	Y	1/12/1991	$ 1,804	6	$ 3,612	$ 2,405	0%	100%	-19.7%	-15.5%
37223	3	T8	PROSTATIC COIL, insertion of, under ultrasound control (Anaes.)	212.7	0	0	0	159.55	Y	1/05/1997	$ 160	1	$ 325	$ 213	0%	100%	#DIV/0!	#DIV/0!
37224	3	T8	associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208 or 37215 applies (Anaes.)	333.3	0	0	283.35	250	Y	1/05/2003	$ 90,044	522	$ 248,937	$ 120,282	0%	100%	0.7%	-15.2%
37226	3	T8	magnetic resonance imaging techniques and obtaining 1 or more prostatic specimens. (Anaes.) (Anaes.)	289.65	0	0	246.25	217.25	Y	1/05/2020	$ 23,512	83	$ 53,555	$ 24,003	11%	72%	#DIV/0!	#DIV/0!
37227	3	T8	PROSTATE, transperineal insertion of catheters into, for high dose rate brachytherapy using ultrasound guidance including any associated cystoscopy. The procedure must be performed at an	583.5	0	0	498.8	437.65	Y	1/11/2006	$ 27,148	65	$ 79,275	$ 36,100	2%	98%	-11.4%	-12.0%
37230	3	T8	microwave thermotherapy, with or without cystoscopy and with or without urethroscopy (Anaes.)	1074.7	0	0	990	806.05	Y	1/05/2006	$ 19,095	24	$ 46,021	$ 25,459	0%	100%	21.7%	0.9%
37245	3	T8	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 URETHRAL SOUNDS, passage of, as an independent procedure (Anaes.)	1301.6	0	0	0	976.2	Y	1/03/2013	$ 1,210,426	1,241	$ 3,272,788	$ 1,613,896	0%	100%	11.1%	11.8%
37300	3	T8	URETHRAL STRICTURE, dilatation of (Anaes.)	48.05	0	0	40.85	36.05	Y	1/12/1991	$ 18,672	450	$ 22,876	$ 21,417	43%	2%	-11.4%	-10.6%
37303	3	T8	URETHRA, repair of rupture of distal section (Anaes.) (Assist.)	76.4	0	0	64.95	57.3	Y	1/12/1991	$ 67,780	1,264	$ 129,195	$ 77,038	24%	48%	-10.1%	-11.5%
37306	3	T8	URETHRA, repair of rupture of prostatic or membranous segment (Anaes.) (Assist.)	670.1	0	0	0	502.6	Y	1/12/1991	$ 7,634	22	$ 17,477	$ 10,178	0%	100%	3.0%	2.3%
37309	3	T8		953.6	0	0	0	715.2	Y	1/12/1991	$ 3,576	5	$ 7,192	$ 4,768	0%	100%	-11.1%	-7.8%

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37315	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	6,056	60	$	14,475	$	7,731	7%	87%	-22.0%	-20.6%
			biopsy, diathermy, visual laser destruction of urethral calculi or removal of foreign body or calculi (Anaes.)																			
37318	3	T8		285.25		0	0	242.5	213.95	Y	1/12/1991	$	24,581	158	$	57,410	$	32,735	0%	99%	1.7%	1.9%
			URETHRAL MEATOTOMY, EXTERNAL (Anaes.)																			
37321	3	T8		96.25		0	0	81.85	72.2	Y	1/12/1991	$	10,835	237	$	32,044	$	14,400	10%	98%	-0.2%	-0.4%
			Urethrotomy or urethrostomy, internal or external (Anaes.) (Assist.)																			
37324	3	T8		237.05		0	0	0	177.8	Y	1/12/1991	$	28,583	236	$	82,645	$	38,115	3%	100%	-4.4%	-4.3%
			URETHROTOMY, optical, for urethral stricture (Anaes.) (Assist.)																			
37327	3	T8		333.3		0	0	0	250	Y	1/12/1991	$	588,071	2,979	$	1,397,895	$	784,186	2%	100%	-0.7%	-0.8%
			URETHRECTOMY, partial or complete, for removal of tumour (Anaes.) (Assist.)																			
37330	3	T8		670.1		0	0	0	502.6	Y	1/12/1991	$	32,485	128	$	92,813	$	43,313	0%	100%	1.6%	5.8%
			URETHROVAGINAL FISTULA, closure of (Anaes.) (Assist.)																			
37333	3	T8		575.55		0	0	0	431.7	Y	1/12/1991	$	489	2	$	1,285	$	652	0%	100%	0.0%	-7.8%
			URETHRORECTAL FISTULA, closure of (Anaes.) (Assist.)																			
37336	3	T8		764.65		0	0	0	573.5	Y	1/12/1991	$	1,434	3	$	3,054	$	1,912	0%	100%	-25.4%	-21.2%
			Urethral synthetic male sling system, division or removal of, for urethral obstruction, sling erosion, pain or infection, following																			
37338	3	T8	previous surgery for urinary incontinence, other than a service	939.8		0	0	0	704.85	Y	1/05/2016	$	9,735	17	$	20,745	$	12,980	0%	100%	76.2%	70.1%
			Periurethral or transurethral injection of urethral bulking agents for the treatment of urinary incontinence, including cystoscopy and																			
37339	3	T8	urethroscopy, other than a service associated with a service to	247.35		0	0	210.25	185.55	Y	1/12/1991	$	225,673	1,145	$	499,805	$	268,092	14%	67%	7.7%	8.4%
			Urethral synthetic sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous																			
37340	3	T8	surgery for urinary incontinence, vaginal approach, other than a	939.8		0	0	0	704.85	Y	1/05/2001	$	100,184	217	$	196,717	$	134,879	0%	100%	-8.8%	1.9%
			Urethral sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary																			
37341	3	T8	incontinence, suprapubic, combined suprapubic and vaginal or	939.8		0	0	0	704.85	Y	1/05/2001	$	37,748	63	$	85,823	$	50,330	2%	100%	-2.6%	-2.6%
			URETHROPLASTYsingle stage operation (Anaes.) (Assist.)																			
37342	3	T8		859.15		0	0	0	644.4	Y	1/12/1991	$	167,913	354	$	576,737	$	223,887	1%	100%	2.6%	-0.4%
			URETHROPLASTY, single stage operation, transpubic approach via separate incisions above and below the symphysis pubis, excluding																			
37343	3	T8	laparotomy, symphysectomy and suprapubic cystotomy, with or	1434.6		0	0	0	1075.95	Y	1/05/2001	$	6,440	6	$	12,436	$	8,586	0%	100%	14.9%	15.5%
			Urethral autologous fascial sling (or other biological sling), division or removal of, for urethral obstruction, sling erosion, pain or																			
37344	3	T8	infection following previous surgery for urinary incontinence,	939.8		0	0	0	704.85	Y	1/11/2020	$	1,410	2	$	3,000	$	1,880	0%	100%	#DIV/0!	#DIV/0!
			URETHROPLASTY2 stage operationfirst stage (Anaes.) (Assist.)																			
37345	3	T8		713		0	0	0	534.75	Y	1/12/1991	$	11,835	27	$	30,258	$	15,779	4%	100%	6.2%	2.8%
			URETHROPLASTY2 stage operationsecond stage (Anaes.) (Assist.)																			
37348	3	T8		713		0	0	0	534.75	Y	1/12/1991	$	7,058	16	$	29,167	$	9,411	0%	100%	9.9%	7.0%
			URETHROPLASTY, not being a service to which another item in this Group applies (Anaes.) (Assist.)																			
37351	3	T8		285.25		0	0	0	213.95	Y	1/12/1991	$	4,595	29	$	10,941	$	6,127	0%	100%	-1.9%	-2.3%
			HYPOSPADIAS, meatotomy and hemicircumcision (Anaes.) (Assist.)																			
37354	3	T8		333.3		0	0	0	250	Y	1/12/1991	$	10,462	56	$	21,216	$	13,948	4%	100%	-0.4%	1.7%
			URETHRA, excision of prolapse of (Anaes.)																			
37369	3	T8		192.45		0	0	0	144.35	Y	1/12/1991	$	5,230	46	$	14,218	$	6,974	0%	100%	-5.2%	-3.9%
			Urethral diverticulum, excision of (Anaes.) (Assist.)																			
37372	3	T8		953.6		0	0	0	715.2	Y	1/12/1991	$	27,643	56	$	57,381	$	36,857	2%	100%	-4.1%	6.4%
			URETHRAL SPHINCTER, reconstruction by bladder tubularisation technique or similar procedure (Anaes.) (Assist.)																			
37375	3	T8		1194.05		0	0	0	895.55	Y	1/12/1991	$	1,791	2	$	5,114	$	2,388	0%	100%	-7.8%	-2.0%
			ARTIFICIAL URINARY SPHINCTER, insertion of cuff, perineal approach (Anaes.) (Assist.)																			
37381	3	T8		764.65		0	0	0	573.5	Y	1/12/1991	$	167,671	311	$	501,166	$	223,557	1%	100%	3.3%	4.1%
			ARTIFICIAL URINARY SPHINCTER, insertion of cuff, abdominal approach (Anaes.) (Assist.)																			
37384	3	T8		1194.05		0	0	0	895.55	Y	1/12/1991	$	16,778	20	$	48,234	$	22,371	0%	100%	-8.4%	-8.6%
			ARTIFICIAL URINARY SPHINCTER, insertion of pressure regulating balloon and pump (Anaes.) (Assist.)																			
37387	3	T8		333.3		0	0	0	250	Y	1/12/1991	$	36,885	302	$	112,392	$	49,176	1%	100%	3.9%	4.5%
			Artificial urinary sphincter, sterile, percutaneous adjustment of filling volume																			
37388	3	T8		101		0	0	85.85	75.75	0	1/11/2020	$	3,974	64	$	5,104	$	4,899	34%	55%	#DIV/0!	#DIV/0!
			ARTIFICIAL URINARY SPHINCTER, revision or removal of, with or without replacement (Anaes.) (Assist.)																			
37390	3	T8		953.6		0	0	0	715.2	Y	1/12/1991	$	121,258	178	$	264,065	$	161,677	0%	100%	5.2%	5.6%
			PRIAPISM, decompression by glanular stab cavernosospongiosum shunt or penile aspiration with or without lavage (Anaes.)																			
37393	3	T8		237.05		0	0	201.5	177.8	Y	1/12/1991	$	1,707	10	$	2,947	$	2,182	30%	70%	-7.8%	-11.6%
			PENIS, partial amputation of (Anaes.) (Assist.)																			
37402	3	T8		480.9		0	0	0	360.7	Y	1/12/1991	$	14,702	56	$	44,919	$	19,602	0%	100%	9.9%	7.5%

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37405	3	T8	PENIS, complete or radical amputation of (Anaes.) (Assist.)	953.6	0	0	0	715.2	Y	1/12/1991	$	35,104	77	$	235,976	$	46,805	0%	100%	17.1%	13.7%
37408	3	T8	PENIS, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (Anaes.) (Assist.)	480.9	0	0	0	360.7	Y	1/12/1991	$	6,540	22	$	15,495	$	8,719	5%	100%	-12.9%	-11.1%
37411	3	T8	PENIS, repair of avulsion (Anaes.) (Assist.)	953.6	0	0	868.9	715.2	Y	1/12/1991	$	2,861	4	$	6,188	$	3,814	0%	100%	32.0%	32.8%
37415	3	T8	Penis, injection of, for the investigation and treatment of erectile dysfunction. Applicable not more than twice in a 36-month period	48.05	0	0	40.85	36.05	0	1/07/1996	$	96,133	2,268	$	170,402	$	107,850	38%	2%	-3.4%	-2.6%
37417	3	T8	Penis, correction of chordee by plication techniques including Nesbit's corporoplasty (Anaes.) (Assist.)	575.55	0	0	0	431.7	Y	1/12/1991	$	210,201	564	$	689,332	$	280,255	1%	100%	0.3%	0.7%
37418	3	T8	plaque or plaques, with or without mobilisation of one or both of the neuro-vascular bundle and urethra (Anaes.) (Assist.)	764.65	0	0	679.95	573.5	Y	1/05/2001	$	69,837	146	$	204,057	$	92,690	2%	98%	0.7%	0.7%
37423	3	T8	partial penectomy or penile epispadias secondary repair, either as primary or secondary procedures (Anaes.) (Assist.)	953.6	0	0	0	715.2	Y	1/12/1991	$	11,113	22	$	90,202	$	14,817	0%	100%	9.5%	3.3%
37426	3	T8	PENIS, artificial erection device, insertion of, into 1 or both corpora (Anaes.) (Assist.)	1005	0	0	0	753.75	Y	1/12/1991	$	344,475	469	$	1,379,185	$	459,298	1%	100%	-1.0%	-0.6%
37429	3	T8	PENIS, artificial erection device, insertion of pump and pressure regulating reservoir (Anaes.) (Assist.)	333.3	0	0	0	250	Y	1/12/1991	$	56,739	442	$	248,664	$	75,646	0%	100%	-2.1%	-1.4%
37432	3	T8	removal of components, with or without replacement (Anaes.) (Assist.)	953.6	0	0	0	715.2	Y	1/12/1991	$	114,687	169	$	273,736	$	152,915	1%	100%	3.8%	4.8%
37435	3	T8	PENIS, frenuloplasty as an independent procedure (Anaes.)	96.25	0	0	81.85	72.2	Y	1/12/1991	$	50,627	630	$	194,416	$	54,027	21%	61%	8.7%	13.1%
37438	3	T8	Scrotum, partial excision of, for histologically proven malignancy or infection (Anaes.) (Assist.)	285.25	0	0	242.5	213.95	Y	1/12/1991	$	16,265	123	$	63,493	$	21,533	2%	97%	10.4%	4.3%
37601	3	T8	SPERMATOCELE OR EPIDIDYMAL CYST, excision of, 1 or more of, on 1 side (Anaes.)	285.25	0	0	242.5	213.95	Y	1/12/1991	$	252,341	1,276	$	711,108	$	333,850	1%	99%	0.5%	1.6%
37604	3	T8	or without biopsy, unilateral or bilateral, other than a service associated with sperm harvesting for IVF (Anaes.)	285.25	0	0	242.5	213.95	Y	1/12/1991	$	244,585	1,547	$	696,052	$	324,437	2%	98%	1.0%	1.9%
37605	3	T8	Transcutaneous sperm retrieval, unilateral, from either the testis or the epididymis, for the purposes ofintracytoplasmic sperm injection, for male factor infertility, excluding a service to which	385.15	0	0	327.4	288.9	Y	1/05/2007	$	535,244	1,679	$	1,025,060	$	570,201	31%	45%	2.4%	3.4%
37606	3	T8	Open surgical sperm retrieval, unilateral, including the exploration of scrotal contents, with our without biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, tumour, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	571.85	0	0	487.15	428.9	Y	1/05/2007	$	234,255	574	$	832,135	$	277,789	7%	85%	1.6%	3.1%
37607	3	T8	Bilateral retroperitoneal lymph node dissection, for testicular tumour, following previous similar retroperitoneal dissection,	1430.4	0	0	0	1072.8	Y	1/12/1991	$	355,346	779	$	827,860	$	474,553	0%	100%	-3.3%	4.1%
37610	3	T8	retroperitoneal radiation therapy or chemotherapy, other than a	2151.95	0	0	0	1614	Y	1/12/1991	$	525,432	522	$	1,090,904	$	701,094	0%	100%	-1.1%	4.2%
37613	3	T8	EPIDIDYMECTOMY (Anaes.)	285.25	0	0	242.5	213.95	Y	1/12/1991	$	30,996	172	$	98,538	$	39,749	1%	98%	1.2%	2.0%
37616	3	T8	operating microscope, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	713	0	0	0	534.75	Y	1/12/1991	$	385,232	993	$	1,785,882	$	513,644	2%	100%	2.7%	3.4%
37619	3	T8	VASOVASOSTOMY or VASOEPIDIDYMOSTOMY, unilateral, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	285.25	0	0	242.5	213.95	Y	1/12/1991	$	1,992	13	$	6,465	$	2,561	15%	77%	-16.0%	-19.7%
37623	3	T8	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 PATENT URACHUS, excision of, on a person 10 years of age or over. (Anaes.) (Assist.)	237.05	0	0	201.5	177.8	Y	1/12/1991	$	6,669,534	33,094	$	17,274,715	$	7,779,986	13%	29%	7.6%	10.0%
37800	3	T8	PATENT URACHUS, excision of, when performed on a person under 10 years of age (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/11/1994	$	8,716	33	$	20,668	$	11,621	0%	100%	-6.4%	-8.0%
37801	3	T8	which item 37806 applies, on a person 10 years of age or over. (Anaes.) (Assist.)	698.85	0	0	0	524.15	Y	1/09/2015	$	6,028	12	$	11,327	$	8,037	0%	100%	43.1%	41.9%
37803	3	T8	which item 37807 applies, on a person under 10 years of age (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/11/1994	$	46,993	131	$	101,957	$	62,653	2%	100%	-17.6%	-17.1%
37804	3	T8	or within abdominal cavity, orchidopexy for, on a person 10 years of age or over (Anaes.) (Assist.)	698.85	0	0	0	524.15	Y	1/09/2015	$	332,178	708	$	691,761	$	443,104	2%	100%	2.7%	3.4%
37806	3	T8	or within abdominal cavity, orchidopexy for, on a person under 10 years of age (Anaes.) (Assist.)	621.1	0	0	536.4	465.85	Y	1/11/1994	$	55,889	131	$	115,803	$	73,955	6%	94%	-13.5%	-13.5%
37807	3	T8	UNDESCENDED TESTIS, revision orchidopexy for, on a person 10 years of age or over. (Anaes.) (Assist.)	807.45	0	0	722.75	605.6	Y	1/09/2015	$	364,964	670	$	730,681	$	485,990	1%	99%	13.3%	13.3%
37809	3	T8		621.1	0	0	0	465.85	Y	1/11/1994	$	5,580	13	$	10,387	$	7,453	0%	100%	-9.1%	-7.8%

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37810	3	T8	UNDESCENDED TESTIS, revision orchidopexy for, on a person under 10 years of age (Anaes.) (Assist.)	807.45	0	0	0	605.6	Y	1/09/2015	$ 15,891	28	$ 30,325	$ 21,188	0%	100%	11.8%	11.8%
37812	3	T8	associated with a service to which items 37803, 37806 and 37809 applies, on a person 10 years of age or over. (Anaes.) (Assist.)	573.35	0	0	0	430.05	Y	1/11/1994	$ 3,438	9	$ 8,001	$ 4,584	0%	100%	-8.5%	-10.3%
37813	3	T8	associated with a service to which items 37804, 37807 and 37810 applies, on a person under 10 years of age (Anaes.) (Assist.)	745.35	0	0	0	559.05	Y	1/09/2015	$ 17,598	37	$ 35,287	$ 23,462	0%	100%	-8.9%	-9.9%
37815	3	T8	HYPOSPADIAS, examination under anaesthesia with erection test on a person 10 years of age or over. (Anaes.)	95.65	0	0	0	71.75	Y	1/11/1994	$ 552	11	$ 1,592	$ 735	9%	100%	-25.5%	-22.0%
37816	3	T8	HYPOSPADIAS, examination under anaesthesia with erection test, on a person under 10 years of age (Anaes.)	124.4	0	0	0	93.3	Y	1/09/2015	$ 4,684	148	$ 14,600	$ 6,242	0%	100%	4.8%	1.1%
37818	3	T8	HYPOSPADIAS, glanuloplasty incorporating meatal advancement, on a person 10 years of age or over (Anaes.) (Assist.)	506.8	0	0	430.8	380.1	Y	1/11/1994	$ 6,307	17	$ 11,232	$ 7,855	18%	88%	-10.7%	-8.8%
37819	3	T8	HYPOSPADIAS, glanuloplasty incorporating meatal advancement, on a person under 10 years of age (Anaes.) (Assist.)	658.85	0	0	574.15	494.15	Y	1/09/2015	$ 23,166	48	$ 46,045	$ 30,746	4%	98%	4.2%	5.1%
37821	3	T8	HYPOSPADIAS, distal, 1 stage repair, on a person 10 years of age or over. (Anaes.) (Assist.)	859.15	0	0	0	644.4	Y	1/11/1994	$ 5,683	9	$ 11,299	$ 7,578	0%	100%	-25.8%	-24.9%
37822	3	T8	HYPOSPADIAS, distal, 1 stage repair, on a person under 10 years of age (Anaes.) (Assist.)	1116.9	0	0	0	837.7	Y	1/09/2015	$ 122,818	148	$ 242,984	$ 163,758	1%	100%	2.3%	3.2%
37824	3	T8	HYPOSPADIAS, proximal, 1 stage repair on a person 10 years of age or over. (Anaes.) (Assist.)	1194.5	0	0	0	895.9	Y	1/11/1994	$ 2,688	3	$ 6,191	$ 3,584	0%	100%	-30.1%	-29.7%
37825	3	T8	HYPOSPADIAS, proximal, 1 stage repair, on a person under 10 years of age (Anaes.) (Assist.)	1552.85	0	0	0	1164.65	Y	1/09/2015	$ 71,718	62	$ 141,503	$ 95,624	0%	100%	-0.9%	-0.4%
37827	3	T8	HYPOSPADIAS, staged repair, first stage, on a person 10 years of age or over. (Anaes.) (Assist.)	550.3	0	0	0	412.75	Y	1/11/1994	$ 1,056	4	$ 2,667	$ 1,408	0%	100%	-4.4%	-8.1%
37828	3	T8	HYPOSPADIAS, staged repair, first stage, on a person under 10 years of age (Anaes.) (Assist.)	715.35	0	0	0	536.55	Y	1/09/2015	$ 6,620	13	$ 11,729	$ 8,826	8%	100%	16.7%	19.0%
37830	3	T8	HYPOSPADIAS, staged repair, second stage, on a person 10 years of age or over. (Anaes.) (Assist.)	713	0	0	628.3	534.75	Y	1/11/1994	$ 802	2	$ 2,915	$ 1,069	50%	100%	-32.2%	-35.4%
37831	3	T8	HYPOSPADIAS, staged repair, second stage, on a person under 10 years of age. (Anaes.) (Assist.)	927	0	0	842.3	695.25	Y	1/11/2015	$ 14,579	21	$ 25,589	$ 19,440	0%	100%	8.4%	9.5%
37833	3	T8	Hypospadias, repair of urethral fistula, on a person 10 years of age or over (Anaes.) (Assist.)	340.3	0	0	0	255.25	Y	1/11/1994	$ 3,187	18	$ 5,983	$ 4,249	11%	100%	-11.4%	-13.7%
37834	3	T8	Hypospadias, repair of urethral fistula, on a person under 10 years of age (Anaes.) (Assist.)	442.35	0	0	0	331.8	Y	1/09/2015	$ 8,368	29	$ 15,273	$ 11,156	0%	100%	-6.7%	-7.2%
37836	3	T8	EPISPADIAS, staged repair, first stage (Anaes.) (Assist.)	716.7	0	0	0	537.55	Y	1/11/1994	$ 1,413	3	$ 3,576	$ 1,884	0%	100%	24.6%	22.1%
37842	3	T8	with or without bladder neck tightening, with or without ureteric reimplantation (Anaes.) (Assist.)	1576.85	0	0	0	1182.65	Y	1/11/1994	$ 3,548	3	$ 5,096	$ 4,731	0%	100%	-5.6%	2.4%
37845	3	T8	Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with or without endoscopy (Anaes.) (Assist.)	716.7	0	0	0	537.55	Y	1/11/1994	$ 52	1	$ 389	$ 69	0%	100%	#DIV/0!	#DIV/0!
37848	3	T8	external genitoplasty with endoscopy and vaginoplasty (Anaes.) (Assist.)	1290.1	0	0	0	967.6	Y	1/11/1994	$ 968	1	$ 1,914	$ 1,290	0%	100%	-12.9%	-12.4%
37851	3	T8	Congenital disorder of sexual differentiation, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.)	955.75	0	0	0	716.85	Y	1/11/1994	$ 2,140	3	$ 4,342	$ 2,853	0%	100%	0.0%	0.5%
37854	3	T8	Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.)	377.9	0	0	0	283.45	Y	1/11/1994	$ 18,201	73	$ 43,365	$ 24,266	0%	100%	0.0%	2.0%
38200	3	T8	RIGHT HEART CATHETERISATION, with any one or more of the following: fluoroscopy, oximetry, dye dilution curves, cardiac output measurement by any method, shunt detection or exercise	459.35	0	0	390.45	344.55	Y	1/12/1991	$ 476,849	1,809	$ 725,232	$ 620,549	17%	86%	2.7%	1.5%
38203	3	T8	LEFT HEART CATHETERISATION by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture with any one or more of the following: fluoroscopy, oximetry, dye dilution	548.15	0	0	465.95	411.15	Y	1/12/1991	$ 38,776	149	$ 69,242	$ 51,733	0%	99%	23.4%	21.2%
38206	3	T8	RIGHT HEART CATHETERISATION WITH LEFT HEART CATHETERISATION via the right heart or by any other procedure with any one or more of the following: fluoroscopy, oximetry, dye	662.75	0	0	578.05	497.1	Y	1/12/1991	$ 943,152	5,050	$ 1,594,814	$ 1,244,665	4%	96%	13.5%	13.4%
38209	3	T8	CARDIAC ELECTROPHYSIOLOGICAL STUDYup to and including 3 catheter investigation of any 1 or more ofsyncope, atrioventricular conduction, sinus node function or simple ventricular tachycardia	850.95	0	0	766.25	638.25	Y	1/12/1991	$ 263,497	535	$ 424,721	$ 342,656	15%	86%	-4.1%	-4.5%
38212	3	T8	CARDIAC ELECTROPHYSIOLOGICAL STUDY4 or more catheter supraventricular tachycardia investigation; or complex tachycardia inductions, or multiple catheter mapping, or acute intravenous implanted defibrillator - not being a service associated with a service to which item 38209 or 38212 applies (Anaes.)	1415.3	0	0	1330.6	1061.5	Y	1/12/1991	$ 9,211,757	13,110	$ 15,610,486	$ 12,118,088	7%	95%	3.8%	2.7%
38213	3	T8		421.5	0	0	358.3	316.15	Y	1/11/1996	$ 12,048	44	$ 18,872	$ 15,866	11%	91%	-9.1%	-10.5%

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38215	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material into the native coronary arteries, not being a service associated with a service to which item 38218,	366	0	0	311.1	274.5	Y	1/12/1991	$	1,839,391	7,873	$	2,648,522	$	2,345,444	35%	68%	6.7%	6.8%
38218	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography, not being a service associated with a	548.85	0	0	466.55	411.65	Y	1/12/1991	$	22,953,354	55,294	$	41,176,247	$	30,063,609	15%	87%	0.9%	1.5%
38220	3	T8	SELECTIVE CORONARY GRAFT ANGIOGRAPHY placement of catheter(s) and injection of opaque material into free coronary graft(s) attached to the aorta (irrespective of the number of	182.95	0	0	155.55	137.25	0	1/11/2001	$	1,593	14	$	2,493	$	2,136	21%	79%	9.2%	9.1%
38222	3	T8	SELECTIVE CORONARY GRAFT ANGIOGRAPHY, placement of catheter(s) and injection of opaque material into direct internal mammary artery graft(s) to one or more coronary arteries	366	0	0	311.1	274.5	0	1/11/2001	$	3,563	16	$	4,916	$	4,458	38%	63%	2.7%	5.4%
38225	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material into the native coronary arteries and placement of catheter(s) and injection of opaque material into free	548.95	0	0	466.65	411.75	0	1/05/2002	$	37,531	99	$	55,154	$	48,496	34%	76%	-3.9%	-2.5%
38228	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material into the native coronary arteries and placement of catheter(s) and injection of opaque material into	732.05	0	0	647.35	549.05	0	1/05/2002	$	84,123	156	$	118,043	$	104,848	38%	62%	4.5%	4.9%
38231	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material into the native coronary arteries and placement of catheter(s) and injection of opaque material into the	914.95	0	0	830.25	686.25	0	1/05/2002	$	396,087	547	$	601,256	$	498,504	29%	73%	3.4%	4.1%
38234	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of catheter(s) and injection	731.9	0	0	647.2	548.95	0	1/05/2002	$	196,385	380	$	332,258	$	255,491	16%	88%	-2.6%	-2.4%
38237	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of catheter(s) and injection	914.9	0	0	830.2	686.2	0	1/05/2002	$	274,679	389	$	460,472	$	354,805	16%	85%	0.7%	1.3%
38240	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of catheter(s) and injection	1097.85	0	0	1013.15	823.4	0	1/05/2002	$	3,513,127	4,181	$	6,093,024	$	4,577,213	11%	90%	-1.0%	-0.3%
38241	3	T8	USE OF A CORONARY PRESSURE WIRE during selective coronary angiography to measure fractional flow reserve (FFR) and coronary flow reserve (CFR) in one or more intermediate coronary artery or	484.35	0	0	411.7	363.3	Y	1/11/2006	$	1,599,124	8,547	$	2,663,043	$	2,080,090	15%	86%	15.7%	16.1%
38243	3	T8	PLACEMENT OF CATHETER(S) and injection of opaque material into any coronary vessel(s) or graft(s) prior to any coronary interventional procedure, not being a service associated with a	457.45	0	0	388.85	343.1	0	1/05/2002	$	1,069,331	7,473	$	1,806,070	$	1,407,785	11%	90%	5.4%	5.4%
38246	3	T8	SELECTIVE CORONARY ANGIOGRAPHY, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography followed by placement of catheters prior	914.9	0	0	830.2	686.2	0	1/05/2002	$	13,730,330	19,932	$	24,003,769	$	17,974,313	7%	93%	6.4%	7.1%
38256	3	T8	TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of (Anaes.) including cardiac catheterisations before and after balloon dilatation (Anaes.) (Assist.)	275.6	0	0	234.3	206.7	Y	1/07/1993	$	227,701	2,580	$	394,699	$	302,380	3%	97%	19.5%	15.5%
38270	3	T8	ATRIAL SEPTAL DEFECT closure, with septal occluder or other similar device, by transcatheter approach (Anaes.) (Assist.)	940.8	0	0	856.1	705.6	Y	1/05/1997	$	720,540	1,323	$	1,210,589	$	941,999	6%	94%	10.6%	6.0%
38272	3	T8	cardiac catheterisation and any imaging associated with the service (Anaes.) (Assist.)	940.8	0	0	856.1	705.6	Y	1/11/2005	$	551,302	768	$	1,024,266	$	715,499	13%	88%	15.7%	16.7%
38273	3	T8	Ventricular septal defect, transcatheter closure of, with imaging and cardiac catheterisation (Anaes.) (Assist.)	940.8	0	0	0	705.6	Y	1/07/2014	$	21,055	30	$	31,062	$	28,074	0%	100%	7.4%	7.9%
38274	3	T8	MYOCARDIAL BIOPSY, by cardiac catheterisation (Anaes.)	940.8	0	0	0	705.6	Y	1/07/2014	$	1,764	3	$	3,390	$	2,352	0%	100%	#DIV/0!	#DIV/0!
38275	3	T8	Transcatheter occlusion of left atrial appendage, and cardiac catheterisation performed by the same practitioner, for stroke	307.5	0	0	261.4	230.65	Y	1/05/1997	$	31,264	166	$	43,877	$	41,515	2%	98%	2.3%	2.6%
38276	3	T8	prevention in a patient who has non-valvular atrial fibrillation and IMPLANTABLE ECG LOOP RECORDER, insertion of, for diagnosis of primary disorder in patients with recurrent unexplained syncope	940.8	0	0	0	705.6	Y	1/11/2017	$	345,709	524	$	636,671	$	460,945	0%	100%	#DIV/0!	#DIV/0!
38285	3	T8	where: -a diagnosis has not been achieved through all other IMPLANTABLE ECG LOOP RECORDER, removal of, as an admitted patient in an approved hospital (Anaes.)	198.95	0	0	169.15	149.25	Y	1/11/2004	$	540,915	3,958	$	955,180	$	721,052	1%	100%	11.8%	12.1%
38286	3	T8	ABLATION OF ARRHYTHMIA CIRCUIT OR FOCUS or isolation procedure involving 1 atrial chamber (Anaes.) (Assist.)	179.2	0	0	152.35	134.4	Y	1/11/2004	$	166,019	1,691	$	293,202	$	221,355	3%	100%	17.1%	18.1%
38287	3	T8	Implantable loop recorder, insertion of, for diagnosis of atrial fibrillation, if: (a) the patient to whom the service is provided has	2164.05	0	0	2079.35	1623.05	Y	1/07/1998	$	7,684,605	4,582	$	12,592,707	$	9,862,130	14%	87%	1.8%	2.4%
38288	3	T8	been diagnosed as having had an embolic stroke of undetermined procedure involving both atrial chambers and including curative procedures for atrial fibrillation (Anaes.) (Assist.)	198.95	0	0	169.15	149.25	Y	1/05/2018	$	123,945	782	$	160,840	$	153,243	57%	42%	#DIV/0!	#DIV/0!
38290	3	T8	all associated electrophysiological studies performed on the same day (Anaes.) (Assist.)	2755.4	0	0	0	2066.55	Y	1/07/1998	$	11,501,781	5,575	$	20,294,072	$	15,335,762	1%	100%	11.7%	12.3%
38293	3	T8	TRANSLUMINAL BALLOON ANGIOPLASTY of 1 coronary artery, percutaneous or by open exposure, excluding associated	2957.65	0	0	2872.95	2218.25	Y	1/07/1998	$	1,722,404	766	$	2,904,999	$	2,261,756	6%	95%	7.3%	7.8%
38300	3	T8	radiological services or preparation, and excluding aftercare TRANSLUMINAL BALLOON ANGIOPLASTY of more than 1 coronary artery, percutaneous or by open exposure, excluding associated	531.45	0	0	451.75	398.6	Y	1/11/2005	$	450,017	2,344	$	833,950	$	595,146	4%	96%	8.3%	6.4%
38303	3	T8	radiological services or preparation and excluding aftercare Transluminal insertion of stent or stents into one occlusional site, including associated balloon dilatation of coronary artery,	681.4	0	0	596.7	511.05	Y	1/11/2005	$	107,210	403	$	199,277	$	142,077	3%	97%	13.1%	12.0%
38306	3	T8	percutaneous or by open exposure, excluding associated	786.15	0	0	701.45	589.65	Y	1/11/2005	$	10,410,642	31,531	$	19,235,658	$	13,656,459	7%	93%	3.9%	4.4%

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38309	3	T8	PERCUTANEOUS TRANSLUMINAL ROTATIONAL ATHERECTOMY of 1 coronary artery, including balloon angioplasty with no stent insertion, where: -no lesion of the coronary artery has been	913.1	0	0	828.4	684.85	Y	1/11/2005	$ 16,929	31	$ 30,310	$ 22,334	3%	97%	7.1%	5.0%
38312	3	T8	PERCUTANEOUS TRANSLUMINAL ROTATIONAL ATHERECTOMY of 1 coronary artery, including balloon angioplasty with insertion of 1 or more stents, where: -no lesion of the coronary artery has been	1167.7	0	0	1083	875.8	Y	1/11/2005	$ 541,749	610	$ 977,314	$ 709,989	6%	94%	13.8%	14.8%
38315	3	T8	PERCUTANEOUS TRANSLUMINAL ROTATIONAL ATHERECTOMY of more than 1 coronary artery, including balloon angioplasty with no stent insertion, where: -no lesion of the coronary arteries has been	1253.85	0	0	1169.15	940.4	Y	1/11/2005	$ 7,278	7	$ 10,029	$ 9,703	0%	100%	-6.9%	-6.8%
38318	3	T8	PERCUTANEOUS TRANSLUMINAL ROTATIONAL ATHERECTOMY of more than 1 coronary artery, including balloon angioplasty, with insertion of 1 or more stents, where: -no lesion of the coronary	1635.95	0	0	1551.25	1227	Y	1/11/2005	$ 114,753	95	$ 204,421	$ 151,184	4%	96%	8.9%	8.3%
38350	3	T8	SINGLE CHAMBER PERMANENT TRANSVENOUS ELECTRODE, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker	658.6	0	0	0	493.95	Y	1/11/2005	$ 1,307,212	3,431	$ 2,354,385	$ 1,743,458	1%	100%	2.7%	4.1%
38353	3	T8	PERMANENT CARDIAC PACEMAKER, insertion, removal or replacement of, not for cardiac resynchronisation therapy, including cardiac electrophysiological services where used for	263.45	0	0	0	197.6	Y	1/11/2005	$ 1,569,974	13,177	$ 2,879,632	$ 2,093,895	0%	100%	5.1%	6.3%
38356	3	T8	DUAL CHAMBER PERMANENT TRANSVENOUS ELECTRODES, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker	863.5	0	0	0	647.65	Y	1/11/2005	$ 5,457,842	8,656	$ 9,928,129	$ 7,277,033	0%	100%	4.4%	4.9%
38358	3	T8	Extraction of chronically implanted transvenous pacing or defibrillator lead or leads, by percutaneous method where the leads have been in situ for greater than six months and require	2957.65	0	0	0	2218.25	Y	1/11/2005	$ 372,422	170	$ 660,121	$ 496,561	0%	100%	6.7%	8.5%
38359	3	T8	PERICARDIUM, paracentesis of (excluding aftercare) (Anaes.)	137.75	0	0	117.1	103.35	Y	1/11/2005	$ 17,691	201	$ 31,657	$ 23,548	1%	99%	4.4%	4.6%
38362	3	T8	INTRA-AORTIC BALLOON PUMP, percutaneous insertion of (Anaes.)	396.95	0	0	337.45	297.75	Y	1/11/2005	$ 32,436	198	$ 58,890	$ 43,163	2%	98%	-4.2%	-3.1%
38365	3	T8	Permanent cardiac synchronisation device (including a cardiac synchronisation device that is capable of defibrillation), insertion, removal or replacement of, for a patient who: (a)has: (i)moderate	263.45	0	0	0	197.6	Y	1/05/2006	$ 67,559	805	$ 138,015	$ 90,181	0%	100%	11.1%	10.0%
38368	3	T8	Permanent transvenous left ventricular electrode, insertion, removal or replacement of through the coronary sinus, for the purpose of cardiac resynchronisation therapy, including right heart	1262.85	0	0	0	947.15	Y	1/05/2006	$ 1,364,237	1,606	$ 2,662,473	$ 1,818,961	1%	100%	4.9%	7.3%
38371	3	T8	Permanent cardiac synchronisation device capable of defibrillation, insertion, removal or replacement of, for a patient who: (a)has: (i)moderate to severe chronic heart failure (New York Heart	296.85	0	0	0	222.65	Y	1/11/2006	$ 119,370	1,204	$ 234,415	$ 159,143	1%	100%	-0.2%	1.4%
38384	3	T8	AUTOMATIC DEFIBRILLATOR, insertion of patches for, or insertion of transvenous endocardial defibrillation electrodes for, primary prevention of sudden cardiac death in: - patients with a left	1085.55	0	0	1000.85	814.2	Y	1/11/2006	$ 690,282	1,308	$ 1,323,191	$ 917,092	3%	99%	-0.3%	2.0%
38387	3	T8	AUTOMATIC DEFIBRILLATOR GENERATOR, insertion or replacement of for, primary prevention of sudden cardiac death in: · patients with a left ventricular ejection fraction of less than or	296.85	0	0	252.35	222.65	Y	1/11/2006	$ 87,218	816	$ 167,599	$ 115,844	4%	98%	-3.5%	-1.1%
38390	3	T8	AUTOMATIC DEFIBRILLATOR, insertion of patches for, or insertion of transvenous endocardial defibrillation electrodes for - not for patients with heart failure or as primary prevention for tachycardia	1085.55	0	0	1000.85	814.2	Y	1/11/2005	$ 454,791	775	$ 848,765	$ 604,594	2%	99%	-4.1%	-1.5%
38393	3	T8	AUTOMATIC DEFIBRILLATOR GENERATOR, insertion or replacement of for - not for patients with heart failure or as primaryprevention for tachycardia arrhythmias. Not being a service	296.85	0	0	252.35	222.65	Y	1/11/2005	$ 117,393	1,063	$ 217,520	$ 155,983	3%	98%	-2.6%	-1.8%
38415	3	T8	EMPYEMA, radical operation for, involving resection of rib (Anaes.) (Assist.)	411.85	0	0	350.1	308.9	Y	1/12/1991	$ 2,387	12	$ 3,974	$ 3,183	0%	100%	-14.3%	-13.8%
38416	3	T8	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)	580.9	0	0	496.2	435.7	Y	1/03/2021	$ 210,323	449	$ 288,199	$ 260,243	55%	45%	#DIV/0!	#DIV/0!
38417	3	T8	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	580.9	0	0	496.2	435.7	Y	1/03/2021	$ 415,216	901	$ 601,879	$ 522,084	44%	57%	#DIV/0!	#DIV/0!
38418	3	T8	THORACOTOMY, exploratory, with or without biopsy (Anaes.) (Assist.)	988.35	0	0	0	741.3	Y	1/12/1991	$ 860,521	2,156	$ 1,704,083	$ 1,147,764	0%	100%	2.8%	2.5%
38419	3	T8	Bronchoscopy, as an independent procedure (Anaes.)	183.6	0	0	156.1	137.7	Y	1/03/2021	$ 38,126	309	$ 62,761	$ 48,687	34%	71%	#DIV/0!	#DIV/0!
38420	3	T8	Bronchoscopy with one or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.)	242.4	0	0	206.05	181.8	Y	1/03/2021	$ 409,990	2,521	$ 745,145	$ 527,690	25%	76%	#DIV/0!	#DIV/0!
38421	3	T8	THORACOTOMY, with pulmonary decortication (Anaes.) (Assist.)	1579.85	0	0	0	1184.9	Y	1/12/1991	$ 629,680	567	$ 1,219,199	$ 839,388	0%	100%	-3.5%	-2.6%
38422	3	T8	Bronchus, removal of foreign body in (Anaes.) (Assist.)	379.25	0	0	0	284.45	Y	1/03/2021	$ 12,303	46	$ 26,230	$ 16,403	0%	100%	#DIV/0!	#DIV/0!
38423	3	T8	biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (Anaes.) (Assist.)	264.95	0	0	225.25	198.75	Y	1/03/2021	$ 76,120	407	$ 137,246	$ 98,808	19%	81%	#DIV/0!	#DIV/0!
38424	3	T8	THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts (Anaes.) (Assist.)	988.35	0	0	0	741.3	Y	1/12/1991	$ 541,347	1,180	$ 1,081,913	$ 721,657	0%	100%	-2.2%	-1.4%
38425	3	T8	obstruction including any associated endoscopic procedures (Anaes.) (Assist.)	623.15	0	0	0	467.4	Y	1/03/2021	$ 19,825	43	$ 39,857	$ 26,432	0%	100%	#DIV/0!	#DIV/0!
38426	3	T8	Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (Anaes.) (Assist.)	467.5	0	0	0	350.65	Y	1/03/2021	$ 15,429	46	$ 32,214	$ 20,570	2%	100%	#DIV/0!	#DIV/0!

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38427	3	T8	THORACOPLASTY (complete) - 3 or more ribs (Anaes.) (Assist.)	1220.4	0	0	0	915.3	Y	1/12/1991	$	46,658	80	$	90,847	$	62,211	0%	100%	-4.4%	1.6%
38430	3	T8	THORACOPLASTY (in stages)each stage (Anaes.) (Assist.)	628.95	0	0	0	471.75	Y	1/12/1991	$	6,004	16	$	11,675	$	8,005	0%	100%	14.9%	39.3%
38436	3	T8	including insertion of intercostal catheter where necessary, with or without biopsy (Anaes.)	257.55	0	0	0	193.2	Y	1/12/1991	$	221,494	3,189	$	462,201	$	295,648	0%	100%	5.2%	4.3%
38438	3	T8	being a service associated with a service to which Item 38418 applies (Anaes.) (Assist.)	1579.85	0	0	0	1184.9	Y	1/11/1992	$	258,123	238	$	541,051	$	344,162	0%	100%	-2.1%	-1.7%
38440	3	T8	LUNG, wedge resection of (Anaes.) (Assist.)	1183.05	0	0	0	887.3	Y	1/11/1992	$	1,217,719	1,841	$	2,459,921	$	1,623,821	0%	100%	0.3%	0.3%
38441	3	T8	chest wall, diaphragm, pericardium, or formal mediastinal node dissection (Anaes.) (Assist.)	1871.9	0	0	0	1403.95	Y	1/11/1992	$	1,809,412	1,381	$	3,746,381	$	2,412,521	1%	100%	2.7%	3.5%
38446	3	T8	THORACOTOMY or STERNOTOMY, for removal of thymus or mediastinal tumour (Anaes.) (Assist.)	1220.4	0	0	0	915.3	Y	1/11/1992	$	334,254	501	$	719,501	$	445,667	0%	100%	10.7%	9.0%
38447	3	T8	PERICARDIECTOMY via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass (Anaes.) (Assist.)	1579.85	0	0	0	1184.9	Y	1/07/1993	$	77,445	81	$	153,777	$	103,261	0%	100%	8.9%	9.1%
38448	3	T8	MEDIASTINUM, cervical exploration of, with or without biopsy (Anaes.) (Assist.)	374.4	0	0	0	280.8	Y	1/12/1991	$	152,561	1,057	$	410,498	$	203,842	1%	100%	4.8%	3.1%
38449	3	T8	PERICARDIECTOMY via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass (Anaes.) (Assist.)	2210.15	0	0	0	1657.65	Y	1/07/1993	$	21,135	16	$	41,272	$	28,180	0%	100%	0.0%	5.1%
38450	3	T8	PERICARDIUM, transthoracic open surgical drainage of (Anaes.) (Assist.)	883.4	0	0	0	662.55	Y	1/11/1992	$	73,417	198	$	145,641	$	98,401	0%	100%	1.9%	2.0%
38452	3	T8	PERICARDIUM, subxiphoid open surgical drainage of (Anaes.) (Assist.)	591.65	0	0	0	443.75	Y	1/11/1992	$	86,937	225	$	167,634	$	115,912	0%	100%	-1.0%	-1.2%
38453	3	T8	TRACHEAL excision and repair without cardiopulmonary bypass (Anaes.) (Assist.)	1774.7	0	0	0	1331.05	Y	1/11/1992	$	40,557	35	$	117,385	$	54,076	0%	100%	9.7%	10.3%
38455	3	T8	TRACHEAL EXCISION AND REPAIR OF, with cardiopulmonary bypass (Anaes.) (Assist.)	2400.4	0	0	0	1800.3	Y	1/07/1993	$	3,601	2	$	5,963	$	4,801	0%	100%	-12.9%	-12.4%
38456	3	T8	INTRATHORACIC OPERATION on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs, not being a service to which another item in this PECTUS EXCAVATUM or PECTUS CARINATUM, repair or radical correction of (Anaes.) (Assist.)	1579.85	0	0	0	1184.9	Y	1/07/1993	$	546,704	539	$	1,081,028	$	728,934	0%	100%	10.5%	8.8%
38457	3	T8	PECTUS EXCAVATUM, repair of, with implantation of subcutaneous prosthesis (Anaes.) (Assist.)	1474.95	0	0	0	1106.25	Y	1/07/1993	$	119,865	111	$	283,741	$	159,816	0%	100%	-7.6%	-7.2%
38458	3	T8	STERNAL WIRE OR WIRES, removal of (Anaes.)	786.15	0	0	0	589.65	Y	1/07/1993	$	2,940	5	$	4,741	$	3,919	0%	100%	-11.1%	-8.4%
38460	3	T8	STERNOTOMY WOUND, debridement of, not involving reopening of the mediastinum (Anaes.)	284	0	0	0	213	Y	1/07/1993	$	14,992	94	$	29,637	$	19,988	1%	100%	-0.6%	-2.0%
38462	3	T8	infected bone with or without removal of wires but not involving reopening of the mediastinum (Anaes.)	336.6	0	0	0	252.45	Y	1/07/1993	$	14,119	59	$	26,456	$	18,825	0%	100%	-0.7%	-0.3%
38464	3	T8	reopening of the mediastinum, with or without rewiring (Anaes.) (Assist.)	365.9	0	0	0	274.45	Y	1/07/1993	$	13,835	52	$	27,043	$	18,446	0%	100%	-2.8%	-1.8%
38466	3	T8	involving muscle advancement flaps or greater omentum (Anaes.) (Assist.)	987.95	0	0	0	741	Y	1/07/1993	$	102,293	154	$	199,750	$	136,956	0%	100%	0.8%	0.8%
38468	3	T8	involving muscle advancement flaps and greater omentum (Anaes.) (Assist.)	1522.25	0	0	0	1141.7	Y	1/07/1993	$	75,562	68	$	146,828	$	100,748	0%	100%	2.2%	2.6%
38469	3	T8	PERMANENT MYOCARDIAL ELECTRODE, insertion of, by thoracotomy or sternotomy (Anaes.) (Assist.)	1774.7	0	0	0	1331.05	Y	1/07/1993	$	15,620	13	$	30,501	$	20,827	0%	100%	7.6%	6.1%
38470	3	T8	PERMANENT PACEMAKER ELECTRODE, insertion by open surgical approach (Anaes.) (Assist.)	988.35	0	0	0	741.3	Y	1/11/1992	$	33,391	104	$	64,059	$	44,518	0%	100%	-6.7%	-5.6%
38473	3	T8	service associated with a service to which item 38480 or 38481 applies (Anaes.) (Assist.)	591.65	0	0	0	443.75	Y	1/11/1992	$	3,540	17	$	6,141	$	4,721	0%	100%	1.2%	-5.1%
38475	3	T8	VALVE ANNULOPLASTY with insertion of ring not being a service to which item 38478 applies (Anaes.) (Assist.)	857.75	0	0	0	643.35	Y	1/11/1995	$	4,657	19	$	9,295	$	6,209	0%	100%	-12.5%	-11.8%
38477	3	T8	VALVE ANNULOPLASTY with insertion of ring performed in conjunction with item 38480 or 38481 (Anaes.) (Assist.)	2065.95	0	0	0	1549.5	Y	1/11/1995	$	402,978	457	$	852,336	$	537,297	0%	100%	0.4%	1.7%
38478	3	T8	VALVE REPAIR, 1 leaflet (Anaes.) (Assist.)	1000.75	0	0	0	750.6	Y	1/11/1995	$	195,038	800	$	424,633	$	260,048	0%	100%	3.1%	2.7%
38480	3	T8		2065.95	0	0	0	1549.5	Y	1/11/1995	$	663,096	669	$	1,435,612	$	884,121	0%	100%	-0.1%	-0.5%

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38481	3	T8	VALVE REPAIR, 2 or more leaflets (Anaes.) (Assist.)	2351.9	0	0	0	1763.95	Y	1/11/1995	$	625,735	411	$	1,280,179	$	834,313	0%	100%	2.5%	2.6%
38483	3	T8	a service to which item 38475, 38477, 38480, 38481, 38488 or 38489 applies (Anaes.) (Assist.)	1774.7	0	0	0	1331.05	Y	1/11/1995	$	1,997	4	$	3,942	$	2,662	0%	100%	-4.4%	-7.2%
38485	3	T8	MITRAL ANNULUS, reconstruction of, after decalcification, when performed in association with valve surgery (Anaes.) (Assist.)	842.6	0	0	0	631.95	Y	1/11/1992	$	31,050	183	$	64,556	$	41,397	0%	100%	2.9%	3.0%
38487	3	T8	MITRAL VALVE, open valvotomy of (Anaes.) (Assist.)	1774.7	0	0	0	1331.05	Y	1/07/1993	$	328	1	$	657	$	437	0%	100%	-19.7%	-33.8%
38488	3	T8	VALVE REPLACEMENT with BIOPROSTHESIS OR MECHANICAL PROSTHESIS (Anaes.) (Assist.)	1969.25	0	0	0	1476.95	Y	1/11/1992	$	2,005,955	2,246	$	4,263,118	$	2,674,589	0%	100%	-3.4%	-4.1%
38489	3	T8	VALVE REPLACEMENT with allograft (subcoronary or cylindrical implant), or unstented xenograft (Anaes.) (Assist.)	2342	0	0	0	1756.5	Y	1/11/1995	$	44,015	35	$	83,655	$	58,688	0%	100%	-9.9%	-10.4%
38490	3	T8	of, associated with mitral and tricuspid valve replacement (Anaes.) (Assist.)	571.85	0	0	0	428.9	Y	1/11/1995	$	61,390	468	$	126,946	$	82,143	0%	100%	7.1%	8.2%
38493	3	T8	OPERATIVE MANAGEMENT of acute infective endocarditis, in association with heart valve surgery (Anaes.) (Assist.)	2018.75	0	0	0	1514.1	Y	1/11/1998	$	138,610	186	$	281,228	$	184,808	0%	100%	4.5%	1.9%
38495	3	T8	TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, in a TAVI Hospital on a TAVI ARTERY HARVESTING (other than internal mammary), for coronary artery bypass (Anaes.) (Assist.)	1476.95	0	0	1392.25	1107.75	Y	1/11/2017	$	2,298,773	2,081	$	4,469,955	$	3,064,980	0%	100%	#DIV/0!	#DIV/0!
38496	3	T8	CORONARY ARTERY BYPASS with cardiopulmonary bypass, using saphenous vein graft or grafts only, including harvesting of vein graft material where performed, not being a service asociated with CORONARY ARTERY BYPASS with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using saphenous vein graft or grafts only, including harvesting of vein graft material CORONARY ARTERY BYPASS with cardiopulmonary bypass, using single arterial graft, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where CORONARY ARTERY BYPASS with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using single arterial graft, with or without vein graft or grafts, including harvesting of CORONARY ARTERY BYPASS with cardiopulmonary bypass, using 2 or more arterial grafts, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft CORONARY ARTERY BYPASS with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using 2 or more arterial grafts, with or without vein graft or grafts, including CORONARY ENDARTERECTOMY, by open operation, including repair with 1 or more patch grafts, each vessel (Anaes.) (Assist.)	643.45	0	0	0	482.6	Y	1/11/1995	$	445,031	2,541	$	909,352	$	593,759	0%	100%	2.5%	2.0%
38497	3	T8		2111.55	0	0	0	1583.7	Y	1/11/1992	$	407,970	353	$	818,034	$	543,952	0%	100%	-5.4%	-6.4%
38498	3	T8		2111.55	0	0	0	1583.7	Y	1/11/2002	$	9,875	7	$	20,103	$	13,166	0%	100%	28.5%	26.3%
38500	3	T8		2268.75	0	0	0	1701.6	Y	1/11/1992	$	3,257,657	2,007	$	6,855,868	$	4,343,526	0%	100%	-3.8%	-3.2%
38501	3	T8		2268.75	0	0	0	1701.6	Y	1/11/2002	$	352,889	210	$	779,284	$	470,514	0%	100%	0.5%	1.0%
38503	3	T8		2463.3	0	0	0	1847.5	Y	1/11/1992	$	4,566,905	2,525	$	9,312,707	$	6,089,212	0%	100%	0.3%	1.0%
38504	3	T8		2463.3	0	0	0	1847.5	Y	1/11/2002	$	464,338	255	$	982,733	$	619,122	0%	100%	6.6%	7.9%
38505	3	T8	LEFT VENTRICULAR ANEURYSM, plication of (Anaes.) (Assist.)	285.95	0	0	0	214.5	Y	1/11/1995	$	2,734	48	$	6,192	$	3,644	0%	100%	12.2%	12.6%
38506	3	T8	LEFT VENTRICULAR ANEURYSM resection with primary repair (Anaes.) (Assist.)	1677.05	0	0	0	1257.8	Y	1/11/1992	$	5,731	11	$	9,509	$	7,960	0%	100%	17.1%	6.1%
38507	3	T8	LEFT VENTRICULAR ANEURYSM resection with patch reconstruction of the left ventricle (Anaes.) (Assist.)	1968.85	0	0	0	1476.65	Y	1/11/1995	$	4,430	7	$	8,450	$	5,907	0%	100%	18.5%	19.9%
38508	3	T8	ISCHAEMIC VENTRICULAR SEPTAL RUPTURE, repair of (Anaes.) (Assist.)	2463.3	0	0	0	1847.5	Y	1/11/1995	$	10,956	9	$	21,430	$	14,608	0%	100%	-8.5%	-11.5%
38509	3	T8	procedure on atrioventricular node or perinodal tissues involving 1 atrial chamber only (Anaes.) (Assist.)	2463.3	0	0	0	1847.5	Y	1/11/1992	$	11,058	7	$	23,280	$	14,743	0%	100%	-8.6%	-10.1%
38512	3	T8	DIVISION OF ACCESSORY PATHWAY, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial VENTRICULAR ARRHYTHMIA with mapping and muscle ablation, with or without aneurysmeotomy (Anaes.) (Assist.)	2164.05	0	0	0	1623.05	Y	1/11/1992	$	887,308	901	$	1,801,714	$	1,184,170	0%	100%	10.2%	10.3%
38515	3	T8		2755.4	0	0	0	2066.55	Y	1/11/1992	$	667,200	342	$	1,369,369	$	889,595	0%	100%	3.4%	3.9%
38518	3	T8	involving valve replacement or repair or coronary artery implantation (Anaes.) (Assist.)	2957.65	0	0	0	2218.25	Y	1/11/1992	$	53,107	24	$	105,865	$	70,809	0%	100%	#DIV/0!	#DIV/0!
38550	3	T8	aortic valve replacement or repair, without implantation of coronary arteries (Anaes.) (Assist.)	2213.2	0	0	0	1659.9	Y	1/11/1992	$	125,463	94	$	258,878	$	167,282	0%	100%	3.0%	3.3%
38553	3	T8	aortic valve replacement or repair, and implantation of coronary arteries (Anaes.) (Assist.)	2804.7	0	0	0	2103.55	Y	1/11/1992	$	1,218,690	582	$	2,497,131	$	1,624,912	0%	100%	2.0%	2.7%
38556	3	T8	replacement of, not involving valve replacement or repair or coronary artery implantation (Anaes.) (Assist.)	3201.7	0	0	0	2401.3	Y	1/11/1992	$	683,380	288	$	1,414,512	$	911,170	0%	100%	0.5%	1.0%
38559	3	T8	replacement of, with aortic valve replacement or repair, without implantation of coronary arteries (Anaes.) (Assist.)	2610.05	0	0	0	1957.55	Y	1/11/1992	$	124,806	65	$	252,144	$	166,409	0%	100%	-2.3%	-1.5%
38562	3	T8		3201.7	0	0	0	2401.3	Y	1/11/1992	$	282,326	119	$	582,986	$	376,436	0%	100%	4.6%	5.4%

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38565	3	T8	replacement of, with aortic valve replacement or repair, and implantation of coronary arteries (Anaes.) (Assist.)	3591	0	0	0	2693.25	Y	1/11/1992	$	353,439	132	$	718,215	$	471,255	1%	100%	1.1%	2.3%
38568	3	T8	shunt or cardiopulmonary bypass, by open exposure, percutaneous or endovascular means (Anaes.) (Assist.)	1921.15	0	0	0	1440.9	Y	1/11/1992	$	63,950	51	$	123,794	$	85,266	0%	100%	12.0%	13.6%
38571	3	T8	DESCENDING THORACIC AORTA, repair or replacement of, using shunt or cardiopulmonary bypass (Anaes.) (Assist.)	2115.85	0	0	0	1586.9	Y	1/11/1992	$	24,763	32	$	50,996	$	33,017	3%	100%	5.9%	9.4%
38572	3	T8	conjunction with procedures on the thoracic aorta (Anaes.) (Assist.)	2049.15	0	0	0	1536.9	Y	1/07/1993	$	89,997	130	$	182,758	$	119,995	1%	100%	5.4%	4.5%
38577	3	T8	administration of retrograde cerebral perfusion during deep hypothermic arrest (Assist.)	571.85	0	0	0	428.9	0	1/11/1995	$	14,385	102	$	33,182	$	19,180	0%	100%	3.0%	4.8%
38588	3	T8	retrograde administration of blood or crystalloid for cardioplegia, including pressure monitoring (Assist.)	429.05	0	0	0	321.8	0	1/11/1995	$	630,914	5,912	$	1,361,813	$	841,997	0%	100%	-2.9%	-4.7%
38600	3	T8	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.)	1579.85	0	0	0	1184.9	Y	1/11/1992	$	9,183	9	$	18,619	$	12,244	0%	100%	-9.7%	-9.6%
38603	3	T8	PERIPHERAL CANNULATION for cardiopulmonary bypass excluding post-operative management (Anaes.) (Assist.)	988.35	0	0	0	741.3	Y	1/11/1992	$	219,930	968	$	472,039	$	293,717	0%	100%	4.9%	3.6%
38609	3	T8	INTRA-AORTIC BALLOON PUMP, insertion of, by arteriotomy (Anaes.) (Assist.)	494.1	0	0	0	370.6	Y	1/11/1992	$	4,909	44	$	10,209	$	6,546	2%	100%	-0.4%	-5.1%
38612	3	T8	INTRA-AORTIC BALLOON PUMP, removal of, with closure of artery by direct suture (Anaes.) (Assist.)	553.9	0	0	470.85	415.45	Y	1/11/1992	$	3,171	10	$	5,187	$	4,154	10%	90%	-6.5%	-5.6%
38615	3	T8	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	1579.85	0	0	0	1184.9	Y	1/11/1992	$	14,413	16	$	23,114	$	19,217	0%	100%	5.9%	10.8%
38618	3	T8	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	1969.25	0	0	0	1476.95	Y	1/11/1992	$	22,855	20	$	41,996	$	30,473	0%	100%	-2.8%	-4.8%
38621	3	T8	LEFT OR RIGHT VENTRICULAR ASSIST DEVICE, removal of, as an independent procedure (Anaes.) (Assist.)	786.15	0	0	0	589.65	Y	1/11/1992	$	1,993	4	$	3,471	$	2,657	0%	100%	0.0%	1.4%
38624	3	T8	LEFT AND RIGHT VENTRICULAR ASSIST DEVICE, removal of, as an independent procedure (Anaes.) (Assist.)	883.4	0	0	0	662.55	Y	1/11/1992	$	828	2	$	1,785	$	1,104	0%	100%	-22.2%	-23.0%
38627	3	T8	EXTRA-CORPOREAL MEMBRANE OXYGENATION, BYPASS OR VENTRICULAR ASSIST DEVICE CANNULAE, adjustment and re-positioning of, by open operation, in patients supported by these	690.5	0	0	0	517.9	Y	1/07/1998	$	16,371	55	$	28,561	$	21,827	0%	100%	6.1%	2.0%
38637	3	T8	PATENT DISEASED coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of (Anaes.) (Assist.)	571.85	0	0	0	428.9	Y	1/11/1995	$	4,976	38	$	10,797	$	6,635	0%	100%	-8.7%	-8.1%
38640	3	T8	including any divisions of adhesions where the time taken to divide the adhesions is 45 minutes or less (Anaes.) (Assist.)	988.35	0	0	0	741.3	Y	1/11/1992	$	42,396	98	$	80,075	$	56,525	0%	100%	-1.0%	1.3%
38643	3	T8	where the time taken to divide the adhesions exceeds 45 minutes (Anaes.) (Assist.)	1100.75	0	0	0	825.6	Y	1/11/1995	$	527,719	1,343	$	1,061,420	$	703,849	0%	100%	3.6%	4.1%
38647	3	T8	adhesions where the time taken to divide the adhesions exceeds 2 hours (Anaes.) (Assist.)	2201.2	0	0	0	1650.9	Y	1/11/1995	$	1,082,327	814	$	2,170,648	$	1,444,229	0%	100%	-1.8%	-1.3%
38650	3	T8	MYOMECTOMY or MYOTOMY for hypertrophic obstructive cardiomyopathy (Anaes.) (Assist.)	1969.25	0	0	0	1476.95	Y	1/11/1992	$	83,476	135	$	165,187	$	111,301	0%	100%	5.4%	4.6%
38653	3	T8	OPEN HEART SURGERY, not being a service to which another item in this Group applies (Anaes.) (Assist.)	1969.25	0	0	0	1476.95	Y	1/11/1992	$	418,897	764	$	886,723	$	558,529	0%	100%	11.0%	10.6%
38654	3	T8	Permanent left ventricular electrode, insertion, removal or replacement of via open thoracotomy, for the purpose of cardiac resynchronisation therapy, for a patient who: (a)has: (i)moderate	1262.85	0	0	0	947.15	Y	1/05/2006	$	27,663	57	$	55,607	$	36,884	0%	100%	3.9%	0.0%
38656	3	T8	THORACOTOMY or median sternotomy for post-operative bleeding (Anaes.) (Assist.)	988.35	0	0	0	741.3	Y	1/11/1992	$	269,520	398	$	522,420	$	359,362	0%	100%	4.5%	5.1%
38670	3	T8	inter-atrial septum, without patch or conduit reconstruction (Anaes.) (Assist.)	1968.85	0	0	0	1476.65	Y	1/11/1995	$	48,091	74	$	99,608	$	64,120	0%	100%	12.0%	14.8%
38673	3	T8	inter-atrial septum, requiring reconstruction with patch or conduit (Anaes.) (Assist.)	2216	0	0	0	1662	Y	1/11/1995	$	54,524	37	$	108,682	$	72,699	0%	100%	1.7%	2.0%
38677	3	T8	CARDIAC TUMOUR arising from ventricular myocardium, partial thickness excision of (Anaes.) (Assist.)	2073.15	0	0	0	1554.9	Y	1/11/1995	$	7,380	9	$	14,341	$	9,840	0%	100%	-8.5%	-13.2%
38680	3	T8	thickness excision of including repair or reconstruction (Anaes.) (Assist.)	2459.05	0	0	2374.35	1844.3	Y	1/11/1995	$	3,689	2	$	7,316	$	4,918	0%	100%	0.0%	0.6%
38700	3	T8	large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	1100.75	0	0	0	825.6	Y	1/11/1992	$	12,063	25	$	20,690	$	16,084	0%	100%	-11.5%	-15.2%
38703	3	T8	large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	1984.2	0	0	0	1488.15	Y	1/11/1992	$	24,456	50	$	39,391	$	32,607	0%	100%	-12.4%	-11.2%

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38706	3	T8	AORTA, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	1879.3		0	0	0	1409.5	Y	1/11/1992	$	28,106	20	$	43,856	$	37,474	0%	100%	-2.8%	-2.2%
38709	3	T8	AORTA, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	25,878	22	$	45,302	$	34,504	0%	100%	-13.7%	-15.3%
38712	3	T8	AORTIC INTERRUPTION, repair of, for congenital heart disease (Anaes.) (Assist.)	2643.2		0	0	0	1982.4	Y	1/11/1992	$	3,965	2	$	6,561	$	5,286	0%	100%	#DIV/0!	#DIV/0!
38715	3	T8	without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	1759.6		0	0	0	1319.7	Y	1/11/1992	$	13,827	13	$	24,209	$	18,437	0%	100%	16.7%	29.2%
38718	3	T8	cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	84,806	90	$	145,802	$	113,074	0%	100%	-6.4%	-4.5%
38724	3	T8	VENA CAVA, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	31,269	24	$	56,455	$	41,691	0%	100%	-5.0%	-2.1%
38727	3	T8	INTRATHORACIC VESSELS, anastomosis or repair of, without cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies,	1542.55		0	0	0	1156.95	Y	1/11/1992	$	11,618	14	$	23,161	$	15,490	0%	100%	-14.1%	-14.0%
38730	3	T8	INTRATHORACIC VESSELS, anastomosis or repair of, with cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	32,458	27	$	62,176	$	43,277	0%	100%	6.2%	7.7%
38733	3	T8	with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	1542.55		0	0	0	1156.95	Y	1/11/1992	$	4,865	5	$	8,439	$	6,486	0%	100%	-12.9%	-15.4%
38736	3	T8	ATRIAL SEPTECTOMY, with or without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	19,219	23	$	31,822	$	25,626	0%	100%	-5.8%	-4.7%
38739	3	T8	ATRIAL SEPTAL DEFECT, closure by open exposure direct suture or patch, for congenital heart disease (Anaes.) (Assist.)	1984.2		0	0	0	1488.15	Y	1/11/1992	$	4,437	11	$	8,333	$	5,916	0%	100%	-18.7%	-19.3%
38742	3	T8	INTRA-ATRIAL BAFFLE, insertion of, for congenital heart disease (Anaes.) (Assist.)	1984.2		0	0	0	1488.15	Y	1/11/1992	$	375,247	541	$	736,846	$	500,319	0%	100%	-0.9%	0.5%
38745	3	T8	VENTRICULAR SEPTECTOMY, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	21,850	24	$	42,849	$	29,133	0%	100%	-8.8%	-11.9%
38748	3	T8	Ventricular septal defect, closure by direct suture or patch (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	1,238	2	$	2,457	$	1,651	0%	100%	-16.7%	-23.7%
38751	3	T8	INTRAVENTRICULAR BAFFLE OR CONDUIT, insertion of, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	98,721	88	$	166,792	$	132,748	0%	100%	-1.5%	0.5%
38754	3	T8	EXTRACARDIAC CONDUIT, insertion of, for congenital heart disease (Anaes.) (Assist.)	2755.4		0	0	0	2066.55	Y	1/11/1992	$	17,565	9	$	36,050	$	23,421	0%	100%	-18.5%	-18.2%
38757	3	T8	EXTRACARDIAC CONDUIT, replacement of, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	16,879	20	$	26,949	$	22,505	0%	100%	-9.0%	-3.5%
38760	3	T8	VENTRICULAR MYECTOMY, for relief of ventricular obstruction, right or left, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	15,234	16	$	23,748	$	20,312	0%	100%	18.0%	20.5%
38763	3	T8	VENTRICULAR AUGMENTATION, right or left, for congenital heart disease (Anaes.) (Assist.)	2201.2		0	0	0	1650.9	Y	1/11/1992	$	52,954	77	$	102,335	$	70,604	0%	100%	-8.3%	-8.6%
38766	3	T8	THORACIC CAVITY, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38803 applies	2201.2		0	0	0	1650.9	Y	1/11/1992	$	29,407	57	$	57,077	$	39,208	0%	100%	-5.6%	-3.3%
38800	3	T8	THORACIC CAVITY, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample	39.7		0	0	33.75	29.8	0	1/11/2005	$	28,283	907	$	45,329	$	34,818	35%	54%	-5.2%	-3.9%
38803	3	T8	INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding aftercare) (Anaes.)	79.3		0	0	67.45	59.5	0	1/11/2005	$	249,546	4,341	$	409,975	$	321,414	17%	77%	1.2%	1.6%
38806	3	T8	INTERCOSTAL DRAIN, insertion of, with pleurodesis and not involving resection of rib (excluding aftercare) (Anaes.)	137.75		0	0	117.1	103.35	Y	1/11/2005	$	531,194	9,889	$	979,350	$	699,232	4%	95%	2.2%	2.4%
38809	3	T8	PERCUTANEOUS NEEDLE BIOPSY of lung (Anaes.)	169.7		0	0	144.25	127.3	Y	1/11/2005	$	27,050	283	$	50,218	$	35,867	4%	97%	-5.9%	-4.0%
38812	3	T8	LUMBAR PUNCTURE (Anaes.)	215.7		0	0	183.35	161.8	Y	1/11/2005	$	868,513	4,977	$	1,132,295	$	1,066,789	52%	38%	7.5%	8.1%
39000	3	T8		77.65		0	0	66.05	58.25	Y	1/12/1991	$	499,924	8,136	$	781,093	$	626,770	31%	62%	5.5%	6.5%
39003	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	49	2	$	108	$	66	0%	100%	-12.9%	-19.4%
39006	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	123	2	$	270	$	164	0%	100%	-32.2%	-35.7%
39007	3	T8	subdural space, ventricle or basal cistern), percutaneously or by burr-hole (Anaes.)	164.4		0	0	139.75	123.3	Y	1/11/2020	$	627	10	$	1,209	$	945	0%	100%	#DIV/0!	#DIV/0!

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39009	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	69	2	$	146	$	92	0%	100%	-22.2%	-18.3%
39012	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	322	6	$	855	$	429	0%	100%	-9.7%	-25.4%
39013	3	T8	INJECTION UNDER IMAGE INTENSIFICATION with 1 or more of contrast media, local anaesthetic or corticosteroid into 1 or more zygo-apophyseal or costo-transverse joints or 1 or more primary	112.55		0	0	95.7	84.45	Y	1/07/1993	$	6,311,934	72,411	$	7,996,940	$	7,534,923	60%	24%	8.1%	8.2%
39015	3	T8	Intracranial parenchymal pressure monitoring device, insertion of—including burr hole (excluding after care) (Anaes.)	387.75		0	0	0	290.85	Y	1/12/1991	$	58,047	350	$	126,611	$	77,533	1%	100%	-9.0%	-6.8%
39018	3	T8	ventricular drain, insertion of, with or without stereotaxy (Anaes.) (Assist.)	852.5		0	0	0	639.4	Y	1/12/1991	$	67,198	150	$	140,005	$	89,594	0%	100%	49.6%	94.7%
39100	3	T8	INJECTION OF PRIMARY BRANCH OF TRIGEMINAL NERVE with alcohol, cortisone, phenol, or similar substance (Anaes.)	245		0	0	208.25	183.75	Y	1/12/1991	$	25,962	120	$	43,213	$	28,074	56%	6%	2.9%	4.5%
39106	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,619	2	$	2,710	$	2,451	0%	100%	-16.7%	-3.7%
39109	3	T8	Trigeminal gangliotomy by radiofrequency, balloon or glycerol, including stereotaxy (Anaes.) (Assist.)	1461.9		0	0	1377.2	1096.45	Y	1/12/1991	$	121,747	163	$	290,011	$	162,325	0%	100%	4.0%	30.7%
39112	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	182,406	216	$	463,853	$	243,207	2%	100%	-11.0%	-11.2%
39113	3	T8	microsurgical techniques, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2452.4		0	0	0	1839.3	Y	1/11/2020	$	346,911	218	$	889,488	$	462,548	1%	100%	#DIV/0!	#DIV/0!
39115	3	T8	PERCUTANEOUS NEUROTOMY of posterior divisions (or rami) of spinal nerves by any method, including any associated spinal, epidural or regional nerve block (payable once only in a 30 day frequency probe or cryoprobe using radiological imaging control (Anaes.) (Assist.)	77.65		0	0	66.05	58.25	Y	1/12/1991	$	5,976	90	$	7,564	$	6,656	26%	18%	-6.1%	-4.7%
39118	3	T8	CORDOTOMY OR MYELOTOMY, partial or total laminectomy for, or operation for dorsal root entry zone (Drez) lesion (Anaes.) (Assist.)	307.15		0	0	261.1	230.4	Y	1/12/1991	$	11,405,637	104,450	$	24,348,690	$	14,966,212	5%	92%	12.1%	12.7%
39124	3	T8	of, and connection to a subcutaneous implanted infusion pump, for the management of chronic intractable pain (Anaes.) (Assist.)	1667.3		0	0	0	1250.5	Y	1/12/1991	$	3,126	3	$	5,942	$	4,168	0%	100%	#DIV/0!	#DIV/0!
39125	3	T8	INFUSION PUMP, subcutaneous implantation or replacement of, and connection of the pump to an intrathecal or epidural catheter,	307.35		0	0	0	230.55	Y	1/07/1993	$	4,146	19	$	8,213	$	5,528	5%	100%	-5.3%	-4.4%
39126	3	T8	and filling of reservoir with a therapeutic agent or agents, with or SUBCUTANEOUS RESERVOIR AND SPINAL CATHETER, insertion of, for the management of chronic intractable pain (Anaes.)	373.2		0	0	0	279.9	Y	1/07/1993	$	18,831	72	$	41,734	$	25,108	0%	100%	0.3%	0.0%
39127	3	T8	INFUSION PUMP, subcutaneous implantation of, AND intrathecal or epidural SPINAL CATHETER insertion of, and connection of pump	488.45		0	0	0	366.35	Y	1/12/1991	$	2,564	7	$	5,143	$	3,419	0%	100%	-18.9%	-17.6%
39128	3	T8	to catheter, and filling of reservoir with a therapeutic agent or EPIDURAL LEAD, percutaneous placement of, including intraoperative test stimulation, for the management of chronic	680.55		0	0	0	510.45	Y	1/07/1993	$	30,979	62	$	72,251	$	41,303	2%	100%	2.1%	2.3%
39130	3	T8	intractable neuropathic pain or pain from refractory angina ELECTRODES, epidural or peripheral nerve, management of patient	695.2		0	0	0	521.4	Y	1/12/1991	$	1,213,469	3,187	$	2,811,709	$	1,617,964	0%	100%	1.5%	1.9%
39131	3	T8	and adjustment or reprogramming of neurostimulator by a medical practitioner, for the management of chronic intractable	131.8		0	0	112.05	98.85	0	1/07/1993	$	678,871	6,279	$	800,793	$	815,744	76%	19%	6.0%	6.5%
39133	3	T8	Removal of subcutaneously IMPLANTED INFUSION PUMP OR removal or repositioning of intrathecal or epidural SPINAL CATHETER, for the management of chronic intractable pain	164.4		0	0	0	123.3	Y	1/12/1991	$	3,694	38	$	10,520	$	4,926	0%	100%	-2.9%	-2.7%
39134	3	T8	NEUROSTIMULATOR or RECEIVER, subcutaneous placement of, including placement and connection of extension wires to epidural or peripheral nerve electrodes, for the management of chronic	351.25		0	0	0	263.45	Y	1/07/1993	$	190,601	1,450	$	506,230	$	254,110	0%	100%	4.5%	2.9%
39135	3	T8	NEUROSTIMULATOR or RECEIVER, that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, removal of, performed in the operating	164.4		0	0	0	123.3	Y	1/11/2004	$	40,337	483	$	100,298	$	53,781	1%	100%	6.6%	6.8%
39136	3	T8	LEAD, epidural or peripheral nerve that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, removal of, performed in the operating	164.4		0	0	0	123.3	Y	1/12/1991	$	99,981	1,538	$	222,392	$	133,289	2%	100%	7.9%	8.1%
39137	3	T8	LEAD, epidural or peripheral nerve that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, surgical repositioning to correct	624.3		0	0	0	468.25	Y	1/11/2004	$	129,121	346	$	279,969	$	172,159	0%	100%	4.5%	4.9%
39138	3	T8	PERIPHERAL NERVE LEAD, surgical placement of, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from refractory angina	695.2		0	0	0	521.4	Y	1/11/2004	$	911,677	2,595	$	2,053,815	$	1,215,561	0%	100%	3.6%	4.2%
39139	3	T8	Epidural lead, surgical placement of one or more by partial or total laminectomy, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from	933.4		0	0	0	700.05	Y	1/12/1991	$	97,446	142	$	259,784	$	129,928	0%	100%	17.3%	21.9%
39140	3	T8	epidurogram and epidural therapeutic injection for lysis of adhesions (Anaes.)	302		0	0	256.7	226.5	Y	1/05/1997	$	1,101,221	6,101	$	2,368,424	$	1,459,468	2%	97%	4.0%	2.2%
39300	3	T8	CUTANEOUS NERVE (including digital nerve), primary repair of, using microsurgical techniques (Anaes.) (Assist.)	364.4		0	0	0	273.3	Y	1/12/1991	$	213,018	1,445	$	520,752	$	284,068	0%	100%	2.7%	2.9%
39303	3	T8	CUTANEOUS NERVE (including digital nerve), secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	480.65		0	0	0	360.5	Y	1/12/1991	$	22,951	96	$	63,118	$	30,601	0%	100%	3.5%	2.0%

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39306	3	T8	NERVE TRUNK, primary repair of, using microsurgical techniques (Anaes.) (Assist.)	697.95		0	0	0	523.5	Y	1/12/1991	$	77,284	244	$	182,341	$	103,045	0%	100%	6.5%	7.4%
39309	3	T8	NERVE TRUNK, secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	736.7		0	0	0	552.55	Y	1/12/1991	$	26,376	66	$	70,605	$	35,167	0%	100%	5.7%	6.0%
39312	3	T8	NERVE TRUNK, (interfascicular), neurolysis of, using microsurgical techniques (Anaes.) (Assist.)	411		0	0	0	308.25	Y	1/12/1991	$	167,877	1,045	$	446,628	$	223,805	1%	100%	9.7%	8.7%
39315	3	T8	NERVE TRUNK, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques (Anaes.) (Assist.)	1062.4		0	0	0	796.8	Y	1/12/1991	$	78,450	153	$	195,073	$	105,213	0%	100%	3.3%	3.0%
39318	3	T8	CUTANEOUS NERVE (including digital nerve), nerve graft to, using microsurgical techniques (Anaes.) (Assist.)	659.2		0	0	0	494.4	Y	1/12/1991	$	24,889	93	$	65,830	$	32,591	0%	100%	9.9%	2.7%
39321	3	T8	NERVE, transposition of (Anaes.) (Assist.)	488.45		0	0	0	366.35	Y	1/12/1991	$	450,329	1,645	$	1,225,193	$	600,742	2%	100%	6.3%	5.9%
39323	3	T8	lesion generator, not being a service to which another item applies (Anaes.) (Assist.)	285.45		0	0	242.65	214.1	Y	1/07/1993	$	4,292,192	42,841	$	8,890,737	$	5,651,679	4%	96%	24.9%	24.1%
39324	3	T8	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve, by open operation (Anaes.) (Assist.)	285.45		0	0	242.65	214.1	Y	1/12/1991	$	81,467	581	$	190,836	$	91,002	2%	96%	3.8%	5.0%
39327	3	T8	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.) service associated with a service to which item 39312 applies (Anaes.) (Assist.)	488.55		0	0	0	366.45	Y	1/12/1991	$	344,773	1,559	$	904,230	$	459,679	0%	100%	0.2%	-1.7%
39330	3	T8	CARPAL TUNNEL RELEASE (division of transverse carpal ligament), by any method (Anaes.)	285.45		0	0	0	214.1	Y	1/12/1991	$	2,833,922	23,004	$	7,786,362	$	3,778,726	1%	100%	8.5%	7.7%
39331	3	T8	BRACHIAL PLEXUS, exploration of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	285.45		0	0	242.65	214.1	Y	1/07/1993	$	3,429,440	17,465	$	10,185,840	$	4,113,917	3%	90%	3.4%	4.8%
39333	3	T8		411		0	0	349.35	308.25	Y	1/12/1991	$	8,489	75	$	23,907	$	12,279	0%	100%	5.6%	1.4%
39500	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,385	5	$	2,987	$	1,846	0%	100%	-3.6%	-6.8%
39503	3	T8	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of (Anaes.) (Assist.)	984.85		0	0	0	738.65	Y	1/12/1991	$	1,108	3	$	1,875	$	1,477	0%	100%	-12.9%	-17.8%
39600	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	14,235	63	$	33,529	$	18,980	0%	100%	-20.4%	-22.3%
39603	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	219,748	279	$	465,416	$	292,994	0%	100%	-18.2%	-17.7%
39604	3	T8	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	1849.6		0	0	0	1387.2	Y	1/11/2020	$	542,060	440	$	1,157,868	$	722,746	0%	100%	#DIV/0!	#DIV/0!
39606	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,910	7	$	3,949	$	2,546	0%	100%	-11.6%	-21.1%
39609	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	4,247	8	$	8,169	$	5,663	0%	100%	-12.9%	-13.7%
39610	3	T8	Fractured skull, without brain laceration or dural penetration, repair of (Anaes.) (Assist.)	984.85		0	0	0	738.65	Y	1/11/2020	$	7,804	11	$	16,041	$	10,405	0%	100%	#DIV/0!	#DIV/0!
39612	3	T8	without cerebrospinal fluid, rhinorrhoea or otorrhoea, repair of (Anaes.) (Assist.)	1155.5		0	0	0	866.65	Y	1/12/1991	$	3,463	6	$	6,543	$	4,618	0%	100%	-5.6%	0.6%
39615	3	T8	or otorrhoea, repair of, including stereotaxy and dermofat graft (Anaes.) (Assist.)	1971.75		0	0	0	1478.85	Y	1/12/1991	$	145,680	126	$	298,577	$	194,530	0%	100%	2.8%	9.9%
39638	3	T8	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.)	4390.15		0	0	0	3292.65	Y	1/11/2020	$	401,703	122	$	834,667	$	535,598	0%	100%	#DIV/0!	#DIV/0!
39639	3	T8	vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co-surgeon (Assist.)	3508.2		0	0	0	2631.15	0	1/11/2020	$	328,894	125	$	661,784	$	438,525	0%	100%	#DIV/0!	#DIV/0!
39640	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	39,546	17	$	78,626	$	52,728	0%	100%	-24.9%	-24.3%
39641	3	T8	vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)	4630.5		0	0	0	3472.9	Y	1/11/2020	$	291,929	85	$	608,874	$	389,236	0%	100%	#DIV/0!	#DIV/0!
39642	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	9,860	4	$	23,368	$	13,147	0%	100%	-10.6%	-10.0%
39646	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	22,523	8	$	52,619	$	30,031	0%	100%	-15.0%	-13.0%
39650	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	36,626	19	$	95,382	$	48,835	0%	100%	-2.9%	2.1%

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39651		3	T8	removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)	5712.85		0	0	0	4284.65	Y	1/11/2020	$	128,539	30	$	256,734	$	171,386	0%	100%	#DIV/0!	#DIV/0!
39653	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	36,215	10	$	77,647	$	48,286	0%	100%	-22.2%	-20.5%
39654		3	T8	removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.)	4390.15		0	0	0	3292.65	Y	1/07/1995	$	76,748	25	$	160,246	$	102,330	0%	100%	15.8%	25.5%
39656		3	T8	removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co surgeon (Assist.)	3508.2		0	0	0	2631.15	0	1/07/1995	$	45,735	19	$	92,973	$	60,980	0%	100%	3.5%	9.7%
39658	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	25,323	11	$	53,900	$	33,765	0%	100%	-4.7%	-4.5%
39660	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	56,098	24	$	119,819	$	74,796	0%	100%	-7.3%	-4.3%
39662	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	7,492	4	$	6,394	$	9,990	0%	100%	-24.2%	-26.5%
39700		3	T8	Skull tumour, benign or malignant, excision of, including stereotaxy and cranioplasty (Anaes.) (Assist.)	1869		0	0	0	1401.75	Y	1/12/1991	$	99,633	118	$	206,016	$	133,350	1%	100%	-2.4%	24.6%
39703		3	T8	burr hole and biopsy of; (b) drainage of; including stereotaxy (Anaes.) (Assist.)	1500.7		0	0	0	1125.55	Y	1/12/1991	$	96,286	134	$	245,081	$	128,379	0%	100%	-0.3%	30.2%
39706	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	16,723	39	$	37,656	$	22,297	0%	100%	-17.3%	-17.4%
39709	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	625,332	530	$	1,402,606	$	833,760	1%	100%	-18.8%	-18.0%
39710		3	T8	or removal of, through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2499.1		0	0	0	1874.35	Y	1/11/2020	$	878,601	481	$	1,907,880	$	1,171,453	0%	100%	#DIV/0!	#DIV/0!
39712		3	T8	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)	3817.3		0	0	0	2863	Y	1/12/1991	$	3,107,923	1,218	$	6,768,903	$	4,144,473	1%	100%	3.2%	8.2%
39715		3	T8	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	2786		0	0	0	2089.5	Y	1/12/1991	$	595,315	331	$	1,561,590	$	793,750	1%	100%	-1.8%	2.9%
39718		3	T8	Arachnoidal cyst, craniotomy for, including stereotaxy and neuroendoscopy (Anaes.) (Assist.)	1682.9		0	0	0	1262.2	Y	1/12/1991	$	11,899	16	$	34,083	$	15,865	0%	100%	1.3%	22.8%
39720		3	T8	Awake craniotomy for functional neurosurgery (Anaes.) (Assist.)	3571.05		0	0	0	2678.3	Y	1/11/2020	$	50,465	25	$	106,159	$	67,288	0%	100%	#DIV/0!	#DIV/0!
39721	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	9,202	20	$	17,854	$	12,269	5%	100%	-12.9%	-11.6%
39800	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	291,203	152	$	644,465	$	388,269	2%	100%	-14.9%	-15.4%
39801		3	T8	Aneurysm, clipping, proximal ligation, or reinforcement of sac, including stereotaxy and cranioplasty (Anaes.) (Assist.)	5712.85		0	0	0	4284.65	Y	1/11/2020	$	650,214	171	$	1,325,341	$	872,639	3%	100%	#DIV/0!	#DIV/0!
39803		3	T8	through a craniotomy, including stereotaxy, cranioplasty and all angiography (Anaes.) (Assist.)	5712.85		0	0	0	4284.65	Y	1/12/1991	$	324,991	93	$	616,626	$	433,320	4%	100%	-0.8%	11.3%
39806	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	2,728	5	$	5,802	$	3,636	0%	100%	-12.9%	-15.3%
39815		3	T8	CAROTID-CAVERNOUS FISTULA, obliteration of - combined cervical and intracranial procedure (Anaes.) (Assist.)	1884.35		0	0	1799.65	1413.3	Y	1/12/1991	$	14,371	10	$	18,572	$	16,959	40%	60%	2.1%	4.3%
39818		3	T8	Intracranial vascular bypass using indirect techniques, including stereotaxy (Anaes.) (Assist.)	2500.95		0	0	0	1875.75	Y	1/12/1991	$	32,465	21	$	66,895	$	43,287	14%	100%	1.0%	6.5%
39821		3	T8	Intracranial vascular bypass using direct anastomosis techniques, including stereotaxy (Anaes.) (Assist.)	3563.35		0	0	0	2672.55	Y	1/07/1995	$	30,057	15	$	51,296	$	40,076	27%	100%	20.1%	32.8%
39900		3	T8	other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	1500.7		0	0	0	1125.55	Y	1/12/1991	$	5,904	10	$	12,534	$	7,872	0%	100%	7.4%	32.2%
39903		3	T8	other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	2252.9		0	0	0	1689.7	Y	1/12/1991	$	94,673	69	$	206,356	$	126,230	0%	100%	-1.1%	2.8%
39906		3	T8	craniectomy for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	822		0	0	0	616.5	Y	1/12/1991	$	41,562	106	$	88,793	$	55,415	0%	100%	-1.1%	1.2%
40003	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	88,332	216	$	224,020	$	117,771	1%	100%	-14.7%	-16.6%
40004		3	T8	Ventricular, lumbar or cisternal shunt diversion, insertion or revision of, including stereotaxy (Anaes.) (Assist.)	1706.15		0	0	0	1279.65	Y	1/11/2020	$	618,391	498	$	1,417,895	$	824,498	1%	100%	#DIV/0!	#DIV/0!

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40006	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	3,884	7	$	7,868	$	5,178		0%	100%	-23.7%	-20.7%
40009	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	43,793	133	$	91,984	$	58,390		0%	100%	-13.5%	-13.3%
40012	3	T8	Endoscopic ventriculostomy for treatment of cerebrospinal fluid circulation disorders, including stereotaxy (Anaes.) (Assist.)	1764.3		0	0	0	1323.25	Y	1/12/1991	$	61,167	80	$	147,341	$	81,555		1%	100%	-3.0%	10.5%
40015	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,108	6	$	2,328	$	1,477		0%	100%	24.6%	13.1%
40018	3	T8	LUMBAR CEREBROSPINAL FLUID DRAIN, insertion of (Anaes.)	164.4		0	0	139.75	123.3	Y	1/12/1991	$	11,534	114	$	26,277	$	15,378		1%	100%	-2.3%	-1.4%
40100	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	2,663	11	$	5,725	$	3,551		0%	100%	-32.2%	-34.1%
40103	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,559	2	$	2,078	$	2,078		0%	100%	-24.2%	-21.2%
40104	3	T8	closure of, other than a service associated with a service to which item40600 applies (Anaes.) (Assist.)	1046.95		0	0	0	785.25	Y	1/11/2020	$	2,945	6	$	4,877	$	3,926		0%	100%	#DIV/0!	#DIV/0!
40106	3	T8	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.)	2485.45		0	0	0	1864.1	Y	1/12/1991	$	149,870	123	$	407,848	$	199,824		1%	100%	0.8%	22.9%
40109	3	T8	Encephalocoele or cranial meningocele, excision and closure of, including stereotaxy and dermofat graft (Anaes.) (Assist.)	1929.05		0	0	0	1446.8	Y	1/12/1991	$	38,094	36	$	91,614	$	51,820		0%	100%	2.4%	18.1%
40112	3	T8	Tethered cord, release of, including lipomeningocele or diastematomyelia, multiple levels, including laminectomy and rhizolysis, other than a service associated with a service to which	2464.15		0	0	0	1848.15	Y	1/12/1991	$	20,152	15	$	42,423	$	26,869		0%	100%	-12.4%	-3.8%
40115	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,380	3	$	2,569	$	1,839		0%	100%	-28.5%	-26.4%
40118	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	3,014	4	$	7,680	$	4,019		0%	100%	-12.9%	-9.9%
40119	3	T8	Craniostenosis, operation for, other than a service associated with a service to which item40600 applies (Anaes.) (Assist.)	984.85		0	0	0	738.65	Y	1/11/2020	$	1,477	2	$	3,438	$	1,970		0%	100%	#DIV/0!	#DIV/0!
40300	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	179	1	-$	457	-$	239	-		100%	-120.6%	-117.4%
40301	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	3,770	9	$	10,563	$	5,026		0%	100%	-76.1%	-76.4%
40303	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,635	2	$	3,129	$	2,181		0%	100%	-79.9%	-79.8%
40306	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	9,446	9	$	25,899	$	12,595		0%	100%	-74.4%	-73.6%
40330	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	4,032	16	$	11,814	$	5,376		0%	100%	-76.6%	-76.7%
40600	3	T8	Cranioplasty, reconstructive, other than a service associated with a service to which item39113, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39710, 39712, 39715, 39801, 39803 or 40703 applies	984.85		0	0	0	738.65	Y	1/12/1991	$	380,970	1,291	$	993,704	$	508,586		1%	100%	-12.6%	-10.6%
40700	3	T8	Corpus callosotomy, for epilepsy, including stereotaxy (Anaes.) (Assist.)	2415.7		0	0	0	1811.8	Y	1/12/1991	$	2,529	2	$	11,042	$	3,371		0%	100%	-39.7%	-34.1%
40701	3	T8	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)	351.25		0	0	0	263.45	Y	1/11/2017	$	2,501	18	$	5,884	$	3,335		0%	100%	#DIV/0!	#DIV/0!
40702	3	T8	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	164.4		0	0	0	123.3	Y	1/11/2017	$	860	8	$	4,003	$	1,146		0%	100%	#DIV/0!	#DIV/0!
40703	3	T8	Corticectomy, topectomy or partial lobectomy, for epilepsy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2499.1		0	0	0	1874.35	Y	1/12/1991	$	49,224	43	$	95,469	$	65,631		0%	100%	-13.7%	-8.2%
40704	3	T8	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:	695.2		0	0	0	521.4	Y	1/11/2017	$	8,856	17	$	18,190	$	11,808		0%	100%	#DIV/0!	#DIV/0!
40705	3	T8	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	624.3		0	0	0	468.25	Y	1/11/2017	$	923	2	$	1,896	$	1,230		0%	100%	#DIV/0!	#DIV/0!
40706	3	T8	Hemispherectomy or functional hemispherectomy, for intractable epilepsy, including stereotaxy (Anaes.) (Assist.)	3571.1		0	0	0	2678.35	Y	1/12/1991	$	5,969	3	$	9,344	$	7,959		0%	100%	24.6%	30.0%
40707	3	T8	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)	195.65		0	0	166.35	146.75	0	1/11/2017	$	94,860	580	$	95,173	$	111,624		99%	0%	#DIV/0!	#DIV/0!
40708	3	T8	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	351.25		0	0	0	263.45	Y	1/11/2017	$	1,313	5	$	2,504	$	1,751		0%	100%	#DIV/0!	#DIV/0!

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40709	3	T8	Intracranial electrode placement by burr hole, including stereotaxy (Anaes.) (Assist.)	1500.7		0	0	0	1125.55	Y	1/12/1991	$	3,534	23	$	7,749	$	4,712	0%	100%	30.8%	35.3%
40712	3	T8	Intracranial electrode placement by craniotomy, single or multiple, including stereotactic EEG, including stereotaxy (Anaes.) (Assist.)	3571.1		0	0	0	2678.35	Y	1/12/1991	$	71,345	114	$	120,934	$	95,124	0%	100%	7.6%	29.6%
40800	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	61,986	115	$	84,379	$	72,435	84%	16%	-1.2%	11.6%
40801	3	T8	Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation, and lesion production, by any method, in the basal ganglia, brain stem or	1800.35		0	0	0	1350.3	Y	1/07/1993	$	26,374	24	$	56,253	$	36,337	0%	100%	13.0%	12.0%
40803	3	T8	Intracranial stereotactic procedure by any method, other than: (a) a service to which item40801 applies; or (b) a service associated with a service to which item39018, 39109, 39113, 39604, 39615,	1233.05		0	0	1148.35	924.8	Y	1/12/1991	$	1,916,178	2,743	$	3,859,541	$	2,417,546	18%	83%	-11.2%	-7.5%
40850	3	T8	DEEP BRAIN STIMULATION (unilateral) functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy	2335.2		0	0	0	1751.4	Y	1/02/2002	$	16,927	10	$	42,932	$	22,570	0%	100%	2.1%	2.1%
40851	3	T8	DEEP BRAIN STIMULATION (bilateral) functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy	4086.8		0	0	0	3065.1	Y	5/05/2003	$	764,156	250	$	1,851,431	$	1,018,880	0%	100%	-0.4%	0.3%
40852	3	T8	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	351.25		0	0	0	263.45	Y	1/02/2002	$	45,873	431	$	134,778	$	61,331	0%	100%	-3.4%	-5.1%
40854	3	T8	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	542.8		0	0	0	407.1	Y	1/02/2002	$	12,888	46	$	26,698	$	17,184	0%	100%	6.9%	8.8%
40856	3	T8	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	263.45		0	0	0	197.6	Y	1/02/2002	$	23,057	143	$	72,802	$	30,742	1%	100%	2.2%	3.5%
40858	3	T8	DEEP BRAIN STIMULATION (unilateral) placement, removal or replacement of extension leadfor the treatment of: Parkinson's disease where the patient's response to medical therapy is not	542.8		0	0	0	407.1	Y	1/02/2002	$	130,962	661	$	316,965	$	174,730	1%	100%	0.0%	-0.2%
40860	3	T8	DEEP BRAIN STIMULATION (unilateral) target localisation incorporating anatomical and physiological techniques, including intra-operative clinical evaluation, for the insertion of a single	2085.9		0	0	0	1564.45	Y	1/02/2002	$	552,495	487	$	1,349,619	$	736,656	0%	100%	-0.1%	0.4%
40862	3	T8	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	195.65		0	0	166.35	146.75	Y	1/02/2002	$	1,796,418	14,245	$	2,464,141	$	2,176,798	54%	34%	7.9%	7.3%
40903	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	6,476	30	$	31,462	$	8,635	0%	100%	-21.1%	-21.0%
40905	3	T8	Craniotomy, performed by a neurosurgeon in conjunction with the correction of craniofacial abnormalities (Anaes.) (Assist.)	620.5		0	0	0	465.4	Y	1/05/2004	$	1,396	4	$	2,791	$	1,862	0%	100%	-7.8%	0.6%
41500	3	T8	EAR, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.)	85.05		0	0	72.3	63.8	Y	1/12/1991	$	989,502	14,332	$	1,019,637	$	1,163,771	94%	1%	-0.6%	0.0%
41501	3	T8	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	191.4		0	0	162.7	143.55	0	1/11/2019	$	1,622,523	9,883	$	1,918,524	$	1,882,427	44%	1%	#DIV/0!	#DIV/0!
41503	3	T8	EAR, foreign body in, removal of, involving incision of external auditory canal (Anaes.)	246.25		0	0	209.35	184.7	Y	1/12/1991	$	18,918	123	$	51,236	$	25,093	5%	92%	1.2%	1.7%
41506	3	T8	AURAL POLYP, removal of (Anaes.)	148.5		0	0	126.25	111.4	Y	1/12/1991	$	39,107	365	$	75,162	$	48,435	34%	50%	-0.7%	-0.5%
41509	3	T8	obturans from, not being a service to which another item in this Group applies (Anaes.)	168.05		0	0	142.85	126.05	Y	1/12/1991	$	599,017	5,296	$	621,227	$	705,429	95%	2%	0.7%	1.2%
41512	3	T8	cartilage and bone, not being a service to which item 41515 applies (Anaes.) (Assist.)	604.2		0	0	0	453.15	Y	1/12/1991	$	177,456	725	$	490,116	$	236,589	0%	100%	10.3%	9.7%
41515	3	T8	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.)	396.55		0	0	0	297.45	Y	1/12/1991	$	66,232	497	$	184,590	$	88,305	0%	100%	1.2%	1.8%
41518	3	T8	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN (Anaes.) (Assist.)	957.75		0	0	0	718.35	Y	1/12/1991	$	677,727	1,048	$	2,065,688	$	903,612	0%	100%	5.1%	6.0%
41521	3	T8	Correction of AUDITORY CANAL STENOSIS, including meatoplasty, with or without grafting (Anaes.) (Assist.)	1019.7		0	0	0	764.8	Y	1/12/1991	$	265,872	452	$	693,249	$	354,492	0%	100%	1.4%	3.2%
41524	3	T8	associated with a service to which items 41557, 41560 and 41563 apply (Anaes.) (Assist.)	294.6		0	0	0	220.95	Y	1/12/1991	$	3,011	27	$	8,949	$	4,014	0%	100%	-2.7%	-3.3%
41527	3	T8	MYRINGOPLASTY, transcanal approach (Rosen incision) (Anaes.) (Assist.)	605.95		0	0	0	454.5	Y	1/12/1991	$	438,615	1,074	$	1,099,195	$	584,790	1%	100%	8.1%	8.2%
41530	3	T8	MYRINGOPLASTY, postaural or endaural approach with or without mastoid inspection (Anaes.)	987.2		0	0	0	740.4	Y	1/12/1991	$	710,353	1,028	$	1,802,089	$	947,160	0%	100%	0.8%	1.1%
41533	3	T8	ATTICOTOMY without reconstruction of the bony defect, with or without myringoplasty (Anaes.) (Assist.)	1180.05		0	0	0	885.05	Y	1/12/1991	$	103,117	124	$	239,272	$	137,488	0%	100%	1.0%	1.6%
41536	3	T8	ATTICOTOMY with reconstruction of the bony defect, with or without myringoplasty (Anaes.) (Assist.)	1321.75		0	0	0	991.35	Y	1/12/1991	$	238,767	308	$	564,870	$	318,350	0%	100%	5.1%	6.5%

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41539	3	T8	OSSICULAR CHAIN RECONSTRUCTION (Anaes.) (Assist.)	1123.95	0	0	0	843	Y	1/12/1991	$	133,587	181	$	317,299	$	178,111	0%	100%	3.8%	4.0%
41542	3	T8	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY (Anaes.) (Assist.)	1231.55	0	0	0	923.7	Y	1/12/1991	$	82,310	91	$	198,807	$	109,744	0%	100%	-0.2%	0.5%
41545	3	T8	MASTOIDECTOMY (CORTICAL) (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/12/1991	$	33,372	109	$	118,056	$	44,495	0%	100%	-4.2%	-2.8%
41548	3	T8	OBLITERATION OF THE MASTOID CAVITY (Anaes.) (Assist.)	713.35	0	0	0	535.05	Y	1/12/1991	$	26,709	112	$	71,306	$	35,610	0%	100%	-5.5%	-5.4%
41551	3	T8	MASTOIDECTOMY, intact wall technique, with myringoplasty (Anaes.) (Assist.)	1642.85	0	0	0	1232.15	Y	1/12/1991	$	321,525	266	$	778,634	$	428,698	0%	100%	2.5%	3.0%
41554	3	T8	MASTOIDECTOMY, intact wall technique, with myringoplasty and ossicular chain reconstruction (Anaes.) (Assist.)	1935.6	0	0	0	1451.7	Y	1/12/1991	$	237,510	165	$	565,505	$	316,680	0%	100%	2.6%	3.5%
41557	3	T8	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) (Anaes.) (Assist.)	1123.95	0	0	0	843	Y	1/12/1991	$	10,433	15	$	30,298	$	13,911	0%	100%	-10.4%	-9.2%
41560	3	T8	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY (Anaes.)	1231.55	0	0	0	923.7	Y	1/12/1991	$	47,977	55	$	121,961	$	63,969	0%	100%	-0.7%	-0.7%
41563	3	T8	MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION (Anaes.) (Assist.)	1524.6	0	0	0	1143.45	Y	1/12/1991	$	137,211	121	$	338,499	$	182,995	0%	100%	-7.0%	-6.1%
41564	3	T8	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), OBLITERATION OF THE MASTOID CAVITY, BLIND SAC CLOSURE OF EXTERNAL AUDITORY CANAL AND OBLITERATION OF EUSTACHIAN REVISION OF MASTOIDECTOMY (radical, modified radical or intact wall), including myringoplasty (Anaes.) (Assist.)	1971.55	0	0	0	1478.7	Y	1/05/1997	$	98,273	70	$	226,921	$	131,029	0%	100%	-1.9%	-0.1%
41566	3	T8	DECOMPRESSION OF FACIAL NERVE in its mastoid portion (Anaes.) (Assist.)	1123.95	0	0	0	843	Y	1/12/1991	$	83,376	146	$	196,166	$	111,167	0%	100%	0.1%	-0.8%
41569	3	T8	LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH (Anaes.) (Assist.)	1231.55	0	0	0	923.7	Y	1/12/1991	$	25,251	55	$	55,074	$	33,668	0%	100%	-10.2%	-10.5%
41572	3	T8	CEREBELLOPONTINE ANGLE TUMOUR, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approachtransmastoid, translabyrinthine or	1065.5	0	0	0	799.15	Y	1/12/1991	$	19,214	39	$	44,335	$	25,618	0%	100%	1.6%	7.3%
41575	3	T8	CEREBELLO - PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach -	2511.75	0	0	0	1883.85	Y	1/12/1991	$	318,121	173	$	725,733	$	424,157	0%	100%	-2.2%	-1.6%
41576	3	T8	intracranial procedure (including aftercare) not being a service to CEREBELLOPONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach,	3767.75	0	0	0	2825.85	Y	1/11/1995	$	192,901	71	$	477,851	$	257,200	0%	100%	-8.9%	-8.4%
41578	3	T8	(intracranial procedure) - conjoint surgery, principal surgeon transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, co-surgeon (Assist.)	2511.75	0	0	0	1883.85	Y	1/12/1991	$	42,680	23	$	107,287	$	56,906	0%	100%	-5.2%	-4.7%
41579	3	T8	TUMOUR INVOLVING INFRA-TEMPORAL FOSSA, removal of, involving craniotomy and radical excision of (Anaes.) (Assist.)	1883.85	0	0	0	1412.9	Y	1/07/1995	$	6,348	5	$	15,933	$	8,463	0%	100%	-26.9%	-27.6%
41581	3	T8	involving mastoidectomy with or without decompression of facial nerve (Anaes.) (Assist.)	2889.05	0	0	0	2166.8	Y	1/12/1991	$	35,884	17	$	82,178	$	47,846	0%	100%	-11.9%	-11.8%
41584	3	T8	TOTAL TEMPORAL BONE RESECTION for removal of tumour (Anaes.) (Assist.)	1982.7	0	0	0	1487.05	Y	1/12/1991	$	80,988	57	$	185,848	$	107,984	0%	100%	-7.7%	-7.1%
41587	3	T8	ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of (Anaes.) (Assist.)	2700.4	0	0	0	2025.3	Y	1/12/1991	$	10,127	5	$	21,502	$	13,502	0%	100%	-9.0%	-8.4%
41590	3	T8	TRANSLABYRINTHINE VESTIBULAR NERVE SECTION (Anaes.) (Assist.)	1231.55	0	0	0	923.7	Y	1/12/1991	$	8,254	11	$	32,751	$	11,005	0%	100%	-12.1%	-10.8%
41593	3	T8	RETROLABYRINTHINE VESTIBULAR NERVE SECTION or COCHLEAR NERVE SECTION, or BOTH (Anaes.) (Assist.)	1605.1	0	0	0	1203.85	Y	1/12/1991	$	5,718	8	$	15,653	$	7,624	0%	100%	32.0%	18.9%
41596	3	T8	INTERNAL AUDITORY MEATUS, exploration by middle cranial fossa approach with cranial nerve decompression (Anaes.) (Assist.)	1793.85	0	0	0	1345.4	Y	1/12/1991	$	2,691	2	$	6,642	$	3,588	0%	100%	14.9%	15.6%
41599	3	T8	OSSEO-INTEGRATION PROCEDURE - implantation of titanium fixture for use with implantable bone conduction hearing system	1793.85	0	0	0	1345.4	Y	1/12/1991	$	2,691	2	$	5,226	$	3,588	0%	100%	-12.9%	-11.3%
41603	3	T8	device, in patients: -With a permanent or long term hearing loss; OSSEO-INTEGRATION PROCEDURE - fixation of transcutaneous abutment implantation of titanium fixture for use with implantable	519.6	0	0	441.7	389.7	Y	1/11/2006	$	67,153	212	$	196,768	$	83,566	0%	99%	-4.2%	-3.1%
41604	3	T8	bone conduction hearing system device, in patients: -With a	192.35	0	0	163.5	144.3	Y	1/11/2006	$	10,810	129	$	32,737	$	12,414	2%	97%	-8.7%	-7.9%
41608	3	T8	STAPEDECTOMY (Anaes.) (Assist.)	1123.95	0	0	0	843	Y	1/12/1991	$	440,817	547	$	1,353,489	$	587,734	0%	100%	-2.0%	-1.8%
41611	3	T8	STAPES MOBILISATION (Anaes.) (Assist.)	723.2	0	0	0	542.4	Y	1/12/1991	$	4,754	13	$	14,968	$	6,338	0%	100%	-4.1%	-2.1%
41614	3	T8	ROUND WINDOW SURGERY including repair of cochleotomy (Anaes.) (Assist.)	1123.95	0	0	1039.25	843	Y	1/12/1991	$	100,820	180	$	260,658	$	131,262	1%	97%	0.1%	4.9%

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		service associated with a service to which any other item in this Group applies (Anaes.) (Assist.)																		
41615	3	T8	COCHLEAR IMPLANT, insertion of, including mastoidectomy (Anaes.) (Assist.)	1123.95	0	0	1039.25	843	Y	1/05/1994	$	11,765	14	$	29,557	$	15,686	0%	100%	-11.6%	-8.5%
41617	3	T8	Middle ear implant, partially implantable, insertion of, via mastoidectomy, for patients with: (a) stable sensorineural hearing	1954.4	0	0	0	1465.8	Y	1/12/1991	$	1,307,160	918	$	3,130,455	$	1,744,509	0%	100%	1.4%	2.2%
41618	3	T8	loss; and (b) outer ear pathology that prevents the use of a	1935.6	0	0	0	1451.7	Y	1/05/2017	$	13,940	10	$	31,145	$	18,587	0%	100%	#DIV/0!	#DIV/0!
41620	3	T8	GLOMUS TUMOUR, transtympanic removal of (Anaes.) (Assist.)	850.3	0	0	0	637.75	Y	1/12/1991	$	3,769	7	$	9,054	$	5,025	0%	100%	-2.6%	0.4%
41623	3	T8	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy (Anaes.) (Assist.)	1231.55	0	0	0	923.7	Y	1/12/1991	$	3,818	5	$	6,769	$	5,533	0%	100%	-11.1%	-8.7%
41626	3	T8	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding aftercare) (Anaes.)	148.5	0	0	126.25	111.4	Y	1/12/1991	$	212,936	2,059	$	330,326	$	252,403	46%	32%	-6.0%	-3.3%
41629	3	T8	MIDDLE EAR, EXPLORATION OF (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/12/1991	$	196,088	985	$	511,252	$	261,232	0%	100%	8.6%	7.1%
41632	3	T8	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy) (Anaes.)	246.25	0	0	209.35	184.7	Y	1/12/1991	$	3,913,273	29,822	$	11,441,612	$	5,087,224	6%	90%	-10.1%	-9.4%
41635	3	T8	and POLYP, 1 or more, with or without myringoplasty (Anaes.) (Assist.)	1180.05	0	0	1095.35	885.05	Y	1/12/1991	$	528,955	769	$	1,206,418	$	701,602	2%	98%	4.9%	4.3%
41638	3	T8	and POLYP, 1 or more, with or without myringoplasty with ossicular chain reconstruction (Anaes.) (Assist.)	1472.95	0	0	0	1104.75	Y	1/12/1991	$	248,708	238	$	559,972	$	332,134	0%	100%	3.7%	4.9%
41641	3	T8	PERFORATION OF TYMPANUM, cauterisation or diathermy of (Anaes.)	48.9	0	0	41.6	36.7	Y	1/12/1991	$	2,036	110	$	5,113	$	2,420	85%	8%	7.7%	-1.8%
41644	3	T8	EXCISION OF RIM OF EARDRUM PERFORATION, not being a service associated with myringoplasty (Anaes.)	147.3	0	0	125.25	110.5	Y	1/12/1991	$	89,466	1,048	$	252,542	$	116,669	6%	93%	3.6%	3.2%
41647	3	T8	microinspection of tympanic membrane with or without general anaesthesia (Anaes.)	113.3	0	0	96.35	85	Y	1/12/1991	$	27,879,446	362,323	$	29,373,771	$	32,753,175	83%	2%	4.4%	4.8%
41650	3	T8	general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	113.3	0	0	96.35	85	Y	1/12/1991	$	9,370	121	$	24,988	$	11,904	27%	67%	-8.5%	-4.7%
41653	3	T8	EXAMINATION OF NASAL CAVITY or POSTNASAL SPACE, or NASAL CAVITY AND POSTNASAL SPACE, UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item	74.2	0	0	63.1	55.65	Y	1/12/1991	$	21,428	373	$	25,712	$	25,445	88%	12%	52.7%	62.4%
41656	3	T8	nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)	126.65	0	0	107.7	95	Y	1/12/1991	-$	17,859	- 159	-$	5,676	-$	20,128	-	-58%	-188.4%	-190.6%
41659	3	T8	NOSE, removal of FOREIGN BODY IN, other than by simple probing (Anaes.)	80	0	0	68	60	Y	1/12/1991	$	49,877	817	$	62,846	$	58,932	88%	6%	-10.1%	-9.4%
41662	3	T8	NASAL POLYP OR POLYPI (SIMPLE), removal of	85.05	0	0	72.3	63.8	0	1/12/1991	$	94,116	4,085	$	305,537	$	124,069	3%	95%	0.5%	0.9%
41668	3	T8	NASAL POLYP OR POLYPI, removal of (Anaes.)	226.8	0	0	0	170.1	Y	1/12/1991	$	34,693	441	$	114,490	$	46,248	1%	100%	-9.2%	-4.5%
41671	3	T8	NASAL SEPTUM, SEPTOPLASTY, SUBMUCOUS RESECTION or closure of septal perforation (Anaes.)	498.35	0	0	0	373.8	Y	1/12/1991	$	5,422,695	17,253	$	17,519,410	$	7,231,310	0%	100%	1.8%	1.7%
41672	3	T8	NASAL SEPTUM, reconstruction of (Anaes.) (Assist.)	621.7	0	0	0	466.3	Y	1/05/1997	$	3,666,937	9,083	$	14,213,818	$	4,889,866	0%	100%	7.2%	8.0%
41674	3	T8	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 NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	103.65	0	0	88.15	77.75	Y	1/12/1991	$	190,229	3,803	$	615,431	$	236,736	9%	76%	-5.6%	-3.9%
41677	3	T8	DIVISION OF NASAL ADHESIONS, with or without stenting not being a service associated with any other operation on the nose	92.8	0	0	78.9	69.6	Y	1/12/1991	$	776,475	13,193	$	972,013	$	910,656	69%	7%	3.3%	3.1%
41683	3	T8	and not performed during the postoperative period of a nasal being a service associated with a service to which another item in this Group applies (Anaes.)	120.9	0	0	102.8	90.7	Y	1/12/1991	$	7,956	141	$	11,525	$	9,601	68%	26%	1.8%	-0.2%
41686	3	T8	TURBINECTOMY or turbinectomies, partial or total, unilateral (Anaes.)	74.2	0	0	63.1	55.65	Y	1/12/1991	$	1,252	52	$	7,141	$	1,668	0%	100%	-3.5%	-11.7%
41689	3	T8	TURBINATES, submucous resection of, unilateral (Anaes.)	140.8	0	0	0	105.6	Y	1/12/1991	$	250,482	6,704	$	999,913	$	334,493	0%	100%	-4.2%	-4.4%
41692	3	T8	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (Anaes.)	183.6	0	0	0	137.7	Y	1/12/1991	$	2,989,513	53,651	$	11,862,051	$	3,986,662	0%	100%	6.4%	8.3%
41698	3	T8	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a service	33.55	0	0	28.55	25.2	Y	1/12/1991	$	10,017	866	$	30,092	$	13,332	1%	99%	-3.7%	-2.0%
41701	3	T8	associated with a service to which another item in this Group	94.75	0	0	0	71.1	Y	1/12/1991	$	1,616	32	$	3,480	$	2,153	19%	100%	-10.6%	-7.7%

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41704	3	T8	procedure is performed, including any associated consultation (Anaes.)	37.45	0	0	31.85	28.1	Y	1/12/1991	$ 2,760	249	$ 13,098	$ 3,674	0%	100%	-3.2%	-2.6%
41707	3	T8	MAXILLARY ARTERY, transantral ligation of (Anaes.) (Assist.)	462.6	0	0	0	346.95	Y	1/12/1991	$ 41,996	288	$ 97,745	$ 56,144	0%	100%	2.3%	4.3%
41710	3	T8	ANTROSTOMY (RADICAL) (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/12/1991	$ 1,731,603	7,141	$ 4,366,712	$ 2,309,253	1%	100%	14.3%	14.4%
41713	3	T8	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy (Anaes.) (Assist.)	625.45	0	0	0	469.1	Y	1/12/1991	$ 31,258	88	$ 75,336	$ 41,500	0%	100%	10.3%	13.6%
41716	3	T8	ANTRUM, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.)	304.95	0	0	0	228.75	Y	1/12/1991	$ 1,195,896	20,596	$ 3,355,958	$ 1,595,261	0%	100%	-1.8%	-1.3%
41719	3	T8	ANTRUM, drainage of, through tooth socket (Anaes.)	121.25	0	0	103.1	90.95	Y	1/12/1991	$ 5,015	139	$ 8,225	$ 6,368	47%	69%	30.3%	24.1%
41722	3	T8	OROANTRAL FISTULA, plastic closure of (Anaes.) (Assist.)	605.95	0	0	521.25	454.5	Y	1/12/1991	$ 1,168,460	2,813	$ 1,861,160	$ 1,483,276	44%	74%	13.4%	14.1%
41725	3	T8	ETHMOIDAL ARTERY OR ARTERIES, transorbital ligation of (unilateral) (Anaes.) (Assist.)	462.6	0	0	0	346.95	Y	1/12/1991	$ 4,675	49	$ 11,054	$ 6,232	0%	100%	1.7%	-2.6%
41728	3	T8	LATERAL RHINOTOMY with removal of tumour (Anaes.) (Assist.)	925.3	0	0	0	694	Y	1/12/1991	$ 61,430	105	$ 142,936	$ 81,905	0%	100%	9.4%	10.8%
41729	3	T8	DERMOID OF NOSE, excision of, with intranasal extension (Anaes.) (Assist.)	586.4	0	0	0	439.8	Y	1/11/1994	$ 3,518	9	$ 9,398	$ 4,691	0%	100%	-12.9%	-12.6%
41731	3	T8	FRONTONASAL ETHMOIDECTOMY by external approach with or without sphenoidectomy (Anaes.) (Assist.)	801.4	0	0	0	601.05	Y	1/12/1991	$ 23,309	47	$ 57,984	$ 31,078	0%	100%	6.1%	10.9%
41734	3	T8	RADICAL FRONTOETHMOIDECTOMY with osteoplastic flap (Anaes.) (Assist.)	1045.7	0	0	0	784.3	Y	1/12/1991	$ 459,151	768	$ 1,070,926	$ 612,215	0%	100%	13.4%	13.6%
41737	3	T8	FRONTAL SINUS, OR ETHMOIDAL SINUSES ON THE ONE SIDE, intranasal operation on (Anaes.) (Assist.)	498.35	0	0	0	373.8	Y	1/12/1991	$ 5,261,583	39,062	$ 14,041,215	$ 7,017,451	0%	100%	1.6%	0.9%
41740	3	T8	FRONTAL SINUS, catheterisation of (Anaes.)	60.65	0	0	0	45.5	Y	1/12/1991	$ 482	31	$ 1,211	$ 642	3%	100%	-0.6%	-1.6%
41743	3	T8	FRONTAL SINUS, trephine of (Anaes.) (Assist.)	348	0	0	0	261	Y	1/12/1991	$ 23,673	434	$ 65,436	$ 31,791	0%	100%	-8.8%	-10.2%
41746	3	T8	FRONTAL SINUS, radical obliteration of (Anaes.) (Assist.)	801.4	0	0	716.7	601.05	Y	1/12/1991	$ 28,356	56	$ 81,041	$ 38,067	11%	86%	-2.9%	-6.0%
41749	3	T8	ETHMOIDAL SINUSES, external operation on (Anaes.) (Assist.)	625.45	0	0	0	469.1	Y	1/12/1991	$ 14,756	80	$ 34,628	$ 19,675	0%	100%	-7.2%	-8.4%
41752	3	T8	SPHENOIDAL SINUS, intranasal operation on (Anaes.) (Assist.)	304.95	0	0	0	228.75	Y	1/12/1991	$ 686,843	12,583	$ 1,789,456	$ 916,605	0%	100%	1.1%	2.4%
41755	3	T8	EUSTACHIAN TUBE, catheterisation of (Anaes.)	47.95	0	0	40.8	36	Y	1/12/1991	$ 4,918	323	$ 25,649	$ 6,421	2%	98%	76.2%	57.9%
41764	3	T8	NASOPHARYNX and LARYNX, one or more of these procedures, unilateral or bilateral examination (Anaes.)	126.65	0	0	107.7	95	Y	1/12/1991	$ 41,129,571	398,973	$ 48,606,013	$ 48,245,660	66%	7%	4.7%	5.8%
41767	3	T8	NASOPHARYNGEAL ANGIOFIBROMA, removal of (Anaes.) (Assist.)	760.05	0	0	675.35	570.05	Y	1/12/1991	$ 9,910	17	$ 16,598	$ 12,756	41%	53%	1.2%	3.9%
41770	3	T8	PHARYNGEAL POUCH, removal of, with or without cricopharyngeal myotomy (Anaes.) (Assist.)	723.2	0	0	0	542.4	Y	1/12/1991	$ 44,796	85	$ 120,443	$ 59,728	0%	100%	0.5%	1.2%
41773	3	T8	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation) (Anaes.) (Assist.)	605.95	0	0	0	454.5	Y	1/12/1991	$ 31,601	75	$ 89,055	$ 42,134	1%	100%	-3.8%	-4.1%
41776	3	T8	CRICOPHARYNGEAL MYOTOMY with or without inversion of pharyngeal pouch (Anaes.) (Assist.)	604.2	0	0	0	453.15	Y	1/12/1991	$ 27,515	78	$ 70,150	$ 36,685	1%	100%	9.3%	9.4%
41779	3	T8	PHARYNGOTOMY (lateral), with or without total excision of tongue (Anaes.) (Assist.)	723.2	0	0	0	542.4	Y	1/12/1991	$ 2,288	8	$ 5,564	$ 3,051	0%	100%	0.0%	-3.5%
41782	3	T8	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY (Anaes.) (Assist.)	981.85	0	0	897.15	736.4	Y	1/12/1991	$ 21,066	42	$ 51,033	$ 28,088	0%	100%	8.4%	8.4%
41785	3	T8	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY with partial or total glossectomy (Anaes.) (Assist.)	1218.05	0	0	0	913.55	Y	1/12/1991	$ 125,520	194	$ 330,054	$ 167,359	0%	100%	9.9%	10.2%
41786	3	T8	UVULOPALATOPHARYNGOPLASTY, with or without tonsillectomy, by any means (Anaes.) (Assist.)	760.05	0	0	0	570.05	Y	1/12/1991	$ 627,202	1,175	$ 1,865,949	$ 836,285	0%	100%	-2.0%	-1.4%
41787	3	T8	UVULECTOMY AND PARTIAL PALATECTOMY WITH LASER INCISION OF THE PALATE, with or without tonsillectomy, 1 or more stages, including any revision procedures within 12 months (Anaes.)	586.4	0	0	501.7	439.8	Y	1/11/1994	$ 4,679	14	$ 13,020	$ 6,238	0%	100%	-8.6%	-11.5%

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41789	3	T8	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years(including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not	304.95		0	0	0	228.75	Y	1/12/1991	$	3,654,280	16,448	$	14,434,878	$	4,871,845	1%	100%	-4.1%	-3.4%
41793	3	T8	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a	383.1		0	0	0	287.35	Y	1/12/1991	$	2,580,333	9,526	$	9,318,448	$	3,440,400	0%	100%	-2.9%	-2.5%
41797	3	T8	TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of (Anaes.)	148.5		0	0	0	111.4	Y	1/12/1991	$	11,166	104	$	23,808	$	14,885	5%	100%	-12.6%	-11.3%
41801	3	T8	space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.)	168.05		0	0	0	126.05	Y	1/12/1991	$	608,465	9,281	$	2,541,194	$	811,362	0%	100%	-3.4%	-1.9%
41804	3	T8	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of (Anaes.)	92.8		0	0	0	69.6	Y	1/12/1991	$	2,562	70	$	12,027	$	3,415	0%	100%	-2.6%	-4.6%
41807	3	T8	PERITONSILLAR ABSCESS (quinsy), incision of (Anaes.)	72.25		0	0	61.45	54.2	Y	1/12/1991	$	4,779	103	$	9,909	$	6,106	22%	71%	-8.1%	-8.5%
41810	3	T8	UVULOTOMY or UVULECTOMY (Anaes.)	36.7		0	0	31.2	27.55	Y	1/12/1991	$	3,385	142	$	20,415	$	4,493	2%	96%	-3.3%	-3.5%
41813	3	T8	VALLECULAR OR PHARYNGEAL CYSTS, removal of (Anaes.) (Assist.)	367.5		0	0	0	275.65	Y	1/12/1991	$	27,177	126	$	78,424	$	36,233	0%	100%	-1.5%	0.2%
41816	3	T8	OESOPHAGOSCOPY (with rigid oesophagoscope) (Anaes.)	191.4		0	0	162.7	143.55	Y	1/12/1991	$	84,427	1,378	$	286,106	$	112,568	0%	100%	0.8%	-1.8%
41819	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,458	6	$	3,070	$	1,944	0%	100%	-78.0%	-78.2%
41822	3	T8	OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy (Anaes.)	246.25		0	0	0	184.7	Y	1/12/1991	$	18,597	195	$	54,393	$	24,796	1%	100%	0.5%	-2.4%
41825	3	T8	OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body (Anaes.) (Assist.)	367.5		0	0	0	275.65	Y	1/12/1991	$	15,179	62	$	32,887	$	20,228	0%	100%	-3.7%	-5.0%
41828	3	T8	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy (Anaes.)	53.85		0	0	45.8	40.4	Y	1/12/1991	$	1,532	45	$	3,509	$	1,989	24%	80%	20.1%	20.9%
41831	3	T8	Oesophagus, endoscopic pneumatic dilatation of,for treatment of achalasia (Anaes.) (Assist.)	368.15		0	0	312.95	276.15	Y	1/12/1991	$	83,905	304	$	162,945	$	109,068	21%	81%	-6.2%	-5.3%
41832	3	T8	OESOPHAGUS, balloon dilatation of, using interventional imaging techniques (Anaes.)	235.65		0	0	200.35	176.75	Y	1/05/1997	$	15,875	90	$	23,546	$	20,247	34%	67%	-8.2%	-7.6%
41834	3	T8	LARYNGECTOMY (TOTAL) (Anaes.) (Assist.)	1329.45		0	0	0	997.1	Y	1/12/1991	$	17,912	22	$	38,451	$	23,882	0%	100%	9.5%	7.8%
41837	3	T8	VERTICAL HEMILARYNGECTOMY including tracheostomy (Anaes.) (Assist.)	1274.7		0	0	0	956.05	Y	1/12/1991	$	38,199	40	$	88,135	$	50,931	0%	100%	2.1%	3.5%
41840	3	T8	SUPRAGLOTTIC LARYNGECTOMY including tracheostomy (Anaes.) (Assist.)	1567.25		0	0	0	1175.45	Y	1/12/1991	$	55,609	50	$	122,758	$	75,205	0%	100%	3.1%	3.2%
41843	3	T8	ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL (Anaes.) (Assist.)	1378.2		0	0	0	1033.65	Y	1/12/1991	$	2,584	3	$	5,673	$	3,446	0%	100%	-27.5%	-23.7%
41846	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,937	14	$	2,401	$	2,383	71%	43%	-78.9%	-79.3%
41855	3	T8	MICROLARYNGOSCOPY (Anaes.) (Assist.)	297.2		0	0	0	222.9	Y	1/12/1991	$	527,463	3,429	$	1,573,786	$	703,252	0%	100%	13.6%	12.9%
41858	3	T8	MICROLARYNGOSCOPY with removal of juvenile papillomata (Anaes.) (Assist.)	509.6		0	0	0	382.2	Y	1/12/1991	$	31,061	84	$	80,807	$	41,415	0%	100%	8.8%	9.0%
41861	3	T8	MICROLARYNGOSCOPY with removal of benign lesions of the larynx by laser surgery (Anaes.) (Assist.)	623.15		0	0	0	467.4	Y	1/12/1991	$	264,791	598	$	754,851	$	353,040	0%	100%	-0.9%	-0.7%
41864	3	T8	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR (Anaes.) (Assist.)	420.2		0	0	0	315.15	Y	1/12/1991	$	407,782	1,420	$	1,196,356	$	543,704	0%	100%	0.7%	0.9%
41867	3	T8	MICROLARYNGOSCOPY with arytenoidectomy (Anaes.) (Assist.)	632.55		0	0	0	474.45	Y	1/12/1991	$	27,680	63	$	63,658	$	37,148	0%	100%	0.6%	0.4%
41868	3	T8	LARYNGEAL WEB, division of, using microlarygoscopic techniques (Anaes.)	400.8		0	0	0	300.6	Y	1/05/1997	$	17,139	76	$	43,193	$	22,852	0%	100%	14.3%	14.1%
41870	3	T8	INJECTION OF VOCAL CORD BY TEFLON, FAT, COLLAGEN OR GELFOAM (Anaes.) (Assist.)	469.1		0	0	0	351.85	Y	1/12/1991	$	235,113	899	$	604,896	$	313,470	0%	100%	8.4%	10.3%
41873	3	T8	LARYNX, FRACTURED, operation for (Anaes.) (Assist.)	605.95		0	0	521.25	454.5	Y	1/12/1991	$	455	1	$	1,161	$	606	0%	100%	-12.9%	-12.4%
41876	3	T8	LARYNX, external operation on, OR LARYNGOFISSURE with or without cordectomy (Anaes.) (Assist.)	605.95		0	0	521.25	454.5	Y	1/12/1991	$	166,667	345	$	212,339	$	189,251	72%	27%	35.0%	39.6%

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41879	3	T8	LARYNGOPLASTY or TRACHEOPLASTY, including tracheostomy (Anaes.) (Assist.)	981.85		0	0	0	736.4	Y	1/12/1991	$	421,848	595	$	984,019	$	562,459	0%	100%	15.1%	15.5%
41880	3	T8	dilatation or partial splitting method to allow insertion of a cuffed tracheostomy tube (Anaes.)	262.05		0	0	0	196.55	Y	23/11/1998	$	34,750	178	$	60,167	$	46,331	0%	100%	-6.9%	-6.2%
41881	3	T8	separation of the strap muscles or division of the thyroid isthmus, where performed (Anaes.) (Assist.)	414.3		0	0	0	310.75	Y	1/07/1998	$	65,840	362	$	154,710	$	87,779	0%	100%	-1.4%	-2.1%
41884	3	T8	CRICOTHYROSTOMY by direct stab or Seldinger technique, using mini tracheostomy device (Anaes.)	93.9		0	0	0	70.45	Y	1/07/1995	$	388	6	$	843	$	516	0%	100%	-17.8%	-16.5%
41885	3	T8	procedure following laryngectomy, including associated endoscopic procedures (Anaes.) (Assist.)	296.9		0	0	252.4	222.7	Y	1/07/1998	$	2,464	16	$	6,220	$	3,245	6%	94%	5.9%	5.4%
41886	3	T8	TRACHEA, removal of foreign body in (Anaes.)	183.6		0	0	156.1	137.7	Y	1/12/1991	$	1,852	19	$	2,785	$	2,297	26%	63%	-2.0%	-0.4%
41889	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	138,894	1,119	$	221,814	$	177,381	30%	71%	-4.9%	-4.7%
41892	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,008,144	6,446	$	1,886,084	$	1,303,603	20%	80%	-9.2%	-9.3%
41895	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	31,516	132	$	64,548	$	42,019	0%	100%	1.1%	1.6%
41898	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	238,015	1,259	$	403,344	$	305,155	28%	72%	-2.5%	-3.2%
41901	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	49,426	108	$	101,920	$	65,897	1%	100%	-3.0%	-2.7%
41904	3	T8	BRONCHOSCOPY with dilatation of tracheal stricture (Anaes.)	254.2		0	0	216.1	190.65	Y	1/12/1991	$	42,182	354	$	103,235	$	55,540	7%	94%	12.0%	7.9%
41905	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	53,378	204	$	110,472	$	71,166	0%	100%	-8.1%	-6.9%
41907	3	T8	NASAL SEPTUM BUTTON, insertion of (Anaes.)	126.65		0	0	107.7	95	Y	1/12/1991	$	1,788	30	$	4,697	$	2,316	10%	83%	2.1%	-2.5%
41910	3	T8	DUCT OF MAJOR SALIVARY GLAND, transposition of (Anaes.) (Assist.)	402.45		0	0	0	301.85	Y	1/07/1993	$	10,159	55	$	25,058	$	13,544	9%	100%	25.0%	23.6%
42503	3	T8	not being a service associated with a service to which another item in this Group applies (Anaes.)	105.7		0	0	0	79.3	Y	1/12/1991	$	12,539	171	$	31,569	$	16,854	1%	100%	-3.5%	-3.8%
42504	3	T8	Glaucoma, implantation of a micro-bypass surgery stent system into the trabecular meshwork, if: (a) conservative therapies have failed, are likely to fail, or are contraindicated; and (b) the service is	310.15		0	0	263.65	232.65	Y	1/05/2020	$	97,557	437	$	274,529	$	130,195	1%	100%	#DIV/0!	#DIV/0!
42505	3	T8	Complete removal from the eye of a trans-trabecular drainage device or devices, with or without replacement, following device related medical complications necessitating complete removal.	310.15		0	0	263.65	232.65	Y	1/11/2018	$	4,047	23	$	7,377	$	5,271	13%	87%	#DIV/0!	#DIV/0!
42506	3	T8	EYE, ENUCLEATION OF, with or without sphere implant (Anaes.) (Assist.)	496.3		0	0	421.9	372.25	Y	1/12/1991	$	2,036	6	$	5,195	$	2,715	0%	100%	-25.4%	-26.5%
42509	3	T8	EYE, ENUCLEATION OF, with insertion of integrated implant (Anaes.) (Assist.)	628.1		0	0	0	471.1	Y	1/12/1991	$	10,382	27	$	21,128	$	13,842	4%	100%	0.0%	3.2%
42510	3	T8	EYE, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant (Anaes.) (Assist.)	724		0	0	0	543	Y	1/05/1994	$	17,817	36	$	55,438	$	23,755	0%	100%	-6.0%	-7.1%
42512	3	T8	GLOBE, EVISCERATION OF (Anaes.) (Assist.)	496.3		0	0	421.9	372.25	Y	1/12/1991	$	3,531	10	$	6,812	$	4,708	10%	100%	10.8%	12.2%
42515	3	T8	GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE (Anaes.) (Assist.)	628.1		0	0	0	471.1	Y	1/12/1991	$	10,225	23	$	20,908	$	13,633	9%	100%	-1.7%	-0.6%
42518	3	T8	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 conformer, integrated implant or dermofat graft, as a secondary procedure (Anaes.) (Assist.)	364.4		0	0	0	273.3	Y	1/12/1991	$	3,139	16	$	6,850	$	4,185	0%	100%	-4.4%	0.4%
42521	3	T8	ORBIT, SKIN GRAFT TO, as a delayed procedure (Anaes.)	1240.8		0	0	0	930.6	Y	1/12/1991	$	21,957	24	$	51,421	$	29,276	4%	100%	-6.2%	-5.5%
42524	3	T8	CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD (Anaes.) (Assist.)	210.95		0	0	179.35	158.25	Y	1/12/1991	$	359	2	$	359	$	422	100%	0%	-12.9%	-1.6%
42527	3	T8	ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE (Anaes.) (Assist.)	418.75		0	0	0	314.1	Y	1/12/1991	$	1,883	9	$	3,911	$	2,511	11%	100%	-7.1%	-9.4%
42530	3	T8	ORBIT, EXPLORATION OF, with drainage or biopsy not requiring removal of bone (Anaes.) (Assist.)	651.5		0	0	0	488.65	Y	1/12/1991	$	7,220	18	$	29,441	$	9,626	0%	100%	-11.9%	-10.2%
42533	3	T8		418.75		0	0	0	314.1	Y	1/12/1991	$	68,433	243	$	177,170	$	91,236	0%	100%	6.9%	8.1%

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42536	3	T8	ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant (Anaes.) (Assist.)	860.65	0	0	0	645.5	Y	1/12/1991	$	9,321	20	$	21,228	$	12,428	5%	100%	-3.6%	3.0%
42539	3	T8	ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone (Anaes.) (Assist.)	1225.3	0	0	0	919	Y	1/12/1991	$	38,348	51	$	101,987	$	51,130	2%	100%	-4.1%	-3.9%
42542	3	T8	ORBIT, exploration of anterior aspect with removal of tumour or foreign body (Anaes.) (Assist.)	519.6	0	0	0	389.7	Y	1/12/1991	$	39,178	116	$	104,350	$	52,237	2%	100%	-2.1%	1.4%
42543	3	T8	ORBIT, exploration of retrobulbar aspect with removal of tumour or foreign body (Anaes.) (Assist.)	911.45	0	0	0	683.6	Y	1/07/1998	$	22,011	35	$	54,968	$	29,362	3%	100%	-4.9%	-4.2%
42545	3	T8	ORBIT, decompression of, for dysthyroid eye disease, by fenestrationof 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1	1318.3	0	0	0	988.75	Y	1/12/1991	$	54,445	66	$	124,065	$	72,593	2%	100%	-4.7%	-4.5%
42548	3	T8	OPTIC NERVE MENINGES, incision of (Anaes.) (Assist.)	783.1	0	0	0	587.35	Y	1/12/1991	$	587	1	$	1,455	$	783	0%	100%	-27.5%	-25.5%
42551	3	T8	EYE, PENETRATING WOUND OR RUPTURE OF, not involving intraocular structures repair involving suture of cornea or sclera, or both, not being a service to which item 42632 applies (Anaes.)	651.5	0	0	566.8	488.65	Y	1/12/1991	$	18,779	40	$	33,217	$	24,412	23%	85%	8.2%	7.3%
42554	3	T8	EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration or prolapse of uveal tissue repair (Anaes.) (Assist.)	760.05	0	0	0	570.05	Y	1/12/1991	$	8,731	19	$	17,219	$	11,640	5%	100%	3.5%	0.4%
42557	3	T8	EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration of lens or vitreous repair (Anaes.) (Assist.)	1062.4	0	0	0	796.8	Y	1/12/1991	$	7,155	11	$	14,645	$	9,540	0%	100%	-3.3%	-4.4%
42563	3	T8	INTRAOCULAR FOREIGN BODY, removal from anterior segment (Anaes.) (Assist.)	535.2	0	0	454.95	401.4	Y	1/12/1991	$	7,906	21	$	18,719	$	10,399	19%	90%	4.3%	3.5%
42569	3	T8	INTRAOCULAR FOREIGN BODY, removal from posterior segment (Anaes.) (Assist.)	1062.4	0	0	0	796.8	Y	1/12/1991	$	2,390	5	$	4,079	$	3,187	20%	100%	-3.6%	-3.2%
42572	3	T8	ORBITAL ABSCESS OR CYST, drainage of (Anaes.)	121.05	0	0	102.9	90.8	Y	1/12/1991	$	4,066	43	$	6,181	$	4,599	26%	21%	-17.7%	-17.6%
42573	3	T8	DERMOID, periorbital, excision of, on a person 10 years of age or over (Anaes.)	234.55	0	0	199.4	175.95	Y	1/11/1994	$	4,630	26	$	15,142	$	5,974	12%	69%	-19.3%	-19.1%
42574	3	T8	DERMOID, orbital, excision of (Anaes.) (Assist.)	498.35	0	0	423.6	373.8	Y	1/11/1994	$	9,840	26	$	24,060	$	12,440	0%	88%	-9.6%	-7.9%
42575	3	T8	TARSAL CYST, extirpation of (Anaes.)	85.3	0	0	72.55	64	Y	1/12/1991	$	1,201,760	16,461	$	2,952,493	$	1,334,478	17%	9%	0.7%	1.8%
42576	3	T8	DERMOID, periorbital, excision of, on a person under 10 years of age (Anaes.)	304.95	0	0	259.25	228.75	Y	1/09/2015	$	22,159	99	$	79,334	$	29,500	0%	99%	10.9%	11.2%
42581	3	T8	ECTROPION OR ENTROPION, tarsal cauterisation of (Anaes.)	121.05	0	0	102.9	90.8	Y	1/12/1991	$	33,963	635	$	63,183	$	38,958	14%	44%	-4.2%	-5.2%
42584	3	T8	TARSORRHAPHY (Anaes.) (Assist.)	285.45	0	0	242.65	214.1	Y	1/12/1991	$	117,105	1,080	$	242,939	$	143,747	7%	80%	3.4%	1.9%
42587	3	T8	TRICHIASIS (due to causes other than trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)	53.6	0	0	45.6	40.2	Y	1/12/1991	$	144,071	3,104	$	279,713	$	151,062	36%	8%	-1.1%	0.1%
42588	3	T8	TRICHIASIS (due to trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)	53.6	0	0	45.6	40.2	Y	1/11/2018	$	1,358	25	$	2,226	$	1,270	16%	8%	#DIV/0!	#DIV/0!
42590	3	T8	CANTHOPLASTY, medial or lateral (Anaes.) (Assist.)	348.9	0	0	296.6	261.7	Y	1/12/1991	$	882,296	5,943	$	2,289,442	$	1,101,041	5%	87%	2.5%	2.4%
42593	3	T8	LACRIMAL GLAND, excision of palpebral lobe (Anaes.)	210.95	0	0	0	158.25	Y	1/12/1991	$	1,659	22	$	7,359	$	2,212	5%	100%	22.4%	9.4%
42596	3	T8	LACRIMAL SAC, excision of, or operation on (Anaes.) (Assist.)	519.6	0	0	441.7	389.7	Y	1/12/1991	$	6,915	31	$	13,997	$	8,942	3%	87%	-3.5%	-4.4%
42599	3	T8	closed operation using silicone tubes or similar, 1 eye (Anaes.) (Assist.)	651.5	0	0	566.8	488.65	Y	1/12/1991	$	293,267	798	$	680,892	$	380,658	6%	92%	8.0%	8.5%
42602	3	T8	LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation, 1 eye (Anaes.) (Assist.)	651.5	0	0	566.8	488.65	Y	1/12/1991	$	216,381	724	$	482,790	$	279,533	4%	94%	-2.3%	0.7%
42605	3	T8	LACRIMAL CANALICULUS, immediate repair of (Anaes.) (Assist.)	480.65	0	0	408.6	360.5	Y	1/12/1991	$	15,591	74	$	38,763	$	20,681	3%	97%	0.3%	-4.0%
42608	3	T8	LACRIMAL DRAINAGE by insertion of glass tube, as an independent procedure (Anaes.) (Assist.)	310.15	0	0	263.65	232.65	Y	1/12/1991	$	13,623	62	$	27,828	$	17,500	23%	74%	-5.0%	-3.6%
42610	3	T8	LACRIMAL PASSAGES, probing for obstruction, unilateral, with or without lavage - under general anaesthesia (Anaes.)	99.25	0	0	84.4	74.45	Y	1/05/1994	$	21,046	398	$	67,380	$	27,302	8%	85%	-5.9%	-9.2%
42611	3	T8	LACRIMAL PASSAGES, probing for obstruction, bilateral, with or without lavage - under general anaesthesia (Anaes.)	148.85	0	0	126.55	111.65	Y	1/12/1991	$	17,520	171	$	51,473	$	22,599	19%	77%	-10.0%	-10.8%

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42614	3	T8	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	49.8	0	0	42.35	37.35	0	1/12/1991	$ 246,614	6,087	$ 415,133	$ 276,938	29%	4%	-4.2%	-3.6%
42615	3	T8	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	74.5	0	0	63.35	55.9	0	1/05/1994	$ 532,593	8,851	$ 821,669	$ 598,720	33%	2%	-4.5%	-3.7%
42617	3	T8	PUNCTUM SNIP operation (Anaes.)	141.25	0	0	120.1	105.95	Y	1/12/1991	$ 344,157	4,395	$ 636,599	$ 396,101	13%	41%	-1.1%	-1.6%
42620	3	T8	PUNCTUM, occlusion of, by use of a plug (Anaes.)	54.3	0	0	46.2	40.75	Y	1/12/1991	$ 187,119	4,344	$ 343,290	$ 191,756	31%	1%	-0.7%	0.9%
42622	3	T8	PUNCTUM, permanent occlusion of, by use of electrical cautery (Anaes.)	85.3	0	0	72.55	64	Y	1/11/1996	$ 34,811	596	$ 61,602	$ 38,574	22%	17%	4.6%	6.1%
42623	3	T8	DACRYOCYSTORHINOSTOMY (Anaes.) (Assist.)	721.3	0	0	0	541	Y	1/12/1991	$ 735,278	1,492	$ 1,923,910	$ 980,437	1%	100%	-0.6%	0.0%
42626	3	T8	DACRYOCYSTORHINOSTOMY where a previous dacryocystorhinostomy has been performed (Anaes.) (Assist.)	1163.3	0	0	1078.6	872.5	Y	1/12/1991	$ 177,165	218	$ 373,166	$ 237,745	0%	98%	1.5%	1.9%
42629	3	T8	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps (Anaes.) (Assist.)	876.25	0	0	0	657.2	Y	1/12/1991	$ 14,796	23	$ 35,100	$ 19,728	0%	100%	2.8%	4.0%
42632	3	T8	CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap (Anaes.)	121.05	0	0	102.9	90.8	Y	1/12/1991	$ 8,230	132	$ 18,364	$ 9,764	15%	77%	3.0%	3.7%
42635	3	T8	CORNEAL PERFORATIONS, sealing of, with tissue adhesive (Anaes.) (Assist.)	310.15	0	0	263.65	232.65	Y	1/12/1991	$ 11,830	71	$ 31,650	$ 14,972	10%	82%	30.2%	21.1%
42638	3	T8	CONJUNCTIVAL GRAFT OVER CORNEA (Anaes.) (Assist.)	387.75	0	0	329.6	290.85	Y	1/12/1991	$ 19,285	65	$ 41,965	$ 22,792	15%	66%	-9.7%	-8.6%
42641	3	T8	AUTOCONJUNCTIVAL TRANSPLANT, or mucous membrane graft (Anaes.) (Assist.)	504	0	0	428.4	378	Y	1/12/1991	$ 2,730,229	6,974	$ 7,276,957	$ 3,408,303	3%	90%	1.5%	2.1%
42644	3	T8	from - not more than once on the same day by the same practitioner (excluding aftercare) (Anaes.)	74.4	0	0	63.25	55.8	Y	1/12/1991	$ 903,551	14,262	$ 1,200,637	$ 1,054,663	68%	0%	-8.7%	-8.1%
42647	3	T8	service associated with a service to which item 42686 applies (Anaes.)	210.95	0	0	179.35	158.25	Y	1/12/1991	$ 90,873	609	$ 240,624	$ 106,518	8%	66%	13.8%	13.1%
42650	3	T8	CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding aftercare) (Anaes.)	74.4	0	0	63.25	55.8	Y	1/12/1991	$ 93,962	1,606	$ 164,009	$ 107,124	43%	13%	-3.0%	-3.0%
42651	3	T8	CORNEA, epithelial debridement for eliminating band keratopathy (Anaes.)	165.8	0	0	140.95	124.35	Y	1/07/1998	$ 14,962	123	$ 39,500	$ 17,813	17%	59%	0.8%	-0.1%
42652	3	T8	Corneal collagen cross linking, on a person with a corneal ectatic disorder, with evidence of progression—per eye. (Anaes.)	1237.5	0	0	1152.8	928.15	Y	1/05/2018	$ 3,041,568	2,501	$ 5,147,978	$ 3,009,590	11%	27%	#DIV/0!	#DIV/0!
42653	3	T8	CORNEA transplantation of (Anaes.) (Assist.)	1348.6	0	0	0	1011.45	Y	1/12/1991	$ 944,749	949	$ 2,593,650	$ 1,259,663	0%	100%	1.2%	1.6%
42656	3	T8	CORNEA, transplantation of, second and subsequent procedures (Anaes.) (Assist.)	1721.6	0	0	0	1291.2	Y	1/12/1991	$ 607,857	472	$ 1,386,323	$ 810,543	1%	100%	5.7%	6.3%
42662	3	T8	SCLERA, transplantation of, full thickness, including collection of donor material (Anaes.) (Assist.)	930.5	0	0	0	697.9	Y	1/12/1991	$ 95,226	245	$ 220,313	$ 126,965	2%	100%	10.6%	9.3%
42665	3	T8	SCLERA, transplantation of, superficial or lamellar, including collection of donor material (Anaes.) (Assist.)	620.45	0	0	535.75	465.35	Y	1/12/1991	$ 41,549	165	$ 88,779	$ 55,397	1%	100%	0.9%	0.4%
42667	3	T8	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 operation requiring use of slit lamp or operating microscope (Anaes.)	146.35	0	0	124.4	109.8	0	1/05/1997	$ 1,090	9	$ 1,328	$ 1,317	67%	22%	-25.8%	-26.2%
42668	3	T8	CORNEAL INCISONS, to correct corneal astigmatism of more than 11/2 dioptres following anterior segment surgery, including appropriate measurements and calculations, performed as an ADDITIONAL CORNEAL INCISIONS, to correct corneal astigmatism of more than 11/2 dioptres, including appropriate measurements and calculations, performed in conjunction with other anterior	77.65	0	0	66.05	58.25	Y	1/12/1991	$ 264,598	3,931	$ 353,859	$ 296,809	50%	2%	-2.0%	-1.2%
42672	3	T8	CONJUNCTIVA, biopsy of, as an independent procedure	930.5	0	0	845.8	697.9	Y	1/11/2003	$ 605,014	723	$ 889,259	$ 644,748	52%	32%	-12.1%	-10.7%
42673	3	T8	PANNUSeach attendance at which treatment is given including any associated consultation (Anaes.)	465.15	0	0	395.4	348.9	Y	1/11/2003	$ 312,617	1,646	$ 569,881	$ 401,082	14%	93%	-0.3%	-2.9%
42676	3	T8	CONJUNCTIVA, cryotherapy to, for melanotic lesions or similar using CO² or N²0 (Anaes.)	119.3	0	0	101.45	89.5	0	1/05/1997	$ 69,281	688	$ 165,956	$ 78,332	13%	24%	7.4%	8.9%
42677	3	T8	CONJUNCTIVAL CYSTS, removal of, requiring admission to hospital or approved day-hospital facility (Anaes.)	62.9	0	0	53.5	47.2	Y	1/12/1991	$ 4,949	138	$ 14,083	$ 5,846	16%	55%	6.0%	3.0%
42680	3	T8		310.15	0	0	263.65	232.65	Y	1/12/1991	$ 89,213	603	$ 251,655	$ 115,996	4%	95%	6.7%	6.7%
42683	3	T8		124.15	0	0	0	93.15	Y	1/12/1991	$ 17,007	263	$ 84,431	$ 22,669	0%	100%	4.4%	3.8%

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42686	3	T8	PTERYGIUM, removal of (Anaes.)	282.2	0	0	239.9	211.65	Y	1/12/1991	$	776,579	6,618	$	2,089,771	$	961,717	4%	89%	0.6%	0.9%
42689	3	T8	PINGUECULA, removal of, not being a service associated with the fitting of contact lenses (Anaes.)	121.05	0	0	102.9	90.8	Y	1/12/1991	$	10,529	147	$	28,565	$	12,939	14%	55%	-4.4%	-4.9%
42692	3	T8	LIMBIC TUMOUR, removal of, excluding Pterygium (Anaes.) (Assist.)	285.45	0	0	242.65	214.1	Y	1/12/1991	$	119,969	708	$	296,369	$	145,727	10%	75%	2.4%	1.9%
42695	3	T8	LIMBIC TUMOUR, excision of, requiring keratectomy or sclerectomy, excluding Pterygium (Anaes.) (Assist.)	465.15	0	0	395.4	348.9	Y	1/12/1991	$	168,135	569	$	386,528	$	214,839	5%	86%	3.0%	3.3%
42698	3	T8	of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.)	613.3	0	0	528.6	460	Y	1/12/1991	$	81,873	234	$	175,752	$	107,848	7%	98%	2.9%	2.9%
42701	3	T8	INTRAOCULAR LENS, insertion of, excluding surgery performed for the correction of refractive errorexcept for anisometropia greater than 3 dioptres following the removal of cataract in the first eye	342.05	0	0	290.75	256.55	Y	1/12/1991	$	151,308	709	$	401,631	$	200,997	7%	99%	3.1%	2.7%
42702	3	T8	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 posterior chamber with fixation to the iris or sclera (Anaes.) (Assist.)	784.4	0	0	699.7	588.3	Y	1/11/1996	$	114,976,535	195,833	$	276,476,767	$	152,286,110	3%	98%	2.6%	3.1%
42703	3	T8	operation, not being a service associated with a service to which item 42701 applies (Anaes.)	589.9	0	0	505.2	442.45	Y	1/11/1996	$	82,189	258	$	209,721	$	107,913	5%	98%	7.3%	5.2%
42704	3	T8	LENS EXTRACTION AND INSERTION OF INTRAOCULAR LENS, excluding surgery performed for the correction of refractive errorexcept for anisometropia greater than 3 dioptres following	480.65	0	0	408.6	360.5	Y	1/12/1991	$	293,028	944	$	527,720	$	374,455	17%	81%	4.4%	4.8%
42705	3	T8	INTRAOCULAR LENS, REMOVAL of and REPLACEMENT with a different lens, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres inserted into the posterior chamber and fixated to the iris or sclera (Anaes.) (Assist.)	939.6	0	0	854.9	704.7	Y	1/05/2017	$	6,030,488	8,535	$	14,616,010	$	8,005,527	1%	99%	#DIV/0!	#DIV/0!
42707	3	T8		822	0	0	737.3	616.5	Y	1/12/1991	$	348,095	644	$	713,689	$	458,927	9%	98%	3.1%	4.7%
42710	3	T8	IRIS SUTURING, McCannell technique or similar, for fixation of intraocular lens or repair of iris defect (Anaes.) (Assist.)	930.5	0	0	845.8	697.9	Y	1/12/1991	$	116,050	285	$	250,339	$	153,087	2%	99%	19.3%	17.4%
42713	3	T8	CATARACT, JUVENILE, removal of, including subsequent needlings (Anaes.) (Assist.)	387.75	0	0	329.6	290.85	Y	1/12/1991	$	14,570	76	$	35,061	$	19,225	7%	96%	1.4%	2.4%
42716	3	T8	REMOVAL OF VITREOUS, and/or CAPSULAR or LENS MATERIAL, via a limbal approach,not being a service associated with a service to	1233.05	0	0	1148.35	924.8	Y	1/12/1991	$	37,780	42	$	83,380	$	50,338	0%	98%	-3.0%	-2.1%
42719	3	T8	which item 42698, 42702, 42716, 42725 or 42731 applies (Anaes.)	535.2	0	0	454.95	401.4	Y	1/12/1991	$	98,098	295	$	197,829	$	128,502	9%	94%	9.4%	8.3%
42725	3	T8	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.) not being a service associated with items 42698, 42702, 42719, or 42725 (Anaes.) (Assist.)	1380.25	0	0	0	1035.2	Y	1/12/1991	$	12,547,531	12,384	$	28,308,192	$	16,730,106	2%	100%	5.9%	6.6%
42731	3	T8	associated with a service to which item 42725 or 42731 applies (Anaes.) (Assist.)	1566.45	0	0	0	1174.85	Y	1/12/1991	$	279,352	240	$	546,212	$	372,467	10%	100%	7.3%	7.9%
42734	3	T8	PARACENTESIS OF ANTERIOR CHAMBER OR VITREOUS CAVITY, or both, for the injection of therapeutic substances, or the removal of	310.15	0	0	263.65	232.65	Y	1/12/1991	$	4,348	26	$	10,525	$	5,467	31%	69%	-43.2%	-34.5%
42738	3	T8	aqueous or vitreous humours for diagnostic or therapeutic	310.15	0	0	263.65	232.65	0	1/03/2012	$	171,964,187	586,204	$	233,804,115	$	170,444,285	27%	15%	10.3%	10.4%
42739	3	T8	PARACENTESIS OF ANTERIOR CHAMBER OR VITREOUS CAVITY, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic removal of vitreous humour for diagnostic purposes, 1 or more of, as a procedure associated with other intraocular surgery. (Anaes.)	310.15	0	0	263.65	232.65	Y	1/03/2012	$	1,878,747	9,088	$	3,698,851	$	2,498,433	1%	99%	-1.1%	-1.3%
42740	3	T8	for the treatment of subfoveal choroidal neovascularisation due to age-related macular degeneration, 1 or more of (Anaes.)	310.15	0	0	263.65	232.65	Y	1/12/1991	$	1,655,136	15,301	$	3,601,549	$	2,157,248	6%	94%	-0.1%	-6.2%
42741	3	T8	ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure (Anaes.) (Assist.)	310.15	0	0	263.65	232.65	Y	1/07/2008	$	7,447	30	$	10,208	$	8,599	17%	33%	-36.4%	-36.0%
42743	3	T8	Needle revision of glaucoma filtration bleb, following glaucoma filtering procedure (Anaes.)	651.5	0	0	566.8	488.65	Y	1/12/1991	$	39,352	81	$	69,974	$	52,050	21%	95%	9.3%	10.2%
42744	3	T8	have failed, are likely to fail, or are contraindicated (Anaes.) (Assist.)	309.95	0	0	263.5	232.5	Y	1/11/2005	$	552,902	2,182	$	707,922	$	644,131	59%	19%	6.8%	7.4%
42746	3	T8	GLAUCOMA, filtering operation for, where previous filtering operation has been performed (Anaes.) (Assist.)	984.85	0	0	0	738.65	Y	1/12/1991	$	1,516,082	2,056	$	3,898,373	$	2,022,621	2%	100%	3.9%	4.5%
42749	3	T8	extraocular reservoir for, such as a Molteno device (Anaes.) (Assist.)	1233.05	0	0	0	924.8	Y	1/12/1991	$	535,058	585	$	1,176,859	$	713,402	3%	100%	8.6%	9.2%
42752	3	T8	GLAUCOMA, removal of drainage device incorporating an extraocular reservoir for, such as a Molteno device (Anaes.)	1380.25	0	0	0	1035.2	Y	1/12/1991	$	360,099	357	$	817,999	$	480,126	1%	100%	4.1%	4.4%
42755	3	T8	excluding the minimally invasive implantation of glaucoma drainage devices (Anaes.) (Assist.)	170.6	0	0	145.05	127.95	Y	1/12/1991	$	1,660	20	$	5,144	$	2,168	5%	90%	1.0%	-3.5%
42758	3	T8		721.3	0	0	0	541	Y	1/12/1991	$	7,169	18	$	15,614	$	9,559	6%	100%	-58.5%	-55.1%

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42761	3	T8	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure, other than by laser (Anaes.) (Assist.)	535.2	0	0	454.95	401.4	Y	1/12/1991	$	10,339	26	$	28,827	$	13,635	12%	92%	10.2%	11.1%
42764	3	T8	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure, other than by laser (Anaes.) (Assist.)	535.2	0	0	454.95	401.4	Y	1/12/1991	$	3,536	9	$	6,287	$	4,572	22%	78%	-19.7%	-18.2%
42767	3	T8	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of (Anaes.) (Assist.)	1124.4	0	0	0	843.3	Y	1/12/1991	$	3,361	4	$	6,801	$	4,481	0%	100%	-18.3%	-17.9%
42770	3	T8	glaucoma, treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)	304	0	0	258.4	228	Y	1/12/1991	$	65,327	303	$	153,993	$	80,184	4%	86%	4.6%	3.7%
42773	3	T8	associated with a service to which item 42776 applies (Anaes.) (Assist.)	930.5	0	0	845.8	697.9	Y	1/12/1991	$	532,760	1,440	$	1,123,086	$	706,063	3%	99%	0.8%	0.7%
42776	3	T8	DETACHED RETINA, buckling or resection operation for (Anaes.) (Assist.)	1380.25	0	0	0	1035.2	Y	1/12/1991	$	317,722	425	$	692,267	$	423,629	1%	100%	-3.2%	-1.9%
42779	3	T8	DETACHED RETINA, revision of scleral buckling operation for (Anaes.) (Assist.)	1721.6	0	0	0	1291.2	Y	1/12/1991	$	52,568	41	$	97,397	$	70,090	0%	100%	-12.1%	-11.2%
42782	3	T8	treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) (Assist.)	465.15	0	0	395.4	348.9	Y	1/12/1991	$	14,675,182	37,407	$	18,310,568	$	16,117,799	36%	0%	4.6%	5.1%
42785	3	T8	maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.)	364.4	0	0	309.75	273.3	Y	1/12/1991	$	5,695,066	19,074	$	8,189,877	$	6,423,731	28%	0%	3.5%	4.5%
42788	3	T8	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	364.4	0	0	309.75	273.3	Y	1/12/1991	$	29,205,655	95,656	$	38,389,293	$	32,799,440	38%	0%	4.2%	4.8%
42791	3	T8	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 surgery, each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.)	364.4	0	0	309.75	273.3	Y	1/12/1991	$	279,780	969	$	316,416	$	323,812	77%	0%	-16.2%	-14.8%
42794	3	T8	for the treatment of choroidal melanomas, insertion of (Anaes.) (Assist.)	69.8	0	0	59.35	52.35	Y	1/12/1991	$	21,560	356	$	25,483	$	24,499	59%	0%	0.7%	0.2%
42801	3	T8	for the treatment of choroidal melanomas, removal of (Anaes.) (Assist.)	1082.5	0	0	0	811.9	Y	1/11/2006	$	36,281	46	$	86,733	$	48,374	0%	100%	-9.8%	-9.6%
42802	3	T8	the tumour base to assist in planning of radiotherapy of choroidal melanomas, 1 or more (Anaes.) (Assist.)	541.1	0	0	0	405.85	Y	1/11/2006	$	14,070	49	$	31,788	$	18,758	0%	100%	-7.7%	-9.7%
42805	3	T8	IRIS TUMOUR, laser photocoagulation of (Anaes.) (Assist.)	604.85	0	0	520.15	453.65	Y	1/11/2005	$	1,021	3	$	4,121	$	1,361	0%	100%	-12.9%	-16.6%
42806	3	T8	PHOTOMYDRIASIS, laser	364.4	0	0	309.75	273.3	Y	1/12/1991	$	310	1	$	310	$	364	0%	0%	-30.1%	-22.9%
42807	3	T8	Laser peripheral iridoplasty	366.9	0	0	311.9	275.2	0	1/05/1997	$	5,362	38	$	6,546	$	6,580	16%	11%	-25.4%	-32.6%
42808	3	T8	RETINA, photocoagulation of, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)	366.9	0	0	311.9	275.2	0	1/05/1997	$	81,423	302	$	93,743	$	94,326	71%	3%	-5.3%	-3.8%
42809	3	T8	PHOTOTHERAPEUTIC KERATECTOMY, by laser, for corneal scarring or disease, excluding surgery for refractive error (Anaes.)	465.15	0	0	395.4	348.9	Y	1/12/1991	$	11,275,647	32,294	$	15,022,385	$	12,967,316	38%	21%	-2.0%	-2.3%
42810	3	T8	TRANSPUPILLARY THERMOTHERAPY, for treatment of choroidal and retinal tumours or vascular malformations (Anaes.)	585.45	0	0	500.75	439.1	Y	1/11/1996	$	474,511	879	$	970,942	$	437,927	15%	47%	9.5%	7.2%
42811	3	T8	Removal of scleral buckling material, from an eye having undergone previous scleral buckling surgery (Anaes.)	465.15	0	0	395.4	348.9	Y	1/11/2005	$	6,104	23	$	11,505	$	7,166	4%	9%	-19.5%	-25.8%
42812	3	T8	substitutes from, during a procedure other than that in which the vitreous substitute is inserted (Anaes.) (Assist.)	170.6	0	0	145.05	127.95	Y	1/12/1991	$	5,053	51	$	13,934	$	6,691	2%	96%	-3.8%	-5.1%
42815	3	T8	RETINA, CRYOTHERAPY TO, as an independent procedure, or when performed in conjunction with item 42809 or 42770 (Anaes.)	651.5	0	0	0	488.65	Y	1/12/1991	$	158,311	678	$	334,948	$	211,065	3%	100%	0.3%	-0.1%
42818	3	T8	OCULAR TRANSILLUMINATION, for the diagnosis and measurement of intraocular tumours (Anaes.)	604.85	0	0	520.15	453.65	Y	1/12/1991	$	265,314	590	$	568,374	$	341,045	4%	83%	1.5%	1.4%
42821	3	T8	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure	93.2	0	0	79.25	69.9	Y	1/12/1991	$	110,927	1,393	$	140,470	$	129,125	24%	0%	17.3%	19.1%
42824	3	T8	involving a total of 1 OR 2 MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.)	72.05	0	0	61.25	54.05	0	1/12/1991	$	44,221	696	$	77,112	$	47,774	34%	6%	-0.8%	0.2%
42833	3	T8	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 involving a total of 3 OR MORE MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.)	604.85	0	0	0	453.65	Y	1/12/1991	$	289,206	655	$	1,110,753	$	385,941	3%	100%	3.6%	4.5%
42836	3	T8		752.2	0	0	0	564.15	Y	1/12/1991	$	685,489	1,220	$	2,210,233	$	913,983	2%	100%	0.0%	0.6%
42839	3	T8		721.3	0	0	0	541	Y	1/12/1991	$	33,598	63	$	141,664	$	44,797	2%	100%	8.4%	9.5%

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42842	3	T8	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 independent procedure following an operation for correction of squint (Anaes.)	899.55	0	0	0	674.7	Y	1/12/1991	$	120,502	179	$	380,867	$	160,806	4%	100%	-0.5%	0.0%
42845	3	T8	SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 15 years or over (Anaes.) (Assist.)	195.35	0	0	166.05	146.55	Y	1/12/1991	$	32,796	282	$	93,863	$	42,743	10%	92%	0.9%	1.0%
42848	3	T8	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 RUPTURED MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRAOCULAR MUSCLE, repair of (Anaes.) (Assist.)	721.3	0	0	0	541	Y	1/12/1991	$	4,198	10	$	12,793	$	5,597	20%	100%	-13.8%	-16.4%
42851	3	T8	PROCEDURES with or without excision of prolapsed iris (Anaes.) (Assist.)	899.55	0	0	0	674.7	Y	1/12/1991	$	7,276	11	$	20,656	$	9,702	0%	100%	-12.1%	-10.8%
42854	3	T8	autogenous graft to, with recession of the lid retractors (Anaes.) (Assist.)	418.75	0	0	355.95	314.1	Y	1/12/1991	$	2,708	23	$	8,157	$	3,566	0%	87%	-8.1%	-11.1%
42857	3	T8	EYELID, recession of (Anaes.) (Assist.)	418.75	0	0	355.95	314.1	Y	1/12/1991	$	65,838	219	$	119,761	$	85,469	20%	85%	4.2%	5.8%
42860	3	T8	shortening or repair of inferior retractors by open operation across the entire width of the eyelid (Anaes.) (Assist.)	930.5	0	0	845.8	697.9	Y	1/12/1991	$	23,154	37	$	49,083	$	30,487	0%	95%	-12.2%	-13.3%
42863	3	T8	EYELID closure in facial nerve paralysis, insertion of foreign implant for (Anaes.) (Assist.)	798.75	0	0	714.05	599.1	Y	1/12/1991	$	552,217	990	$	1,156,207	$	690,651	9%	85%	6.5%	7.9%
42866	3	T8	field of vision caused by paretic, involutional, or traumatic eyebrow descent/ptosis to a position below the superior orbital rim (Anaes.)	775.35	0	0	690.65	581.55	Y	1/12/1991	$	1,962,527	3,672	$	4,116,749	$	2,428,152	7%	82%	4.4%	5.2%
42869	3	T8	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	566.15	0	0	481.45	424.65	Y	1/12/1991	$	47,907	161	$	106,798	$	63,723	1%	99%	6.4%	5.5%
42872	3	T8	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	248.2	0	0	211	186.15	Y	1/12/1991	$	290,318	1,701	$	1,124,798	$	270,675	2%	82%	35.2%	36.4%
43021	3	T8	OPERATION ON PHALANX (Anaes.)	469.3	0	0	398.95	352	0	1/08/2007	$	43,780	95	$	73,258	$	45,093	16%	0%	-10.1%	-12.3%
43022	3	T8	TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins)1 BONE (Anaes.)	563.2	0	0	478.75	422.4	0	1/08/2007	$	5,348	11	$	9,313	$	6,187	18%	0%	-7.2%	-11.8%
43500	3	T8	OPERATION ON HUMERUS OR FEMUR1 BONE (Anaes.) (Assist.)	127.2	0	0	0	95.4	Y	1/12/1991	$	2,640	42	$	6,853	$	3,520	0%	100%	3.7%	2.2%
43503	3	T8	OPERATION ON SPINE OR PELVIC BONES1 BONE (Anaes.) (Assist.)	211.1	0	0	0	158.35	Y	1/12/1991	$	5,005	62	$	11,606	$	6,672	18%	100%	18.1%	15.1%
43506	3	T8	OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA,	367.5	0	0	0	275.65	Y	1/12/1991	$	1,926	14	$	4,221	$	2,567	0%	100%	-13.6%	-19.1%
43509	3	T8	METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than	367.5	0	0	0	275.65	Y	1/12/1991	$	689	5	$	1,424	$	919	0%	100%	-26.3%	-24.2%
43512	3	T8	OPERATION ON HUMERUS OR FEMUR1 BONE (Anaes.) (Assist.)	367.5	0	0	0	275.65	Y	1/12/1991	$	84,903	537	$	183,281	$	113,197	1%	100%	3.9%	-0.3%
43515	3	T8	OPERATION ON SPINE OR PELVIC BONES1 BONE (Anaes.) (Assist.)	367.5	0	0	312.4	275.65	Y	1/12/1991	$	4,668	41	$	9,770	$	6,224	0%	100%	-0.5%	-2.8%
43518	3	T8	OPERATION ON SKULL (Anaes.) (Assist.)	605.95	0	0	0	454.5	Y	1/12/1991	$	6,075	21	$	13,042	$	8,100	0%	100%	-18.7%	-15.9%
43521	3	T8	OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in item 43515, 43518 or 43521 (Anaes.) (Assist.)	479.05	0	0	0	359.3	Y	1/12/1991	$	5,579	22	$	13,126	$	7,439	0%	100%	1.9%	9.9%
43524	3	T8	INTESTINAL MALROTATION with or without volvulus, laparotomy for, not involving bowel resection (Anaes.) (Assist.)	605.95	0	0	521.25	454.5	Y	1/12/1991	$	6,361	25	$	13,796	$	8,481	0%	100%	-14.9%	-13.6%
43801	3	T8	for, with bowel resection and anastomosis, with or without formation of stoma (Anaes.) (Assist.)	987.2	0	0	0	740.4	Y	1/11/1994	$	17,013	24	$	30,972	$	22,684	0%	100%	9.9%	10.3%
43804	3	T8	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, on a person under 10 years of age (Anaes.)	1051.1	0	0	0	788.35	Y	1/11/1994	$	2,759	4	$	4,961	$	3,679	0%	100%	5.9%	3.8%
43805	3	T8	DUODENAL ATRESIA or STENOSIS, duodenoduodenostomy or duodenojejunostomy for (Anaes.) (Assist.)	367.5	0	0	0	275.65	Y	1/09/2015	$	121,698	499	$	280,738	$	162,250	0%	100%	0.2%	0.9%
43807	3	T8	JEJUNAL ATRESIA, bowel resection and anastomosis for, with or without tapering (Anaes.) (Assist.)	1146.75	0	0	0	860.1	Y	1/11/1994	$	10,687	13	$	18,453	$	14,249	0%	100%	10.2%	13.7%
43810	3	T8	associated volvulus, atresia, intesinal perforation with or without meconium peritonitis (Anaes.) (Assist.)	1337.85	0	0	0	1003.4	Y	1/11/1994	$	1,992	2	$	3,199	$	2,656	0%	100%	-12.9%	-12.5%
43813	3	T8	a service associated with a service to which item 43813 applies, laparotomy for (Anaes.) (Assist.)	1337.85	0	0	0	1003.4	Y	1/11/1994	$	1,992	2	$	3,894	$	2,656	0%	100%	0.0%	0.5%
43816	3	T8		1242.2	0	0	0	931.65	Y	1/11/1994	$	4,645	5	$	7,315	$	6,193	0%	100%	4.6%	8.0%

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43822	3	T8	ANORECTAL MALFORMATION, laparotomy and colostomy for (Anaes.) (Assist.)	1003.35	0	0	0	752.55	Y	1/11/1994	$	4,493	6	$	6,887	$	5,990	0%	100%	-5.6%	0.5%
43825	3	T8	a service to which any other item in this Subgroup applies (Anaes.) (Assist.)	1146.75	0	0	0	860.1	Y	1/11/1994	$	4,262	5	$	7,106	$	5,683	0%	100%	4.6%	5.0%
43828	3	T8	with resection, including any anastomoses or stoma formation (Anaes.) (Assist.)	1266.9	0	0	0	950.2	Y	1/11/1994	$	2,851	3	$	4,991	$	3,801	0%	100%	-9.7%	-9.2%
43831	3	T8	ACUTE NEONATAL NECROTISING ENTEROCOLITIS where no definitive procedure is possible, laparotomy for (Anaes.) (Assist.)	987.2	0	0	0	740.4	Y	1/11/1994	$	1,470	2	$	3,030	$	1,960	0%	100%	#DIV/0!	#DIV/0!
43832	3	T8	BRANCHIAL FISTULA, on a person under 10 years of age.Removal of, (Anaes.) (Assist.)	673.35	0	0	0	505.05	Y	1/09/2015	$	8,599	17	$	16,851	$	11,465	0%	100%	-6.7%	-5.7%
43834	3	T8	strictures, including any anastomoses or stoma formation (Anaes.) (Assist.)	1146.75	0	0	0	860.1	Y	1/11/1994	$	6,695	8	$	13,147	$	8,927	0%	100%	32.0%	32.0%
43835	3	T8	of, without bowel resection, on a person under 10 years of age (Anaes.) (Assist.)	698.85	0	0	0	524.15	Y	1/09/2015	$	23,297	47	$	51,149	$	31,063	2%	100%	14.4%	14.3%
43837	3	T8	abdominal approach, with diagnosis confirmed in the first 24 hours of life (Anaes.) (Assist.)	1433.35	0	0	0	1075.05	Y	1/11/1994	$	3,225	3	$	5,999	$	4,300	0%	100%	-15.6%	-15.1%
43838	3	T8	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 person under 10 years of age (Anaes.)	1283.35	0	0	0	962.55	Y	1/09/2015	$	3,822	4	$	5,306	$	5,096	0%	100%	14.9%	15.4%
43840	3	T8	abdominal approach, diagnosed after the first day of life and before 20 days of age (Anaes.) (Assist.)	1242.2	0	0	0	931.65	Y	1/11/1994	$	918	1	$	1,859	$	1,224	0%	100%	-19.7%	-19.5%
43841	3	T8	of, not being a service to which item 30403 or 43835 applies, on a person under 10 years of age (Anaes.) (Assist.)	622.7	0	0	0	467.05	Y	1/09/2015	$	547,495	1,544	$	1,126,269	$	730,335	1%	100%	3.6%	4.2%
43843	3	T8	oesophageal fistula), complete correction of, not being a service to which item 43846 applies (Anaes.) (Assist.)	1911.25	0	0	0	1433.45	Y	1/11/1994	$	14,271	10	$	23,112	$	19,028	0%	100%	-13.8%	-13.3%
43849	3	T8	OESOPHAGEAL ATRESIA, gastrostomy for (Anaes.) (Assist.)	525.55	0	0	0	394.2	Y	1/11/1994	$	783	2	$	1,288	$	1,043	0%	100%	14.9%	15.4%
43852	3	T8	OESOPHAGEAL ATRESIA, thoracotomy for, and division of tracheo-oesophageal fistula without anastomosis (Anaes.) (Assist.)	1672.2	0	0	0	1254.15	Y	1/11/1994	$	2,490	2	$	4,097	$	3,320	0%	100%	#DIV/0!	#DIV/0!
43855	3	T8	OESOPHAGEAL ATRESIA, delayed primary anastomosis for (Anaes.) (Assist.)	1767.95	0	0	0	1326	Y	1/11/1994	$	1,326	1	$	2,526	$	1,768	0%	100%	-12.9%	-7.2%
43861	3	T8	CONGENITAL LOBAR EMPHYSEMA, thoracotomy and lung resection for (Anaes.) (Assist.)	1720.15	0	0	0	1290.15	Y	1/11/1994	$	6,432	5	$	11,389	$	8,575	0%	100%	-17.4%	-16.9%
43864	3	T8	GASTROSCHISIS, operation for (Anaes.) (Assist.)	1290.1	0	0	0	967.6	Y	1/11/1994	$	968	1	$	1,786	$	1,290	0%	100%	-12.9%	-12.4%
43867	3	T8	GASTROSCHISIS or Exomphalos, secondary operation for, with removal of silo (Anaes.) (Assist.)	716.7	0	0	0	537.55	Y	1/11/1994	$	1,075	2	$	1,709	$	1,433	0%	100%	0.0%	0.6%
43873	3	T8	EXOMPHALOS containing small bowel and other viscera, operation for (Anaes.) (Assist.)	1337.85	0	0	0	1003.4	Y	1/11/1994	$	973	1	$	1,297	$	1,297	0%	100%	-12.9%	-12.9%
43876	3	T8	SACROCOCCYGEAL TERATOMA, excision of, by posterior approach (Anaes.) (Assist.)	1146.75	0	0	0	860.1	Y	1/11/1994	$	1,720	2	$	3,294	$	2,294	0%	100%	0.0%	0.6%
43900	3	T8	TRACHEO-OESOPHAGEAL FISTULA without atresia, division and repair of (Anaes.) (Assist.)	1146.75	0	0	0	860.1	Y	1/11/1994	$	9,455	12	$	17,554	$	12,606	0%	100%	5.9%	7.9%
43906	3	T8	stricture and anastomosis, not being a service to which item 43903 applies (Anaes.) (Assist.)	1672.2	0	0	0	1254.15	Y	1/11/1994	$	627	1	$	1,167	$	836	0%	100%	#DIV/0!	#DIV/0!
43909	3	T8	TRACHEOMALACIA, aortopexy for (Anaes.) (Assist.)	1672.2	0	0	0	1254.15	Y	1/11/1994	$	1,236	1	$	2,201	$	1,648	0%	100%	-12.9%	-12.7%
43912	3	T8	THORACOTOMY and excision of 1 or more of bronchogenic or enterogenous cyst or mediastinal teratoma (Anaes.) (Assist.)	1579.85	0	0	0	1184.9	Y	1/11/1994	$	1,777	2	$	1,873	$	2,370	0%	100%	-32.2%	-32.8%
43915	3	T8	EVENTRATION, plication of diaphragm for (Anaes.) (Assist.)	1194.5	0	0	0	895.9	Y	1/11/1994	$	27,756	34	$	54,557	$	37,008	0%	100%	12.3%	14.1%
43930	3	T8	HYPERTROPHIC PYLORIC STENOSIS, pyloromyotomy for (Anaes.) (Assist.)	459.35	0	0	0	344.55	Y	1/11/1994	$	9,410	29	$	15,607	$	12,936	0%	100%	-3.7%	-3.5%
43933	3	T8	IDIOPATHIC INTUSSUSCEPTION, laparotomy and manipulative reduction of (Anaes.) (Assist.)	537.7	0	0	0	403.3	Y	1/11/1994	$	202	1	$	367	$	269	0%	100%	-12.9%	-23.7%
43936	3	T8	INTUSSUSCEPTION, laparotomy and resection with anastomosis (Anaes.) (Assist.)	1003.35	0	0	0	752.55	Y	1/11/1994	$	3,375	5	$	5,997	$	4,500	0%	100%	-11.1%	-11.5%
43939	3	T8	VENTRAL HERNIA following neonatal closure of exomphalos or gastroschisis, repair of (Anaes.) (Assist.)	764.45	0	0	0	573.35	Y	1/11/1994	$	573	1	$	1,306	$	764	0%	100%	-34.0%	-29.7%

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43942	3	T8	ABDOMINAL WALL VITELLO INTESTINAL REMNANT, excision of (Anaes.)	238.95	0	0	0	179.25	Y	1/11/1994	$	179	1	$	331	$	239	0%	100%	-34.0%	-32.8%
43945	3	T8	PATENT VITELLO INTESTINAL DUCT, excision of (Anaes.) (Assist.)	1003.35	0	0	0	752.55	Y	1/11/1994	$	2,258	3	$	3,971	$	3,010	0%	100%	8.4%	13.1%
43948	3	T8	UMBILICAL GRANULOMA, excision of, under general anaesthesia (Anaes.)	143.45	0	0	0	107.6	Y	1/11/1994	$	2,687	34	$	6,998	$	3,582	0%	100%	3.2%	3.3%
43951	3	T8	laparotomy and fundoplication for, without gastrostomy (Anaes.) (Assist.)	898.55	0	0	0	673.95	Y	1/11/1994	$	4,202	7	$	7,249	$	5,603	0%	100%	-15.2%	-16.7%
43954	3	T8	laparotomy and fundoplication for, with gastrostomy (Anaes.) (Assist.)	1099.05	0	0	0	824.3	Y	1/11/1994	$	1,636	2	$	2,595	$	2,182	0%	100%	0.0%	0.5%
43960	3	T8	ANORECTAL MALFORMATION, perineal anoplasty of (Anaes.) (Assist.)	420.2	0	0	0	315.15	Y	1/11/1994	$	2,832	9	$	6,900	$	3,776	0%	100%	-12.9%	-11.1%
43963	3	T8	ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of (Anaes.) (Assist.)	1672.2	0	0	0	1254.15	Y	1/11/1994	$	13,796	11	$	25,545	$	18,394	0%	100%	-13.7%	-13.2%
43966	3	T8	ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of, with laparotomy (Anaes.) (Assist.)	1911.25	0	0	0	1433.45	Y	1/11/1994	$	9,970	7	$	16,204	$	13,293	0%	100%	7.0%	7.5%
43972	3	T8	CHOLEDOCHAL CYST, resection of, with 1 duct anastomosis (Anaes.) (Assist.)	1911.25	0	0	0	1433.45	Y	1/11/1994	$	10,034	7	$	20,047	$	13,379	0%	100%	7.0%	7.6%
43975	3	T8	CHOLEDOCHAL CYST, resection of, with 2 duct anastomoses (Anaes.) (Assist.)	2245.75	0	0	0	1684.35	Y	1/11/1994	$	3,344	2	$	6,221	$	4,458	0%	100%	-7.8%	-7.4%
43978	3	T8	BILIARY ATRESIA, portoenterostomy for (Anaes.) (Assist.)	1911.25	0	0	0	1433.45	Y	1/11/1994	$	2,846	2	$	3,794	$	3,794	0%	100%	-27.5%	-27.2%
43981	3	T8	NEPHROBLASTOMA, NEUROBLASTOMA OR OTHER MALIGNANT TUMOUR, laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (Anaes.)	525.55	0	0	0	394.2	Y	1/11/1994	$	980	3	$	1,477	$	1,306	0%	100%	-5.6%	-3.1%
43984	3	T8	NEPHROBLASTOMA, radical nephrectomy for (Anaes.) (Assist.)	1337.85	0	0	0	1003.4	Y	1/11/1994	$	4,006	5	$	7,024	$	5,342	0%	100%	-9.0%	-12.4%
43987	3	T8	NEUROBLASTOMA, radical excision of (Anaes.) (Assist.)	1481.3	0	0	0	1111	Y	1/11/1994	$	8,872	8	$	15,470	$	11,829	0%	100%	-6.2%	-5.6%
43990	3	T8	anastomosis, with or without frozen section biopsies, when aganglionic segment extends to sigmoid colon (Anaes.) (Assist.)	1815.75	0	0	0	1361.85	Y	1/11/1994	$	6,769	5	$	11,168	$	9,025	0%	100%	0.0%	0.5%
43993	3	T8	Aganglionosis Coli, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends into descending or transverse colon with ileoanal pull-through, with or without side to side ileocolic anastomosis (Anaes.) (Assist.)	1959	0	0	0	1469.25	Y	1/11/1994	$	1,469	1	$	1,959	$	1,959	0%	100%	-24.2%	-23.7%
43996	3	T8	general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.)	2197.95	0	0	0	1648.5	Y	1/11/1994	$	1,649	1	$	3,089	$	2,198	0%	100%	-12.9%	-12.4%
44101	3	T8	general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.)	344.5	0	0	0	258.4	Y	1/09/2015	$	2,067	8	$	4,187	$	2,756	0%	100%	-15.0%	-12.7%
44102	3	T8	RECTAL PROLAPSE, SUBMUCOSAL or perirectal injection for, on a person 2 years of age or over, under general anaesthesia (Anaes.)	264.95	0	0	0	198.75	Y	1/11/1994	$	12,016	78	$	24,961	$	16,020	0%	100%	-2.8%	-5.0%
44105	3	T8	INGUINAL HERNIA repair at age less than 12 months (Anaes.) (Assist.)	46.5	0	0	39.55	34.9	Y	1/11/1994	$	183	6	$	1,046	$	244	0%	100%	-24.2%	-23.7%
44108	3	T8	age, less than 12 months including orchidopexy when performed (Anaes.) (Assist.)	506.8	0	0	0	380.1	Y	1/11/1994	$	77,722	257	$	157,223	$	103,629	0%	100%	-11.0%	-10.5%
44111	3	T8	INGUINAL HERNIA repair at age less than 12 months when orchidopexy also required (Anaes.) (Assist.)	593.6	0	0	508.9	445.2	Y	1/11/1994	$	4,675	12	$	8,192	$	6,233	0%	100%	-17.8%	-19.0%
44114	3	T8	LYMPHADENECTOMY, for atypical mycobacterial infection or other granulomatous disease (Anaes.) (Assist.)	593.6	0	0	0	445.2	Y	1/11/1994	$	1,781	5	$	3,213	$	2,374	0%	100%	-20.8%	-21.1%
44130	3	T8	TORTICOLLIS, open division of sternomastoid muscle for (Anaes.) (Assist.)	477.75	0	0	406.1	358.35	Y	1/11/1994	$	5,196	15	$	10,145	$	6,927	0%	100%	-7.4%	-7.0%
44133	3	T8	INGROWN TOE NAIL, operation for, under general anaesthesia (Anaes.)	379.25	0	0	0	284.45	Y	1/11/1994	$	1,560	6	$	4,197	$	2,080	0%	100%	-9.7%	-9.9%
44136	3	T8	HAND, MIDCARPAL OR TRANSMETACARPAL, amputation of (Anaes.) (Assist.)	174.8	0	0	148.6	131.1	Y	1/11/1994	$	25,197	223	$	45,884	$	31,922	30%	66%	0.9%	3.4%
44325	3	T8	HAND, FOREARM OR THROUGH ARM, amputation of (Anaes.) (Assist.)	304.95	0	0	259.25	228.75	Y	1/12/1991	$	915	4	$	2,769	$	1,220	0%	100%	-7.8%	-5.8%
44328	3	T8	1 DIGIT of foot, amputation of (Anaes.)	367.5	0	0	0	275.65	Y	1/12/1991	$	1,654	6	$	4,870	$	2,205	0%	100%	0.0%	0.6%
44338	3	T8		148.5	0	0	126.25	111.4	Y	1/12/1991	$	45,540	416	$	103,722	$	61,715	2%	97%	1.2%	2.3%

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44342	3	T8	2 DIGITS of 1 foot, amputation of (Anaes.)	226.8	0	0	0	170.1	Y	1/12/1991	$	4,053	24	$	8,324	$	5,430	0%	100%	-1.6%	-0.7%
44346	3	T8	3 DIGITS of 1 foot, amputation of (Anaes.) (Assist.)	261.9	0	0	0	196.45	Y	1/12/1991	$	2,050	11	$	4,248	$	2,877	0%	100%	12.9%	12.4%
44350	3	T8	4 DIGITS of 1 foot, amputation of (Anaes.) (Assist.)	297.2	0	0	252.65	222.9	Y	1/12/1991	$	777	4	$	1,200	$	1,189	0%	100%	0.0%	-2.1%
44354	3	T8	5 DIGITS of 1 foot, amputation of (Anaes.) (Assist.)	340.15	0	0	0	255.15	Y	1/12/1991	$	1,666	7	$	3,116	$	2,381	0%	100%	0.0%	0.0%
44358	3	T8	TOE, including metatarsal or part of metatarsaleach toe , amputation of (Anaes.)	189.65	0	0	0	142.25	Y	1/12/1991	$	21,285	156	$	42,108	$	29,515	1%	100%	1.2%	1.1%
44359	3	T8	ONE OR MORE TOES OF ONE FOOT, amputation of, including if performed, excision of 1 or more metatarsal bones of the foot, performed for diabetic or other microvascular disease, excluding FOOT AT ANKLE (Syme, Pirogoff types), amputation of (Anaes.) (Assist.)	272.15	0	0	0	204.15	Y	1/11/1999	$	179,845	893	$	344,958	$	242,376	0%	100%	5.5%	6.3%
44361	3	T8	FOOT, MIDTARSAL OR TRANSMETATARSAL, amputation of (Anaes.) (Assist.)	367.5	0	0	0	275.65	Y	1/12/1991	$	823	3	$	1,996	$	1,097	0%	100%	-17.8%	-17.4%
44364	3	T8	AMPUTATION THROUGH THIGH, AT KNEE OR BELOW KNEE (Anaes.) (Assist.)	304.95	0	0	0	228.75	Y	1/12/1991	$	12,761	57	$	22,960	$	17,369	0%	100%	4.4%	5.6%
44367	3	T8	AMPUTATION AT HIP (Anaes.) (Assist.)	538.25	0	0	0	403.7	Y	1/12/1991	$	119,711	298	$	225,502	$	159,857	0%	100%	0.2%	0.8%
44370	3	T8	HINDQUARTER, amputation of (Anaes.) (Assist.)	742.7	0	0	0	557.05	Y	1/12/1991	$	1,114	2	$	2,108	$	1,485	0%	100%	14.9%	15.6%
44373	3	T8	AMPUTATION STUMP, reamputation of, to provide adequate skin and muscle cover (Assist.)	1524.6	0	0	1439.9	1143.45	Y	1/12/1991	$	2,287	2	$	5,130	$	3,049	0%	100%	14.9%	15.6%
44376	3	T8	hand, thumb, finger or genitals not in association with any of items 31356 to 31376 (Anaes.)	0	75% of the original amputation fee	0	0	0	0	1/12/1991	$	904	3	$	1,789	$	1,205	0%	100%	0.0%	3.7%
45000	3	T8	and small not in association with any of items 31356 to 31376 (Anaes.)	558.25	0	0	474.55	418.7	Y	1/12/1991	$	221,446	868	$	496,158	$	283,400	10%	85%	-5.5%	-8.7%
45003	3	T8	(pectoralis major, latissimus dorsi, or similar large muscle) (Anaes.) (Assist.)	620.45	0	0	535.75	465.35	Y	1/12/1991	$	1,488,673	4,147	$	3,721,599	$	1,867,266	3%	87%	-11.5%	-12.8%
45006	3	T8	SINGLE STAGE LOCAL muscle flap repair to 1 defect, simple and small (Anaes.) (Assist.)	1070.05	0	0	0	802.55	Y	1/12/1991	$	483,143	736	$	1,315,752	$	644,195	1%	100%	3.8%	4.4%
45009	3	T8	major, gastrocnemius, gracilis or similar large muscle) (Anaes.) (Assist.)	390.9	0	0	0	293.2	Y	1/12/1991	$	92,617	615	$	217,391	$	123,492	2%	100%	5.5%	8.8%
45012	3	T8	MUSCLE OR MYOCUTANEOUS FLAP, delay of (Anaes.)	654.85	0	0	0	491.15	Y	1/12/1991	$	184,947	737	$	533,869	$	246,598	0%	100%	2.8%	4.8%
45015	3	T8	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 items51011 to	310.15	0	0	0	232.65	Y	1/12/1991	$	3,199	17	$	6,585	$	4,265	0%	100%	-3.2%	1.2%
45018	3	T8	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 ABRASIVE THERAPY for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.)	488.45	0	0	415.2	366.35	Y	1/12/1991	$	525,648	2,917	$	1,477,755	$	690,470	3%	97%	-14.1%	-12.2%
45019	3	T8	ABRASIVE THERAPY for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.)	409.1	0	0	0	306.85	Y	19/06/1997	$	9,299	33	$	34,032	$	12,398	0%	100%	18.7%	18.5%
45021	3	T8	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	182.9	0	0	155.5	137.2	Y	1/12/1991	$	18,768	125	$	32,398	$	21,003	48%	10%	-5.3%	-2.2%
45024	3	T8	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	411	0	0	349.35	308.25	Y	1/12/1991	$	59,312	163	$	85,714	$	66,451	34%	4%	2.5%	-8.2%
45025	3	T8	ANGIOMA, cauterisation of or injection into, where undertaken in the operating theatre of a hospital (Anaes.)	182.9	0	0	155.5	137.2	Y	1/11/1995	$	70,060	393	$	174,512	$	65,094	31%	12%	-22.3%	-20.1%
45026	3	T8	subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of (Anaes.)	411	0	0	349.35	308.25	Y	1/11/1995	$	545,832	949	$	1,182,787	$	384,500	20%	7%	-12.5%	-4.8%
45027	3	T8	involving deeper tissue including facial muscle or breast, excision and suture of (Anaes.)	124.15	0	0	105.55	93.15	Y	1/12/1991	$	10,977	110	$	25,414	$	8,859	4%	84%	-10.2%	-1.9%
45030	3	T8	ANGIOMA (haemangioma or lymphangioma or both), large and deep, involving muscles or nerves, excision of (Anaes.) (Assist.)	133.25	0	0	113.3	99.95	Y	1/12/1991	$	100,734	1,042	$	153,132	$	118,951	57%	22%	-2.4%	-2.8%
45033	3	T8	ANGIOMA (haemangioma or lymphangioma or both) of neck, deep, excision of (Anaes.) (Assist.)	248.2	0	0	211	186.15	Y	1/12/1991	$	37,605	226	$	87,636	$	46,024	30%	56%	-2.7%	-1.3%
45035	3	T8		724	0	0	0	543	Y	1/11/1994	$	49,790	103	$	119,013	$	66,387	1%	100%	6.6%	6.5%
45036	3	T8		1163.3	0	0	0	872.5	Y	1/12/1991	$	13,035	16	$	27,335	$	17,380	0%	100%	-6.2%	-6.9%

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45039	3	T8	ARTERIOVENOUS MALFORMATION (3 centimetres or less) of superficial tissue, excision of (Anaes.)	248.2	0	0	211	186.15	Y	1/12/1991	$	9,013	56	$	18,392	$	11,262	34%	61%	-7.6%	-7.4%
45042	3	T8	ARTERIOVENOUS MALFORMATION, (greater than 3 centimetres), excision of (Anaes.) (Assist.)	318.05	0	0	270.35	238.55	Y	1/12/1991	$	10,388	51	$	28,681	$	13,744	6%	94%	7.2%	7.8%
45045	3	T8	ARTERIOVENOUS MALFORMATION on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.)	318.05	0	0	270.35	238.55	Y	1/12/1991	$	23,091	110	$	55,733	$	29,730	9%	83%	0.0%	0.2%
45048	3	T8	foot, or thigh, or upper arm, or forearm and hand, major excision of (Anaes.) (Assist.)	798.75	0	0	0	599.1	Y	1/12/1991	$	79,793	220	$	325,028	$	106,391	2%	100%	71.1%	60.0%
45051	3	T8	Contour reconstruction by open repair of contour defects, due to deformity, if: (a) contour reconstructive surgery is indicated because the deformity is secondary to congenita absence of tissue incisions), for acute compartment syndrome secondary to burn (Anaes.) (Assist.)	488.55	0	0	0	366.45	Y	1/12/1991	$	31,078	130	$	163,358	$	41,434	1%	100%	3.0%	4.1%
45054	3	T8	Developmental breast abnormality, single stage correction of, if: (a) the correction involves either: (i) bilateral mastopexy for	253.8	0	0	0	190.35	Y	1/11/1999	$	473	3	$	855	$	631	0%	100%	0.0%	5.1%
45060	3	T8	symmetrical tubular breasts; or (ii) surgery on both breasts with a Developmental breast abnormality, 2 stage correction of, first stage, involving surgery on both breasts with a combination of	1311	0	0	0	983.25	Y	1/11/2018	$	222,940	234	$	1,546,850	$	298,543	1%	100%	#DIV/0!	#DIV/0!
45061	3	T8	insertion of one or more tissue expanders, mastopexy or reduction Developmental breast abnormality, 2 stage correction of, second stage, involving surgery on both breasts with a combination of	1311	0	0	0	983.25	Y	1/11/2018	$	35,820	37	$	223,192	$	47,760	0%	100%	#DIV/0!	#DIV/0!
45062	3	T8	exchange of one or more tissue expanders for one or more Single stage local flap, if indicated to repair one defect, simple and small, excluding flap for male pattern baldness and excluding H-	948.7	0	0	0	711.55	Y	1/11/2018	$	12,903	18	$	45,518	$	17,204	0%	100%	#DIV/0!	#DIV/0!
45200	3	T8	flap or double advancement flap not in association with any of Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or	293.25	0	0	249.3	219.95	Y	1/12/1991	$	2,377,706	16,992	$	3,407,484	$	2,973,944	53%	64%	-16.6%	-22.9%
45201	3	T8	non-malignant skin lesion (only in association with items 31000, Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or	426.85	0	0	362.85	320.15	Y	1/11/2016	$	34,485,186	105,093	$	50,507,371	$	41,108,947	52%	35%	#DIV/0!	#DIV/0!
45202	3	T8	non-malignant skin lesion in a patient, if the clinical relevance of Single stage local flap, if indicated to repair one defect, complicated or large, excluding flap for male pattern baldness and	426.85	0	0	362.85	320.15	Y	1/11/2016	$	2,301,164	8,531	$	3,210,364	$	2,690,779	53%	31%	#DIV/0!	#DIV/0!
45203	3	T8	excluding H-flap or double advancement flap not in association Single stage local flap if indicated to repair one defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals and excluding H-	418.75	0	0	355.95	314.1	Y	1/12/1991	$	1,551,091	6,791	$	3,372,213	$	1,970,408	17%	81%	-28.5%	-31.6%
45206	3	T8	flap or double advancement flap not in association with any of defect, on eyelid, eyebrow or forehead not in association with any of items 31356 to 31376 (Anaes.)	395.55	0	0	336.25	296.7	Y	1/12/1991	$	992,153	4,554	$	2,276,095	$	1,255,885	12%	80%	-33.7%	-36.9%
45207	3	T8	DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage (Anaes.) (Assist.)	395.55	0	0	336.25	296.7	Y	1/11/2006	$	340,742	1,030	$	376,319	$	401,036	86%	5%	-27.4%	-26.5%
45209	3	T8	DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage (Anaes.)	488.55	0	0	415.3	366.45	Y	1/12/1991	$	34,001	107	$	101,646	$	44,940	7%	95%	-4.7%	-3.0%
45212	3	T8	DIRECT FLAP REPAIR, cross leg, second stage (Anaes.) (Assist.)	242.4	0	0	206.05	181.8	Y	1/12/1991	$	18,532	128	$	48,811	$	23,669	7%	92%	-1.3%	-3.1%
45218	3	T8	DIRECT FLAP REPAIR, small (cross finger or similar), first stage (Anaes.)	469.1	0	0	0	351.85	Y	1/12/1991	$	960	4	$	2,072	$	1,280	0%	100%	0.0%	-6.8%
45221	3	T8	DIRECT FLAP REPAIR, small (cross finger or similar), second stage (Anaes.)	269.75	0	0	229.3	202.35	Y	1/12/1991	$	3,318	40	$	8,228	$	4,346	0%	95%	-3.6%	-10.2%
45224	3	T8	INDIRECT FLAP OR TUBED PEDICLE, formation of (Anaes.) (Assist.)	121.25	0	0	103.1	90.95	Y	1/12/1991	$	3,345	46	$	9,630	$	3,705	2%	93%	-5.8%	-3.0%
45227	3	T8	DIRECT OR INDIRECT FLAP OR TUBED PEDICLE, delay of (Anaes.)	459.35	0	0	390.45	344.55	Y	1/12/1991	$	21,043	109	$	52,849	$	26,781	12%	83%	1.7%	0.2%
45230	3	T8	INDIRECT FLAP OR TUBED PEDICLE, preparation of intermediate or final site and attachment to the site (Anaes.) (Assist.)	229.7	0	0	195.25	172.3	Y	1/12/1991	$	5,863	61	$	9,895	$	7,694	41%	93%	-7.1%	-6.9%
45233	3	T8	INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure (Anaes.)	488.55	0	0	415.3	366.45	Y	1/12/1991	$	58,796	213	$	161,986	$	77,818	3%	97%	8.1%	8.2%
45236	3	T8	DIRECT, INDIRECT OR LOCAL FLAP, revision of, by incision and suture, not being a service to which item 45240 applies (Anaes.)	383.1	0	0	0	287.35	Y	1/12/1991	$	15,454	58	$	46,897	$	20,606	0%	100%	6.2%	8.4%
45239	3	T8	being a service to which item 45239, 45497, 45498 or 45499 applies (Anaes.)	269.75	0	0	229.3	202.35	Y	1/12/1991	$	110,116	722	$	220,636	$	138,824	25%	71%	0.9%	0.7%
45240	3	T8	FREE GRAFTING (split skin) of a granulating area, small (Anaes.)	269.75	0	0	229.3	202.35	Y	1/11/2006	$	21,237	128	$	69,509	$	21,910	19%	79%	13.5%	17.4%
45400	3	T8	FREE GRAFTING (split skin) of a granulating area, extensive (Anaes.) (Assist.)	211.1	0	0	179.45	158.35	Y	1/12/1991	$	56,846	647	$	97,067	$	70,679	26%	63%	-14.0%	-15.3%
45403	3	T8	tissue - involving not more than 3 per cent of total body surface (Anaes.) (Assist.)	420.2	0	0	357.2	315.15	Y	1/12/1991	$	110,752	390	$	237,032	$	145,163	3%	94%	-6.6%	-6.1%
45406	3	T8		465.15	0	0	395.4	348.9	Y	1/12/1991	$	35,182	103	$	60,842	$	46,905	1%	100%	1.2%	1.2%

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45409	3	T8	tissue - involving 3 per cent or more but less than 6 per cent of total body surface (Anaes.) (Assist.)	620.45	0	0	0	465.35	Y	1/12/1991	$	10,648	23	$	17,949	$	14,197	4%	100%	-0.8%	-0.3%
45412	3	T8	tissue - involving 6 per cent or more but less than 9 per cent of total body surface (Anaes.) (Assist.)	853.15	0	0	0	639.9	Y	1/12/1991	$	12,120	19	$	22,226	$	16,159	5%	100%	6.3%	6.9%
45415	3	T8	tissue - involving 9 per cent or more but less than 12 per cent of total body surface (Anaes.) (Assist.)	930.5	0	0	0	697.9	Y	1/12/1991	$	7,500	11	$	15,174	$	9,999	0%	100%	-3.3%	-3.1%
45418	3	T8	tissue - involving 12 per cent or more but less than 15 per cent of total body surface (Anaes.) (Assist.)	1008.1	0	0	0	756.1	Y	1/12/1991	$	1,836	3	$	6,419	$	2,448	0%	100%	24.6%	20.2%
45439	3	T8	FREE GRAFTING (split skin) to 1 defect, including elective dissection, small (Anaes.)	293.25	0	0	249.3	219.95	Y	1/12/1991	$	1,277,661	6,584	$	1,996,742	$	1,545,449	40%	47%	3.4%	6.8%
45442	3	T8	FREE GRAFTING (split skin) to 1 defect, including elective dissection, extensive (Anaes.) (Assist.)	604.85	0	0	520.15	453.65	Y	1/12/1991	$	2,644,665	7,184	$	5,582,942	$	3,457,054	3%	94%	4.9%	5.1%
45445	3	T8	elective dissection using a mould (including insertion of, and removal of mould) (Anaes.) (Assist.)	574	0	0	489.3	430.5	Y	1/12/1991	$	1,778,358	4,820	$	3,668,258	$	2,254,329	17%	80%	3.5%	3.8%
45448	3	T8	FREE GRAFTING (split skin) to 1 defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not being a service to which item 45442 or 45445 applies	387.75	0	0	329.6	290.85	Y	1/12/1991	$	228,020	966	$	415,796	$	285,564	17%	71%	-0.1%	-1.2%
45451	3	T8	FREE GRAFTING (full thickness), to 1 defect, excluding grafts for male pattern baldness (Anaes.) (Assist.)	488.55	0	0	415.3	366.45	Y	1/12/1991	$	15,684,710	44,220	$	27,733,358	$	19,054,764	30%	58%	5.3%	5.9%
45460	3	T8	tissue - involving 15 percent or more but less than 20 percent of total body surface - one surgeon (Anaes.) (Assist.)	1292.45	0	0	0	969.35	Y	1/05/2000	$	4,789	5	$	7,006	$	6,385	0%	100%	10.8%	11.2%
45461	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 15 percent or more but less than 20 percent of total body surface conjoint surgery, principal surgeon (Anaes.)	921.15	0	0	0	690.9	Y	1/05/2000	$	5,481	9	$	19,797	$	7,308	0%	100%	-5.6%	-6.4%
45462	3	T8	tissue - involving 15 percent or more but less than 20 percent of total body surface - conjoint surgery, co- surgeon (Assist.)	695.1	0	0	0	521.35	0	1/05/2000	$	3,113	6	$	5,912	$	4,150	0%	100%	-243.1%	-243.8%
45464	3	T8	tissue - involving 20 percent or more but less than 30 percent of total body surface - one surgeon (Anaes.) (Assist.)	1972.85	0	0	0	1479.65	Y	1/05/2000	$	4,372	3	$	7,781	$	5,830	0%	100%	24.6%	25.0%
45465	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 20 percent or more but less than 30 percent of total body surface conjoint surgery, principal surgeon (Anaes.)	1405.55	0	0	1320.85	1054.2	Y	1/05/2000	$	4,201	4	$	6,897	$	5,601	0%	100%	32.0%	52.4%
45469	3	T8	tissue - involving 30 percent or more but less than 40 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	1425.85	0	0	1341.15	1069.4	0	1/05/2000	$	4,278	5	$	9,327	$	5,703	0%	100%	#DIV/0!	#DIV/0!
45471	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 40 percent or more but less than 50 percent of total body surface conjoint surgery, principal surgeon (Anaes.)	2375.6	0	0	2290.9	1781.7	Y	1/05/2000	$	1,782	1	$	3,470	$	2,376	0%	100%	0.0%	29.7%
45478	3	T8	tissue - involving 60 percent or more but less than 70 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	2522.5	0	0	2437.8	1891.9	0	1/05/2000	$	1,892	1	$	4,519	$	2,523	0%	100%	#DIV/0!	#DIV/0!
45481	3	T8	tissue - involving 70 percent or more but less than 80 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	2888.6	0	0	2803.9	2166.45	0	1/05/2000	$	12,050	6	$	21,222	$	17,332	17%	67%	24.6%	39.9%
45485	3	T8	tissue - upper eyelid, nose, lip, ear or palm of the hand (Anaes.) (Assist.)	544.2	0	0	0	408.15	Y	1/11/1999	$	1,624	5	$	2,690	$	2,165	0%	100%	4.6%	3.2%
45486	3	T8	tissue - forehead, cheek, anterior aspect of the neck, chin, plantar aspect of the foot, heel or genitalia (Anaes.) (Assist.)	465.15	0	0	0	348.9	Y	1/11/1999	$	2,242	7	$	3,559	$	2,989	0%	100%	-6.9%	5.8%
45487	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - whole of toe (Anaes.) (Assist.)	418.75	0	0	355.95	314.1	Y	1/11/1999	$	1,256	8	$	2,420	$	1,675	0%	100%	32.0%	14.1%
45488	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 1 digit of the hand (Anaes.) (Assist.)	465.15	0	0	0	348.9	Y	1/11/1999	$	349	1	$	680	$	465	0%	100%	-12.9%	-12.4%
45489	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 2 digits of the hand (Anaes.) (Assist.)	697.95	0	0	613.25	523.5	Y	1/11/1999	$	1,955	4	$	4,200	$	2,606	0%	100%	14.9%	14.0%
45490	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 3 digits of the hand (Anaes.) (Assist.)	930.7	0	0	0	698.05	Y	1/11/1999	$	688	1	$	917	$	917	0%	100%	-12.9%	-12.7%
45492	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 5 digits of the hand (Anaes.) (Assist.)	1395.9	0	0	0	1046.95	Y	1/11/1999	$	1,015	1	$	1,015	$	1,354	100%	100%	-27.5%	-27.5%
45493	3	T8	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - portion of digit of hand (Anaes.) (Assist.)	418.75	0	0	0	314.1	Y	1/11/1999	$	2,589	14	$	5,274	$	3,452	0%	100%	-11.6%	-1.7%
45496	3	T8	FLAP, free tissue transfer using microvascular techniques - revision of, by open operation (Anaes.)	429.05	0	0	0	321.8	Y	1/05/2000	$	156,503	870	$	423,352	$	208,678	0%	100%	13.1%	12.6%
45497	3	T8	autogenous breast reconstruction - complete revision of, by liposuction (Anaes.)	335.1	0	0	0	251.35	Y	1/05/2000	$	50,281	478	$	143,195	$	67,147	0%	100%	17.0%	13.8%
45498	3	T8	autogenous breast reconstruction - staged revision of, by liposuction - first stage (Anaes.)	269.75	0	0	0	202.35	Y	1/05/2000	$	9,033	77	$	44,436	$	12,041	0%	100%	35.3%	32.3%

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			autogenous breast reconstruction - staged revision of, by liposuction - second stage (Anaes.)																		
45499	3	T8		201.05			0	0	0	150.8	Y	1/05/2000	$ 793	12	$ 4,650	$ 1,057	0%	100%	8.4%	5.0%
			restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)																		
45500	3	T8		1124.4			0	0	0	843.3	Y	1/12/1991	$ 597,579	800	$ 1,295,537	$ 796,794	0%	100%	3.5%	4.2%
			MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.)																		
45501	3	T8		1830.15			0	0	0	1372.65	Y	1/03/1999	$ 59,458	62	$ 124,019	$ 80,211	0%	100%	11.5%	14.4%
			MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.)																		
45502	3	T8		1830.15			0	0	0	1372.65	Y	1/07/1993	$ 33,242	66	$ 66,692	$ 44,323	0%	100%	8.0%	5.9%
			MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using microsurgical techniques (Anaes.) (Assist.)																		
45503	3	T8		2093.8			0	0	0	1570.35	Y	1/12/1991	$ 1,254,618	1,899	$ 2,586,031	$ 1,672,782	0%	100%	9.8%	8.3%
			techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)																		
45504	3	T8		1830.15			0	0	0	1372.65	Y	1/03/1999	$ 606,574	489	$ 1,441,318	$ 810,254	1%	100%	-1.6%	-1.5%
			techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)																		
45505	3	T8		1830.15			0	0	0	1372.65	Y	1/03/1999	$ 602,042	882	$ 1,338,942	$ 803,343	1%	100%	2.6%	2.8%
			SCAR, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where																		
45506	3	T8	performed by a specialist in the practice of his or her specialty	226.8			0	0	192.8	170.1	Y	1/12/1991	$ 1,344,350	4,148	$ 2,417,036	$ 728,276	20%	37%	2.9%	16.9%
			SCAR, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where																		
45512	3	T8	performed by a specialist in the practice of his or her specialty	304.95			0	0	259.25	228.75	Y	1/12/1991	$ 245,688	1,252	$ 574,045	$ 279,190	17%	71%	3.5%	4.1%
			SCAR, other than on face or neck, not more than 7 cms in length, revision of, as an independent procedure, where undertaken in the																		
45515	3	T8	operating theatre of a hospital or where performed by a specialist	192.35			0	0	163.5	144.3	Y	1/12/1991	$ 324,552	2,718	$ 807,576	$ 360,632	25%	63%	2.7%	3.5%
			SCAR, other than on face or neck, more than 7 cms in length, revision of, as an independent procedure, where undertaken in the																		
45518	3	T8	operating theatre of a hospital, or where performed by a specialist surface area), excision of, for correction of scar contracture (Anaes.) (Assist.)	232.75			0	0	197.85	174.6	Y	1/12/1991	$ 577,314	4,520	$ 1,901,316	$ 703,566	14%	88%	11.7%	11.2%
45519	3	T8		442.45			0	0	0	331.85	Y	1/11/1996	$ 4,437	18	$ 7,526	$ 5,916	0%	100%	5.2%	5.8%
			nipple,in the context of breast cancer or developmental abnormality of the breast (Anaes.) (Assist.)																		
45520	3	T8		928.55			0	0	0	696.45	Y	1/07/1998	$ 1,621,618	2,852	$ 6,424,926	$ 2,162,907	1%	100%	-22.1%	-19.8%
			of the nipple: (a) excluding the treatment of gynaecomastia; and (b) not with insertion of any prosthesis (Anaes.) (Assist.)																		
45522	3	T8		651.5			0	0	0	488.65	Y	1/07/1998	$ 206,485	673	$ 676,818	$ 275,804	3%	100%	7.3%	9.2%
			Reduction mammaplasty (bilateral) with surgical repositioning of the nipple: (a) for patients with macromastia and experiencing pain																		
45523	3	T8	in the neck or shoulder region; and (b) not with insertion of any	1392.9			0	0	0	1044.7	Y	1/11/2018	$ 7,275,232	6,997	$ 50,178,902	$ 9,703,375	1%	100%	#DIV/0!	#DIV/0!
			Mammaplasty, augmentation (unilateral) in the context of: (a) breast cancer; or (b) developmental abnormality of the breast, if																		
45524	3	T8	there is a difference in breast volume, as demonstrated by an	764.8			0	0	0	573.6	Y	1/12/1991	$ 98,496	214	$ 405,498	$ 131,326	0%	100%	-7.7%	-7.3%
			Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis (Anaes.) (Assist.)																		
45527	3	T8		764.8			0	0	0	573.6	Y	1/12/1991	$ 234,707	810	$ 916,481	$ 313,118	0%	100%	3.4%	2.8%
			Mammaplasty, augmentation, bilateral (other than a service to which item45527 applies), if: (a) reconstructive surgery is indicated																		
45528	3	T8	because of: (i) developmental malformation of breast tissue	1147.1			0	0	0	860.35	Y	19/06/1997	$ 118,457	142	$ 586,125	$ 158,761	1%	100%	27.0%	27.0%
			Breast reconstruction (unilateral), using a latissimus dorsi or other large muscle or myocutaneous flap, including repair of secondary																		
45530	3	T8	skin defect, if required, excluding repair of muscular aponeurotic	1133.75			0	0	0	850.35	Y	1/12/1991	$ 246,998	353	$ 811,688	$ 329,914	0%	100%	-7.3%	-7.2%
			BREAST RECONSTRUCTION using breast sharing technique (first stage) including breast reduction, transfer of complex skin and																		
45533	3	T8	breast tissue flap, split skin graft to pedicle of flap or other similar	1283.95			0	0	0	963	Y	1/12/1991	$ 75,471	86	$ 178,299	$ 100,628	0%	100%	8.2%	9.0%
			using tissue expansion - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)																		
45539	3	T8		1104.7			0	0	0	828.55	Y	1/12/1991	$ 791,599	1,258	$ 2,546,071	$ 1,055,456	0%	100%	-9.8%	-9.3%
			using tissue expansion - removal of tissue expansion unit and insertion of permanent prosthesis (Anaes.) (Assist.)																		
45542	3	T8		632.55			0	0	0	474.45	Y	1/12/1991	$ 359,793	1,074	$ 1,151,256	$ 479,709	0%	100%	-8.9%	-8.8%
			NIPPLE OR AREOLA or both, reconstruction of, by any surgical technique (Anaes.) (Assist.)																		
45545	3	T8		642			0	0	557.3	481.5	Y	1/12/1991	$ 391,685	1,137	$ 1,107,528	$ 514,464	5%	94%	-3.1%	-2.7%
			breast reconstruction after mastectomy or for congenital absence of nipple																		
45546	3	T8		204			0	0	173.4	153	0	1/11/1998	$ 37,284	251	$ 68,217	$ 41,742	27%	16%	-11.4%	-9.4%
			BREAST PROSTHESIS, removal of, as an independent procedure (Anaes.)																		
45548	3	T8		285.45			0	0	242.65	214.1	Y	1/12/1991	$ 73,292	428	$ 442,115	$ 87,572	2%	97%	13.5%	12.6%
			Breast prosthesis, removal of, with excision of at least half of the fibrous capsule, not with insertion of any prosthesis. The excised																		
45551	3	T8	specimen must be sent for histopathology and the volume	457.55			0	0	0	343.2	Y	1/12/1991	$ 1,103,733	4,844	$ 9,030,681	$ 1,472,103	1%	100%	34.8%	34.5%
45552	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$ 479	1	$ 1,250	$ 639	0%	100%	-74.0%	-73.7%
			Breast prosthesis, removal of and replacement with another prosthesis, following medical complications (for rupture, migration																		
45553	3	T8	of prosthetic material or symptomatic capsular contracture), if: (a)	589.45			0	0	0	442.1	Y	1/11/2006	$ 455,161	1,399	$ 2,511,745	$ 607,429	1%	100%	0.1%	-7.2%
			Breast prosthesis, removal and replacement with another prosthesis, following medical complications (for rupture, migration																		
45554	3	T8	of prosthetic material or symptomatic capsular contracture),	721.3			0	0	0	541	Y	1/12/1991	$ 1,046,359	2,595	$ 5,749,261	$ 1,395,428	1%	100%	-4.0%	-7.3%

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45556	3	T8	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	789.95	0	0	0	592.5	Y	1/11/2001	$ 158,577	322	$ 572,177	$ 211,431	0%	100%	-2.0%	-2.1%
45558	3	T8	Breast ptosis, correction by mastopexy of (bilateral), if: (a) at least two-thirds of the breast tissue, including the nipple, lies inferior to the infra-mammary fold where the nipple is located at the most	1184.85	0	0	0	888.65	Y	1/11/2001	$ 418,483	483	$ 2,910,733	$ 557,972	1%	100%	6.1%	6.4%
45560	3	T8	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 microsurgical techniques, for supercharging of pedicled flaps (Anaes.) (Assist.)	488.45	0	0	415.2	366.35	Y	1/12/1991	$ 31,154	65	$ 237,797	$ 31,476	22%	18%	-12.9%	-14.6%
45561	3	T8		1830.15	0	0	0	1372.65	Y	1/05/2007	$ 116,101	178	$ 249,124	$ 155,075	0%	100%	13.6%	13.4%
45562	3	T8	FREE TRANSFER OF TISSUE involving raising of tissue on vascular or neurovascular pedicle, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)	1133.75	0	0	1049.05	850.35	Y	1/03/1999	$ 258,413	596	$ 481,447	$ 313,380	16%	83%	-4.5%	-7.4%
45563	3	T8		1133.75	0	0	1049.05	850.35	Y	1/12/1991	$ 2,727,725	3,252	$ 5,761,278	$ 3,380,393	23%	75%	-2.5%	-1.8%
45564	3	T8	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of up to 2 vessels using microvascular	2625.85	0	0	0	1969.4	Y	1/11/1999	$ 2,235,204	1,298	$ 6,001,485	$ 2,982,253	0%	100%	9.9%	10.3%
45565	3	T8	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of up to 2 vessels using microvascular 45542 applies - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)	1969.45	0	0	0	1477.1	0	1/11/1999	$ 1,524,834	1,233	$ 3,525,955	$ 2,035,193	1%	100%	11.9%	12.3%
45566	3	T8		1104.7	0	0	0	828.55	Y	1/12/1991	$ 2,014,501	2,452	$ 4,122,434	$ 2,686,663	8%	100%	28.9%	30.1%
45568	3	T8	TISSUE EXPANDER, removal of, with complete excision of fibrous capsule (Anaes.) (Assist.)	457.55	0	0	0	343.2	Y	1/11/2003	$ 19,400	77	$ 50,109	$ 25,866	0%	100%	-5.8%	-4.5%
45569	3	T8	with or without lipectomy, being a service associated with items 45562, 45564, 45565 or 45530 (Anaes.) (Assist.)	698.8	0	0	0	524.1	Y	1/11/2006	$ 134,258	708	$ 435,790	$ 179,719	0%	100%	6.1%	6.2%
45570	3	T8	CLOSURE OF ABDOMEN, repair of musculoaponeurotic layer, being a service associated with item 45569 (Anaes.) (Assist.)	943.55	0	0	858.85	707.7	Y	1/11/2006	$ 193,954	743	$ 580,738	$ 260,119	0%	100%	9.7%	9.9%
45572	3	T8	INTRA OPERATIVE TISSUE EXPANSION performed during an operation when combined with a service to which another item in Group T8 applies including expansion injections and excluding	300.8	0	0	255.7	225.6	Y	1/12/1991	$ 53,376	535	$ 146,532	$ 69,468	7%	90%	-0.7%	4.2%
45575	3	T8	FACIAL NERVE PARALYSIS, free fascia graft for (Anaes.) (Assist.)	742.7	0	0	658	557.05	Y	1/12/1991	$ 25,556	127	$ 57,450	$ 34,502	1%	98%	11.1%	6.4%
45578	3	T8	FACIAL NERVE PARALYSIS, muscle transfer for (Anaes.) (Assist.)	860.1	0	0	0	645.1	Y	1/12/1991	$ 9,885	27	$ 21,589	$ 13,180	0%	100%	8.4%	8.7%
45581	3	T8	FACIAL NERVE PALSY, excision of tissue for (Anaes.)	285.45	0	0	242.65	214.1	Y	1/12/1991	$ 7,292	60	$ 18,634	$ 9,004	0%	97%	-7.6%	-7.4%
45584	3	T8	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	651.5	0	0	0	488.65	Y	1/12/1991	$ 20,410	48	$ 70,771	$ 27,212	4%	100%	-12.8%	-10.3%
45585	3	T8	Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), other than a service associated with a service to which item31525 applies, if: (a) the liposuction is for: (i) the	651.5	0	0	0	488.65	Y	19/06/1997	$ 112,946	353	$ 913,045	$ 150,606	1%	100%	68.5%	68.7%
45587	3	T8	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	918.7	0	0	0	689.05	Y	1/12/1991	$ 137,233	269	$ 354,899	$ 183,424	2%	100%	10.4%	9.7%
45588	3	T8	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-	1378.15	0	0	0	1033.65	Y	19/06/1997	$ 15,547	17	$ 97,054	$ 20,729	0%	100%	27.7%	29.4%
45590	3	T8	ORBITAL CAVITY, reconstruction of a wall or floor, with or without foreign implant (Anaes.) (Assist.)	498.35	0	0	0	373.8	Y	1/12/1991	$ 38,400	147	$ 123,184	$ 51,197	3%	100%	-3.1%	-1.0%
45593	3	T8	including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)	585.4	0	0	0	439.05	Y	1/12/1991	$ 6,173	23	$ 12,010	$ 8,230	0%	100%	-8.1%	-11.4%
45596	3	T8	MAXILLA, total resection of (Anaes.) (Assist.)	928.55	0	0	0	696.45	Y	1/12/1991	$ 3,045	7	$ 6,408	$ 4,060	0%	100%	-17.2%	-17.9%
45597	3	T8	MAXILLA, total resection of both maxillae (Anaes.) (Assist.)	1243.05	0	0	0	932.3	Y	1/04/1992	$ 996	2	$ 2,619	$ 1,328	0%	100%	#DIV/0!	#DIV/0!
45602	3	T8	MANDIBLE, including lower border, OR MAXILLA, sub-total resection of (Anaes.) (Assist.)	721.3	0	0	0	541	Y	1/12/1991	$ 92,478	282	$ 217,814	$ 123,305	0%	100%	19.6%	20.0%
45605	3	T8	MANDIBLE OR MAXILLA, segmental resection of, for tumours or cysts (Anaes.) (Assist.)	605.95	0	0	0	454.5	Y	1/12/1991	$ 126,406	409	$ 323,033	$ 168,541	0%	100%	8.1%	11.1%
45608	3	T8	being a service associated with a service to which item 45599 applies (Anaes.) (Assist.)	853.15	0	0	0	639.9	Y	1/12/1991	$ 3,837	21	$ 7,608	$ 5,116	0%	100%	4.3%	1.5%
45611	3	T8	MANDIBLE, condylectomy (Anaes.) (Assist.)	488.55	0	0	0	366.45	Y	1/12/1991	$ 366	3	$ 722	$ 489	0%	100%	8.4%	0.5%
45614	3	T8	EYELID, WHOLE THICKNESS RECONSTRUCTION OF other than by direct suture only (Anaes.) (Assist.)	605.95	0	0	521.25	454.5	Y	1/12/1991	$ 520,200	1,671	$ 1,127,448	$ 664,789	5%	86%	7.0%	6.3%

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45617	3	T8	Upper eyelid, reduction of, if: (a) the reduction is for any of the following: (i) skin redundancy that causes a visual field defect (confirmed by an optometrist or ophthalmologist) or intertriginous	242.4		0	0	206.05	181.8	Y	1/12/1991	$	2,237,400	15,135	$	10,948,153	$	2,576,191	4%	76%	-1.0%	0.6%
45620	3	T8	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	336.2		0	0	285.8	252.15	Y	1/12/1991	$	37,421	184	$	143,472	$	40,685	10%	64%	-7.4%	-2.0%
45623	3	T8	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	745.6		0	0	660.9	559.2	Y	1/12/1991	$	3,854,390	8,118	$	9,734,250	$	4,749,729	5%	86%	4.4%	6.6%
45624	3	T8	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	966.7		0	0	882	725.05	Y	1/07/1998	$	742,603	1,084	$	1,540,931	$	913,445	16%	80%	5.7%	6.7%
45625	3	T8	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	193.4		0	0	0	145.05	Y	1/07/1998	$	1,595	14	$	3,539	$	2,127	14%	100%	-8.6%	-9.9%
45626	3	T8	Ectropion or entropion, not caused by trachoma, correction of (unilateral) (Anaes.)	336.2		0	0	285.8	252.15	Y	1/12/1991	$	514,078	3,046	$	1,118,153	$	646,217	8%	77%	-2.7%	-3.3%
45627	3	T8	Ectropion or entropion, caused by trachoma, correction of (unilateral) (Anaes.)	336.2		0	0	285.8	252.15	Y	1/11/2019	$	1,743	10	$	7,634	$	2,178	30%	50%	#DIV/0!	#DIV/0!
45629	3	T8	SYMBLEPHARON, grafting for (Anaes.) (Assist.)	488.55		0	0	415.3	366.45	Y	1/12/1991	$	2,710	14	$	5,819	$	3,499	14%	79%	-4.9%	-6.4%
45632	3	T8	Rhinoplasty, partial, involving correction of lateral or alar cartilages, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater	527.95		0	0	448.8	396	Y	1/12/1991	$	164,152	536	$	495,271	$	217,720	2%	98%	0.9%	2.0%
45635	3	T8	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)	605.95		0	0	521.25	454.5	Y	1/12/1991	$	80,823	203	$	298,198	$	107,647	4%	100%	-7.9%	-8.9%
45638	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	501	1	$	3,300	$	668	0%	100%	-75.9%	-77.6%
45641	3	T8	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	1099.3		0	0	0	824.5	Y	1/12/1991	$	3,100,187	4,196	$	18,108,223	$	4,134,448	0%	100%	8.7%	8.8%
45644	3	T8	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	1319.4		0	0	0	989.55	Y	1/12/1991	$	782,826	836	$	4,478,183	$	1,045,103	0%	100%	7.7%	8.8%
45645	3	T8	CHOANAL ATRESIA, repair of by puncture and dilatation (Anaes.)	230.6		0	0	0	172.95	Y	1/11/1994	$	1,035	8	$	1,807	$	1,380	0%	100%	51.6%	37.6%
45646	3	T8	CHOANAL ATRESIA - correction by open operation with bone removal (Anaes.) (Assist.)	928.55		0	0	843.85	696.45	Y	1/11/1994	$	5,915	9	$	12,894	$	7,886	0%	100%	0.0%	0.6%
45647	3	T8	cartilage graft (not being a service to which item 45644 applies) (Anaes.) (Assist.)	1319.4		0	0	0	989.55	Y	1/12/1991	$	169,250	254	$	357,740	$	225,666	7%	100%	11.7%	15.1%
45650	3	T8	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	152.4		0	0	129.55	114.3	Y	1/12/1991	$	14,590	146	$	93,121	$	18,816	8%	79%	-5.4%	-5.1%
45652	3	T8	Rhinophyma of a moderate or severe degree, carbon dioxide laser or erbium laser excision - ablation of (Anaes.)	367.5		0	0	312.4	275.65	Y	1/11/1995	$	74,445	173	$	219,296	$	62,039	7%	27%	-10.5%	-5.8%
45653	3	T8	RHINOPHYMA, shaving of (Anaes.)	367.5		0	0	312.4	275.65	Y	1/12/1991	$	31,084	87	$	80,351	$	29,399	6%	76%	-0.9%	7.2%
45656	3	T8	COMPOSITE GRAFT (Chondrocutaneous or chondromucosal) to nose, ear or eyelid (Anaes.) (Assist.)	517.95		0	0	440.3	388.5	Y	1/12/1991	$	160,907	575	$	446,838	$	203,328	5%	92%	-2.3%	-2.7%
45658	3	T8	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	537.55		0	0	0	403.2	Y	1/03/2021	$	977	3	$	12,449	$	1,303	0%	100%	#DIV/0!	#DIV/0!
45659	3	T8	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	537.55		0	0	0	403.2	Y	1/12/1991	$	242,895	782	$	1,255,103	$	323,842	1%	100%	-15.2%	-16.0%
45660	3	T8	EXTERNAL EAR, COMPLEX TOTAL RECONSTRUCTION OF, using multiple costal cartilage grafts to form a framework, including the harvesting and sculpturing of the cartilage and its insertion, for	2968.65		0	0	0	2226.5	Y	1/11/2000	$	39,004	19	$	97,922	$	54,041	0%	100%	13.7%	13.7%
45661	3	T8	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	1319.4		0	0	0	989.55	Y	1/11/2000	$	11,132	12	$	39,065	$	14,843	0%	100%	5.9%	5.2%
45662	3	T8	CONGENITAL ATRESIA, reconstruction of external auditory canal (Anaes.) (Assist.)	723.2		0	0	0	542.4	Y	1/12/1991	$	1,975	8	$	7,172	$	2,634	0%	100%	9.9%	4.6%
45665	3	T8	LIP, EYELID OR EAR, FULL THICKNESS WEDGE EXCISION OF, with repair by direct sutures (Anaes.)	336.2		0	0	285.8	252.15	Y	1/12/1991	$	2,184,571	8,682	$	3,766,680	$	2,588,066	37%	42%	1.6%	2.0%
45668	3	T8	VERMILIONECTOMY, by surgical excision (Anaes.)	336.2		0	0	285.8	252.15	Y	1/12/1991	$	44,880	216	$	107,635	$	58,271	9%	83%	-7.3%	-6.7%
45669	3	T8	Vermilionectomy for biopsy-confirmed cellular atypia, using carbon dioxide laser or erbium laser excision - ablation (Anaes.)	336.2		0	0	285.8	252.15	Y	1/11/1995	$	174,222	578	$	429,101	$	184,530	7%	45%	2.5%	4.1%
45671	3	T8	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	860.1		0	0	775.4	645.1	Y	1/12/1991	$	243,246	389	$	555,825	$	314,182	7%	91%	3.0%	3.8%

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45674	3	T8	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)	250.15		0	0	212.65	187.65	Y	1/12/1991	$ 43,044	271	$ 89,093	$ 54,940	13%	77%	3.0%	1.3%
45675	3	T8	MACROCHEILIA or macroglossia, operation for (Anaes.) (Assist.)	498.35		0	0	0	373.8	Y	1/11/1994	$ 91,791	563	$ 267,153	$ 122,383	0%	100%	-1.1%	-1.2%
45676	3	T8	MACROSTOMIA, operation for (Anaes.) (Assist.)	593.25		0	0	0	444.95	Y	1/11/1994	$ 1,184	4	$ 2,806	$ 1,579	0%	100%	32.0%	40.6%
45677	3	T8	CLEFT LIP, unilateralprimary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	558.25		0	0	0	418.7	Y	1/12/1991	$ 8,549	20	$ 20,999	$ 11,399	0%	100%	-10.1%	-8.2%
45680	3	T8	CLEFT LIP, unilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	697.95		0	0	0	523.5	Y	1/12/1991	$ 3,126	6	$ 5,604	$ 4,167	0%	100%	-15.6%	-13.8%
45683	3	T8	CLEFT LIP, bilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	775.35		0	0	0	581.55	Y	1/12/1991	$ 1,739	3	$ 3,202	$ 2,319	0%	100%	-9.7%	-5.0%
45686	3	T8	CLEFT LIP, bilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	915.25		0	0	0	686.45	Y	1/12/1991	$ 2,049	3	$ 3,553	$ 2,732	0%	100%	0.0%	0.5%
45689	3	T8	CLEFT LIP, lip adhesion procedure, unilateral or bilateral (Anaes.) (Assist.)	269.95		0	0	0	202.5	Y	1/12/1991	$ 304	2	$ 3,201	$ 405	0%	100%	0.0%	-10.4%
45692	3	T8	and adjustment, including revision of minor whistle deformity if performed (Anaes.)	310.15		0	0	263.65	232.65	Y	1/12/1991	$ 1,750	10	$ 4,817	$ 2,332	0%	100%	-9.0%	-2.4%
45695	3	T8	reconstruction and revision of major whistle deformity (Anaes.) (Assist.)	504		0	0	0	378	Y	1/12/1991	$ 3,581	13	$ 10,687	$ 4,774	0%	100%	-9.1%	-6.2%
45698	3	T8	CLEFT LIP, primary columella lengthening procedure, bilateral (Anaes.)	473.1		0	0	0	354.85	Y	1/12/1991	$ 316	3	$ 1,124	$ 422	0%	100%	#DIV/0!	#DIV/0!
45701	3	T8	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	853.15		0	0	0	639.9	Y	1/12/1991	$ 1,280	2	$ 4,528	$ 1,706	0%	100%	-7.8%	-7.2%
45704	3	T8	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)	310.15		0	0	263.65	232.65	Y	1/12/1991	$ 279	1	$ 2,875	$ 372	0%	100%	-19.7%	-3.8%
45707	3	T8	CLEFT PALATE, primary repair (Anaes.) (Assist.)	806.35		0	0	0	604.8	Y	1/12/1991	$ 26,148	44	$ 51,490	$ 34,862	2%	100%	-12.1%	-11.5%
45710	3	T8	CLEFT PALATE, secondary repair, closure of fistula using local flaps (Anaes.)	504		0	0	0	378	Y	1/12/1991	$ 567	2	$ 1,151	$ 756	0%	100%	-12.9%	-10.6%
45713	3	T8	CLEFT PALATE, secondary repair, lengthening procedure (Anaes.) (Assist.)	574		0	0	0	430.5	Y	1/12/1991	$ 1,507	5	$ 2,100	$ 2,009	40%	100%	4.6%	0.8%
45714	3	T8	ORO-NASAL FISTULA, plastic closure of, including services to which item 45200, 45203 or 45239 applies (Anaes.) (Assist.)	806.35		0	0	0	604.8	Y	1/11/1995	$ 32,292	76	$ 60,624	$ 43,056	13%	100%	2.6%	4.6%
45716	3	T8	VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (Anaes.)	806.35		0	0	0	604.8	Y	1/12/1991	$ 38,231	105	$ 84,425	$ 50,973	1%	100%	11.8%	8.6%
45720	3	T8	MANDIBLE OR MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and excluding services to which item 47933or	997		0	0	912.3	747.75	Y	1/07/1998	$ 880,497	1,120	$ 1,375,630	$ 1,095,201	46%	73%	65.9%	74.5%
45723	3	T8	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,	1124.4		0	0	0	843.3	Y	1/07/1998	$ 34,363	49	$ 84,003	$ 45,817	4%	100%	2.6%	6.8%
45726	3	T8	MANDIBLE OR MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or	1270.55		0	0	0	952.95	Y	1/07/1998	$ 532,045	567	$ 1,005,786	$ 709,386	30%	100%	56.7%	59.4%
45729	3	T8	MANDIBLE OR MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws,	1426.9		0	0	0	1070.2	Y	1/07/1998	$ 292,853	282	$ 1,125,403	$ 391,170	2%	100%	5.6%	6.0%
45731	3	T8	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	1446.55		0	0	0	1084.95	Y	1/12/1991	$ 138,123	130	$ 345,347	$ 184,595	2%	100%	11.3%	11.8%
45732	3	T8	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	1628.5		0	0	0	1221.4	Y	1/07/1998	$ 255,470	229	$ 897,770	$ 340,621	0%	100%	15.6%	15.7%
45735	3	T8	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	1661.4		0	0	0	1246.05	Y	1/07/1998	$ 276,440	222	$ 484,139	$ 368,585	27%	100%	136.5%	137.9%
45738	3	T8	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	1869		0	0	0	1401.75	Y	1/07/1998	$ 196,108	140	$ 967,096	$ 261,477	0%	100%	18.5%	19.2%
45741	3	T8	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	1827.65		0	0	0	1370.75	Y	1/07/1998	$ 24,577	18	$ 143,250	$ 32,770	6%	100%	35.1%	39.5%
45744	3	T8	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	2054.95		0	0	0	1541.25	Y	1/07/1998	$ 116,324	76	$ 557,760	$ 155,096	1%	100%	13.7%	14.2%
45747	3	T8	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	1993.95		0	0	1909.25	1495.5	Y	1/07/1998	$ 10,860	7	$ 39,980	$ 13,928	14%	86%	18.5%	20.1%

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45752	3	T8	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	2233.4	0	0	0	1675.05	Y	1/12/1991	$	209,214	126	$	801,157	$	278,952	0%	100%	13.8%	14.4%
45753	3	T8	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	2246.65	0	0	2161.95	1685	Y	1/07/1993	$	4,742	5	$	15,820	$	6,323	0%	100%	#DIV/0!	#DIV/0!
45754	3	T8	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	2693.2	0	0	0	2019.9	Y	1/07/1993	$	2,020	1	$	2,693	$	2,693	0%	100%	-36.9%	-36.5%
45758	3	T8	TEMPORO-MANDIBULAR JOINT, arthroplasty (Anaes.) (Assist.)	678.65	0	0	0	509	Y	1/12/1991	$	1,018	2	$	5,679	$	1,357	0%	100%	14.9%	32.8%
45761	3	T8	GENIOPLASTY, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	772.05	0	0	0	579.05	Y	1/12/1991	$	62,758	160	$	370,338	$	83,675	1%	100%	15.5%	14.0%
45770	3	T8	HYPERTELORISM, correction of, subcranial (Anaes.) (Assist.)	1984	0	0	0	1488	Y	1/12/1991	$	1,488	1	$	357	$	1,984	0%	100%	0.0%	15.6%
45779	3	T8	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, extracranial (Anaes.) (Assist.)	1329.45	0	0	0	997.1	Y	1/12/1991	$	997	1	$	997	$	1,329	100%	100%	#DIV/0!	#DIV/0!
45782	3	T8	FRONTOORBITAL ADVANCEMENT, UNILATERAL (Anaes.) (Assist.)	1016.45	0	0	931.75	762.35	Y	1/12/1991	$	1,144	2	$	2,188	$	1,525	0%	100%	-16.7%	-13.8%
45785	3	T8	turricephaly or similar condition(bilateral frontoorbital advancement) (Anaes.) (Assist.)	1720.2	0	0	0	1290.15	Y	1/12/1991	$	23,064	19	$	58,261	$	30,753	0%	100%	-11.0%	-10.8%
45788	3	T8	GLENOID FOSSA, ZYGOMATIC ARCH AND TEMPORAL BONE, RECONSTRUCTION OF, (Obwegeser technique) (Anaes.) (Assist.)	1700.65	0	0	0	1275.5	Y	1/12/1991	$	34,996	31	$	222,298	$	46,663	0%	100%	59.5%	61.0%
45794	3	T8	titanium fixture, not for implantable bone conduction hearing system device (Anaes.)	519.6	0	0	441.7	389.7	Y	1/12/1991	$	8,912	61	$	31,167	$	11,812	2%	98%	12.4%	11.0%
45797	3	T8	abutment, not for implantable bone conduction hearing system device (Anaes.)	192.35	0	0	163.5	144.3	Y	1/12/1991	$	4,135	71	$	9,896	$	5,477	1%	97%	19.6%	20.2%
45799	3	T8	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	30.35	0	0	25.8	22.8	Y	1/11/2004	$	26	1	$	26	$	30	100%	0%	-12.9%	-12.4%
45801	3	T8	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation),in the oral and maxillofacial region, up to 3 cm in diameter, removal from	130.9	0	0	111.3	98.2	Y	1/11/2004	$	311,476	3,268	$	732,149	$	357,054	35%	36%	11.7%	11.2%
45803	3	T8	TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3 cm in diameter, removal from	336.2	0	0	285.8	252.15	Y	1/11/2004	$	35,241	146	$	73,808	$	41,613	25%	49%	9.4%	9.8%
45805	3	T8	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, more than 3 cm in diameter, removal from	177.9	0	0	151.25	133.45	Y	1/11/2004	$	8,928	78	$	26,614	$	10,692	15%	62%	6.5%	-2.7%
45807	3	T8	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	254.2	0	0	216.1	190.65	Y	1/11/2004	$	541,482	3,480	$	956,381	$	650,469	47%	55%	27.0%	26.0%
45809	3	T8	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	383.1	0	0	325.65	287.35	Y	1/11/2004	$	456,558	1,786	$	807,970	$	578,513	33%	68%	16.2%	14.7%
45811	3	T8	tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.)	517.95	0	0	440.3	388.5	Y	1/11/2004	$	186,636	530	$	340,927	$	233,484	18%	68%	16.1%	17.8%
45813	3	T8	tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.)	605.95	0	0	521.25	454.5	Y	1/11/2004	$	23,442	74	$	54,436	$	31,428	0%	97%	1.1%	0.8%
45815	3	T8	margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.)	367.5	0	0	312.4	275.65	Y	1/11/2004	$	316,966	1,243	$	450,008	$	388,744	54%	48%	19.9%	19.0%
45817	3	T8	OPERATION on SKULL for OSTEOMYELITIS (Anaes.) (Assist.)	479.05	0	0	407.2	359.3	Y	1/11/2004	$	16,042	47	$	20,466	$	19,584	60%	38%	39.2%	52.9%
45819	3	T8	ORAL AND MAXILLOFACIAL REGION, being bones referred to in item 45817 (Anaes.) (Assist.)	605.9	0	0	521.2	454.45	Y	1/11/2004	$	1,848	6	$	3,616	$	3,030	0%	83%	24.6%	27.4%
45821	3	T8	BONE GROWTH STIMULATOR IN THE ORAL AND MAXILLOFACIAL REGION, insertion of (Anaes.) (Assist.)	392.7	0	0	333.8	294.55	Y	1/11/2004	$	107,121	621	$	201,966	$	132,500	21%	74%	17.8%	17.9%
45823	3	T8	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	112.3	0	0	0	84.25	Y	1/11/2004	$	2,171	28	$	7,377	$	2,894	7%	100%	-5.9%	-4.7%
45825	3	T8	MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.)	348.9	0	0	296.6	261.7	Y	1/11/2004	$	148,550	674	$	287,465	$	185,557	33%	68%	4.5%	3.8%
45827	3	T8	MYLOHYOID RIDGE, reduction of (Anaes.) (Assist.)	333.5	0	0	283.5	250.15	Y	1/11/2004	$	27,649	193	$	37,274	$	33,657	60%	54%	40.7%	36.7%
45829	3	T8	MAXILLARY TUBEROSITY, reduction of (Anaes.)	254.4	0	0	216.25	190.8	Y	1/11/2004	$	68,569	515	$	104,868	$	87,607	44%	72%	40.5%	42.1%
45831	3	T8	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than 5 lesions (Anaes.) (Assist.)	333.5	0	0	283.5	250.15	Y	1/11/2004	$	2,200	11	$	5,470	$	2,889	9%	91%	-13.7%	-16.9%

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45833	3	T8	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - 5 to 20 lesions (Anaes.) (Assist.)	418.75	0	0	355.95	314.1	Y	1/11/2004	$	1,256	4	$	1,561	$	1,675	25%	100%	0.0%	-0.7%
45837	3	T8	muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.)	604.85	0	0	520.15	453.65	Y	1/11/2004	$	82,112	224	$	136,553	$	102,951	23%	76%	19.7%	20.7%
45839	3	T8	including excision of muscle and skin or mucosal graft when performed - unilateral (Anaes.) (Assist.)	604.85	0	0	520.15	453.65	Y	1/11/2004	$	10,296	35	$	21,412	$	13,550	11%	94%	47.6%	46.2%
45841	3	T8	ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.)	488.45	0	0	415.2	366.35	Y	1/11/2004	$	2,301,748	6,860	$	3,925,799	$	2,877,807	33%	63%	27.7%	27.9%
45843	3	T8	expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.)	299.6	0	0	254.7	224.7	Y	1/11/2004	$	337	4	$	1,032	$	449	0%	100%	0.0%	-16.6%
45845	3	T8	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 abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	519.6	0	0	441.7	389.7	Y	1/11/2004	$	24,042	130	$	69,876	$	32,054	9%	100%	28.6%	26.8%
45847	3	T8	following elevation of mucosal lining (sinus lift procedure), (unilateral) (Anaes.) (Assist.)	192.35	0	0	163.5	144.3	Y	1/11/2004	$	3,536	85	$	7,218	$	4,712	0%	100%	18.1%	17.0%
45849	3	T8	operating theatre of a hospital, not being a service associated with a service to which another item in this Subgroup applies (Anaes.)	599.05	0	0	514.35	449.3	Y	1/11/2004	$	537,827	1,213	$	1,130,929	$	649,698	24%	72%	22.9%	24.3%
45851	3	T8	microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)	147.45	0	0	0	110.6	Y	1/11/2004	$	2,460	35	$	5,678	$	3,280	23%	100%	13.0%	10.0%
45853	3	T8	biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)	918.7	0	0	834	689.05	Y	1/11/2004	$	90	1	$	90	$	905	0%	0%	#DIV/0!	#DIV/0!
45855	3	T8	TEMPOROMANDIBULAR JOINT, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions - 1 or more such	421.5	0	0	358.3	316.15	Y	1/11/2004	$	2,471	9	$	6,616	$	3,260	11%	89%	0.0%	-2.5%
45857	3	T8	procedure of that joint, not being a service associated with any TEMPOROMANDIBULAR JOINT, arthrotomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)	674.2	0	0	589.5	505.65	Y	1/11/2004	$	110,678	248	$	303,080	$	147,515	2%	98%	110.5%	105.4%
45859	3	T8	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)	339.85	0	0	288.9	254.9	Y	1/11/2004	$	1,196	7	$	6,369	$	1,594	14%	100%	#DIV/0!	#DIV/0!
45861	3	T8	condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)	899.55	0	0	814.85	674.7	Y	1/11/2004	$	3,897	7	$	7,567	$	4,278	0%	86%	3.1%	12.9%
45863	3	T8	insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)	997.2	0	0	912.5	747.9	Y	1/11/2004	$	4,626	8	$	13,626	$	6,168	0%	100%	5.9%	4.1%
45865	3	T8	service to which another item in this Subgroup applies (Anaes.) (Assist.)	299.6	0	0	254.7	224.7	Y	1/11/2004	$	83,298	468	$	222,212	$	106,872	8%	93%	29.6%	27.1%
45867	3	T8	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including partial or total	322.05	0	0	273.75	241.55	Y	1/11/2004	$	362	2	$	362	$	483	100%	100%	#DIV/0!	#DIV/0!
45869	3	T8	meniscectomy when performed, with or without microsurgical meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)	1225.3	0	0	1140.6	919	Y	1/11/2004	$	25,298	30	$	66,368	$	33,731	0%	100%	58.5%	66.0%
45871	3	T8	TEMPOROMANDIBULAR JOINT, surgery of, involving procedures to which items 45863, 45867, 45869 and 45871 apply and also	1380.25	0	0	1295.55	1035.2	Y	1/11/2004	$	20,791	22	$	45,736	$	27,825	0%	100%	14.9%	16.3%
45873	3	T8	involving the use of tissue flaps, or cartilage graft, or allograft TEMPOROMANDIBULAR JOINT, stabilisation of, involving 1 or more	1551	0	0	1466.3	1163.25	Y	1/11/2004	$	42,475	66	$	155,140	$	57,116	2%	100%	43.1%	39.1%
45875	3	T8	of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Subgroup applies	485.4	0	0	412.6	364.05	Y	1/11/2004	$	718	4	$	1,119	$	957	25%	100%	32.0%	15.3%
45882	3	T8	The treatment of a premalignant lesion of the oral mucosa by a treatment using cryotherapy, diathermy or carbon dioxide laser.	44.35	0	0	37.7	33.3	0	1/11/2007	$	6,494	195	$	7,144	$	7,676	84%	6%	2.0%	3.0%
45885	3	T8	ligation of, not being a service to which item 41707 applies (Anaes.) (Assist.)	457.55	0	0	388.95	343.2	Y	1/11/2007	$	49,764	374	$	136,361	$	66,141	1%	99%	27.7%	25.7%
45888	3	T8	FOREIGN BODY, in the oral and maxillofacial region, deep, removal of using interventional imaging techniques (Anaes.) (Assist.)	426.45	0	0	362.5	319.85	Y	1/11/2007	$	5,862	24	$	9,511	$	7,245	42%	50%	0.9%	0.0%
45891	3	T8	SINGLE-STAGE LOCAL FLAP where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)	621.3	0	0	536.6	466	Y	1/11/2007	$	8,494	22	$	29,705	$	11,372	0%	100%	49.0%	65.8%
45894	3	T8	FREE GRAFTING, in the oral and maxillofacial region, (mucosa or split skin) of a granulating area (Anaes.)	211.1	0	0	179.45	158.35	Y	1/11/2007	$	7,793	121	$	19,328	$	9,406	3%	91%	72.2%	66.2%
45897	3	T8	plastic closure of associated oro-nasal fistulae and ridge augmentation (Anaes.) (Assist.)	1102.5	0	0	1017.8	826.9	Y	1/11/2007	$	15,256	23	$	29,878	$	20,341	0%	100%	23.5%	22.4%
45900	3	T8	MANDIBLE, fixation by intermaxillary wiring, excluding wiring for obesity	248.65	0	0	211.4	186.5	0	1/11/2007	$	6,419	69	$	31,618	$	8,559	0%	100%	22.5%	16.7%
45939	3	T8	PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.)	461.05	0	0	391.9	345.8	Y	1/11/2007	$	1,507	5	$	3,365	$	1,946	0%	80%	-9.0%	-6.3%

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45945	3	T8	MANDIBLE, treatment of a dislocation of, requiring open reduction (Anaes.)	122.4	0	0	104.05	91.8	Y		1/11/2007	$ 104	1	$ 104	$ 122	100%	0%	0.0%	0.6%
45975	3	T8	MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting	133.2	0	0	113.25	99.9	0		1/11/2007	$ 2,198	20	$ 2,390	$ 2,664	90%	25%	-12.9%	-11.8%
45978	3	T8	MANDIBLE, treatment of fracture of, not requiring splinting	162.8	0	0	138.4	122.1	0		1/11/2007	$ 2,102	17	$ 3,372	$ 2,564	65%	35%	-3.2%	-0.5%
45981	3	T8	ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction	88.3	0	0	75.1	66.25	0		1/11/2007	$ 1,007	18	$ 1,140	$ 1,213	72%	28%	-5.6%	-7.9%
45984	3	T8	blood vessels or nerves requiring open reduction not involving plate(s) (Anaes.) (Assist.)	635.9	0	0	551.2	476.95	Y		1/11/2007	$ 7,791	15	$ 11,678	$ 9,539	53%	47%	8.4%	15.1%
45987	3	T8	viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)	635.9	0	0	551.2	476.95	Y		1/11/2007	$ 4,992	11	$ 13,001	$ 6,359	27%	73%	29.7%	36.3%
45990	3	T8	blood vessels or nerves requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	868.6	0	0	783.9	651.45	Y		1/11/2007	$ 33,848	55	$ 74,234	$ 44,729	5%	96%	-10.0%	-7.1%
45993	3	T8	viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	868.6	0	0	783.9	651.45	Y		1/11/2007	$ 87,919	147	$ 234,503	$ 114,907	2%	99%	2.2%	4.6%
45996	3	T8	MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.)	246.25	0	0	209.35	184.7	Y		1/11/2007	$ 1,228	10	$ 2,091	$ 1,539	30%	70%	-1.9%	0.6%
46300	3	T8	Note: Items 46300 to 46534 are restricted to surgery on the hand/s. INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrodesis of, with synovectomy if performed (Anaes.) CARPOMETACARPAL JOINT, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	348.95	0	0	0	261.75	Y		1/12/1991	$ 196,250	1,137	$ 575,467	$ 261,638	0%	100%	4.8%	4.8%
46303	3	T8	interposition arthroplasty of and including tendon transfers or realignment on the 1 ray (Anaes.) (Assist.)	387.85	0	0	0	290.9	Y		1/12/1991	$ 18,458	99	$ 47,551	$ 24,610	0%	100%	5.4%	2.9%
46306	3	T8	volar plate arthroplasty for traumatic deformity including tendon transfers or realignment on the 1 ray (Anaes.) (Assist.)	542.9	0	0	0	407.2	Y		1/12/1991	$ 13,500	40	$ 32,818	$ 17,999	0%	100%	9.9%	8.1%
46307	3	T8	INTERPHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 1 joint	542.9	0	0	0	407.2	Y		1/11/1994	$ 36,442	102	$ 84,466	$ 48,589	0%	100%	-1.0%	0.8%
46309	3	T8	INTERPHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 2 joints	542.9	0	0	0	407.2	Y		1/12/1991	$ 181,812	486	$ 503,046	$ 242,409	0%	100%	5.6%	5.8%
46312	3	T8	INTERPHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 3 joints	698.1	0	0	0	523.6	Y		1/12/1991	$ 41,710	87	$ 111,587	$ 55,613	0%	100%	-1.1%	-1.5%
46315	3	T8	INTERPHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 4 joints	930.75	0	0	0	698.1	Y		1/12/1991	$ 6,960	10	$ 18,210	$ 9,280	0%	100%	-9.0%	-7.9%
46318	3	T8	CARPAL BONE REPLACEMENT ARTHROPLASTY including associated tendon transfer or realignment when performed (Anaes.) (Assist.)	1163.5	0	0	0	872.65	Y		1/12/1991	$ 17,427	20	$ 39,896	$ 23,236	0%	100%	-4.4%	-3.8%
46324	3	T8	adjacent tendon or other soft tissue including associated tendon transfer or realignment when performed (Anaes.) (Assist.)	832.55	0	0	0	624.45	Y		1/12/1991	$ 96,983	167	$ 293,184	$ 129,306	0%	100%	10.4%	11.4%
46325	3	T8	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrotomy of (Anaes.)	868.85	0	0	0	651.65	Y		1/11/1994	$ 1,460,366	2,332	$ 3,784,333	$ 1,947,141	0%	100%	3.9%	4.5%
46327	3	T8	ligamentous or capsular repair with or without arthrotomy (Anaes.) (Assist.)	209.5	0	0	178.1	157.15	Y		1/12/1991	$ 62,082	784	$ 164,357	$ 78,973	0%	99%	2.2%	2.1%
46330	3	T8	ligamentous repair of, using free tissue graft or implant (Anaes.) (Assist.)	356.9	0	0	0	267.7	Y		1/12/1991	$ 172,779	1,004	$ 463,821	$ 230,359	0%	100%	1.3%	-0.2%
46333	3	T8	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, synovectomy, capsulectomy or debridement of, not being a service associated with any procedure related to that joint (Anaes.)	581.65	0	0	0	436.25	Y		1/12/1991	$ 201,970	531	$ 575,096	$ 269,287	0%	100%	3.7%	3.4%
46336	3	T8	EXTENSOR TENDONS or FLEXOR TENDONS of hand or wrist, synovectomy of (Anaes.) (Assist.)	271.5	0	0	230.8	203.65	Y		1/12/1991	$ 159,231	1,033	$ 458,324	$ 191,428	1%	96%	1.6%	4.2%
46339	3	T8	DISTAL RADIOULNAR JOINT or CARPOMETACARPAL JOINT OR JOINTS, synovectomy of (Anaes.) (Assist.)	480.75	0	0	408.65	360.6	Y		1/12/1991	$ 1,654,989	5,307	$ 3,903,566	$ 2,200,555	1%	99%	12.8%	12.1%
46342	3	T8	including fusion, or ligamentous arthroplasty and excision of distal ulna, when performed (Anaes.) (Assist.)	480.75	0	0	0	360.6	Y		1/12/1991	$ 28,644	151	$ 69,321	$ 38,192	0%	100%	13.0%	12.5%
46345	3	T8	DIGIT, synovectomy of flexor tendon or tendons - 1 digit (Anaes.)	581.65	0	0	0	436.25	Y		1/12/1991	$ 104,580	384	$ 271,892	$ 139,435	1%	100%	13.9%	11.5%
46348	3	T8	DIGIT, synovectomy of flexor tendon or tendons - 2 digits (Anaes.) (Assist.)	252.1	0	0	214.3	189.1	Y		1/12/1991	$ 168,401	1,093	$ 492,936	$ 221,871	0%	97%	9.9%	10.4%
46351	3	T8	DIGIT, synovectomy of flexor tendon or tendons - 3 digits (Anaes.) (Assist.)	376.2	0	0	0	282.15	Y		1/12/1991	$ 57,657	233	$ 148,952	$ 76,875	0%	100%	6.6%	6.7%
46354	3	T8		504.1	0	0	0	378.1	Y		1/12/1991	$ 24,726	68	$ 60,165	$ 32,969	0%	100%	16.3%	16.7%

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46357	3	T8	DIGIT, synovectomy of flexor tendon or tendons - 4 digits (Anaes.) (Assist.)	628.25	0	0	0	471.2	Y	1/12/1991	$	26,420	58	$	56,579	$	35,227	3%	100%	-1.9%	-0.9%
46360	3	T8	DIGIT, synovectomy of flexor tendon or tendons - 5 digits (Anaes.) (Assist.)	756.3	0	0	0	567.25	Y	1/12/1991	$	20,971	38	$	46,250	$	27,961	0%	100%	20.4%	21.3%
46363	3	T8	TENDON SHEATH OF HAND OR WRIST, open operation on, for STENOSING TENOVAGINITIS (Anaes.)	217.15	0	0	184.6	162.9	Y	1/12/1991	$	1,222,392	11,563	$	3,673,493	$	1,588,397	2%	96%	7.4%	6.5%
46366	3	T8	DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy for - each hand (Anaes.)	131.9	0	0	112.15	98.95	Y	1/12/1991	$	96,427	728	$	275,104	$	81,671	24%	33%	0.2%	-6.5%
46369	3	T8	DUPUYTREN'S CONTRACTURE, palmar fasciectomy for - 1 hand (Anaes.)	217.15	0	0	184.6	162.9	Y	1/12/1991	$	49,501	742	$	133,725	$	64,621	4%	94%	3.5%	0.7%
46372	3	T8	DUPUYTREN'S CONTRACTURE, fasciectomy for, from 1 ray, including dissection of nerves - 1 hand (Anaes.) (Assist.)	441.3	0	0	375.15	331	Y	1/12/1991	$	636,785	2,084	$	1,695,581	$	840,008	2%	98%	4.7%	5.4%
46375	3	T8	DUPUYTREN'S CONTRACTURE, fasciectomy for, from 2 rays, including dissection of nerves - 1 hand (Anaes.) (Assist.)	523.55	0	0	445.05	392.7	Y	1/12/1991	$	536,348	1,431	$	1,436,055	$	713,169	1%	99%	4.5%	5.4%
46378	3	T8	DUPUYTREN'S CONTRACTURE, fasciectomy for, from 3 or more rays, including dissection of nerves - 1 hand (Anaes.) (Assist.)	698.1	0	0	0	523.6	Y	1/12/1991	$	355,571	704	$	878,475	$	474,177	0%	100%	4.3%	5.2%
46381	3	T8	in conjunction with operation for Dupuytren's Contracture - each procedure (Anaes.) (Assist.)	310.2	0	0	0	232.65	Y	1/12/1991	$	173,214	1,691	$	442,061	$	230,898	1%	100%	6.1%	6.1%
46384	3	T8	conjunction with operation for Dupuytren's Contracture - 1 such procedure (Anaes.) (Assist.)	310.2	0	0	0	232.65	Y	1/12/1991	$	659,247	8,732	$	1,757,718	$	878,786	1%	100%	3.6%	3.4%
46387	3	T8	including dissection of nerves - operation for recurrence in that ray (Anaes.) (Assist.)	640	0	0	555.3	480	Y	1/12/1991	$	167,544	368	$	413,360	$	223,417	0%	100%	2.1%	2.7%
46390	3	T8	including dissection of nerves - operation for recurrence in those rays (Anaes.) (Assist.)	853.35	0	0	0	640.05	Y	1/12/1991	$	102,561	168	$	244,763	$	136,761	0%	100%	1.9%	2.6%
46393	3	T8	rays, including dissection of nerves - operation for recurrence in those rays (Anaes.) (Assist.)	988.95	0	0	0	741.75	Y	1/12/1991	$	99,508	143	$	231,540	$	132,694	0%	100%	5.0%	5.1%
46396	3	T8	osteectomy of, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)	339.85	0	0	288.9	254.9	Y	1/12/1991	$	260,159	1,308	$	549,723	$	266,103	1%	97%	6.2%	11.9%
46399	3	T8	PHALANX OR METACARPAL OF THE HAND, osteotomy of, with internal fixation (Anaes.) (Assist.)	534	0	0	0	400.5	Y	1/12/1991	$	78,411	263	$	189,995	$	104,548	0%	100%	-3.8%	-5.6%
46402	3	T8	PHALANX or METACARPAL, bone grafting of, for pseudarthrosis (non-union), including obtaining of graft material (Anaes.) (Assist.)	534	0	0	0	400.5	Y	1/12/1991	$	7,195	24	$	16,623	$	9,593	0%	100%	7.1%	5.3%
46405	3	T8	(non-union), involving internal fixation and including obtaining of graft material (Anaes.) (Assist.)	651.65	0	0	0	488.75	Y	1/12/1991	$	16,065	35	$	39,030	$	21,419	0%	100%	-4.5%	-3.2%
46408	3	T8	TENDON, reconstruction of, by tendon graft (Anaes.) (Assist.)	713.6	0	0	0	535.2	Y	1/12/1991	$	178,482	451	$	458,608	$	237,976	0%	100%	9.7%	8.4%
46411	3	T8	FLEXOR TENDON PULLEY, reconstruction of, by graft (Anaes.) (Assist.)	418.85	0	0	0	314.15	Y	1/12/1991	$	16,108	79	$	44,977	$	21,477	0%	100%	1.3%	6.8%
46414	3	T8	ARTIFICIAL TENDON PROSTHESIS, INSERTION OF, in preparation for tendon grafting (Anaes.) (Assist.)	542.8	0	0	461.4	407.1	Y	1/12/1991	$	46,698	217	$	121,943	$	62,262	1%	100%	23.3%	15.3%
46417	3	T8	TENDON transfer for restoration of hand function, each transfer (Anaes.) (Assist.)	504.1	0	0	0	378.1	Y	1/12/1991	$	169,992	637	$	428,034	$	226,818	0%	100%	0.6%	1.6%
46420	3	T8	EXTENSOR TENDON OF HAND OR WRIST, primary repair of, each tendon (Anaes.)	210.95	0	0	179.35	158.25	Y	1/12/1991	$	99,943	1,597	$	264,675	$	132,408	2%	97%	2.2%	0.8%
46423	3	T8	EXTENSOR TENDON OF HAND OR WRIST, secondary repair of, each tendon (Anaes.) (Assist.)	337.4	0	0	286.8	253.05	Y	1/12/1991	$	41,181	297	$	109,306	$	54,610	0%	100%	6.7%	4.2%
46426	3	T8	FLEXOR TENDON OF HAND OR WRIST, primary repair of, proximal to A1 pulley, each tendon (Anaes.) (Assist.)	348.95	0	0	0	261.75	Y	1/12/1991	$	64,743	481	$	150,530	$	86,318	0%	100%	1.7%	3.0%
46429	3	T8	FLEXOR TENDON OF HAND OR WRIST, secondary repair of, proximal to A1 pulley, each tendon (Anaes.) (Assist.)	426.55	0	0	362.6	319.95	Y	1/12/1991	$	8,487	45	$	22,271	$	11,315	0%	100%	-5.3%	-3.6%
46432	3	T8	FLEXOR TENDON OF HAND, primary repair of, distal to A1 pulley, each tendon (Anaes.) (Assist.)	465.45	0	0	0	349.1	Y	1/12/1991	$	180,776	790	$	431,512	$	241,034	0%	100%	3.3%	3.9%
46435	3	T8	FLEXOR TENDON OF HAND, secondary repair of, distal to A1 pulley, each tendon (Anaes.) (Assist.)	542.9	0	0	0	407.2	Y	1/12/1991	$	27,531	80	$	65,791	$	36,706	0%	100%	-3.0%	-3.5%
46438	3	T8	MALLET FINGER, closed pin fixation of (Anaes.)	139.65	0	0	118.75	104.75	Y	1/12/1991	$	4,085	36	$	15,521	$	4,315	0%	97%	-2.6%	3.8%
46441	3	T8	MALLET FINGER, open repair of, including pin fixation when performed (Anaes.) (Assist.)	337.4	0	0	286.8	253.05	Y	1/12/1991	$	28,713	119	$	74,432	$	35,068	1%	98%	-6.9%	-4.9%

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46442	3	T8	one third of base of terminal phalanx - open reduction (Anaes.) (Assist.)	289.65	0	0	0	217.25	Y	1/11/1994	$	20,648	110	$	64,385	$	27,529	0%	100%	9.2%	9.3%
46444	3	T8	BOUTONNIERE DEFORMITY without joint contracture, reconstruction of (Anaes.) (Assist.)	504.1	0	0	0	378.1	Y	1/12/1991	$	5,093	14	$	13,886	$	6,790	0%	100%	-13.6%	-10.9%
46447	3	T8	BOUTONNIERE DEFORMITY with joint contracture, reconstruction of (Anaes.) (Assist.)	628.25	0	0	0	471.2	Y	1/12/1991	$	10,642	24	$	26,485	$	14,189	0%	100%	-15.0%	-14.2%
46450	3	T8	EXTENSOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft (Anaes.)	232.75	0	0	0	174.6	Y	1/12/1991	$	88,227	1,389	$	226,869	$	117,633	0%	100%	9.1%	7.7%
46453	3	T8	FLEXOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft (Anaes.) (Assist.)	387.85	0	0	0	290.9	Y	1/12/1991	$	243,994	1,472	$	600,388	$	325,442	0%	100%	7.5%	9.8%
46456	3	T8	FINGER, percutaneous tenotomy of (Anaes.)	100.85	0	0	85.75	75.65	Y	1/12/1991	$	1,801	35	$	3,226	$	2,192	20%	46%	20.1%	17.2%
46459	3	T8	OPERATION for OSTEOMYELITIS on distal phalanx (Anaes.)	193.9	0	0	164.85	145.45	Y	1/12/1991	$	3,970	49	$	11,411	$	5,292	0%	100%	10.3%	6.1%
46462	3	T8	OPERATION for OSTEOMYELITIS on middle or proximal phalanx, metacarpal or carpus (Anaes.) (Assist.)	310.2	0	0	263.7	232.65	Y	1/12/1991	$	15,076	124	$	34,147	$	20,098	0%	100%	36.7%	30.7%
46464	3	T8	AMPUTATION of a supernumerary complete digit (Anaes.)	232.75	0	0	197.85	174.6	Y	1/11/1994	$	8,215	74	$	18,664	$	10,811	14%	93%	0.3%	-0.7%
46465	3	T8	AMPUTATION of SINGLE DIGIT, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.)	232.75	0	0	197.85	174.6	Y	1/12/1991	$	32,084	270	$	81,522	$	42,557	1%	97%	3.6%	2.2%
46468	3	T8	AMPUTATION of 2 DIGITS, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	407.2	0	0	0	305.4	Y	1/12/1991	$	4,042	15	$	9,974	$	5,389	0%	100%	1.4%	1.7%
46471	3	T8	AMPUTATION of 3 DIGITS, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	581.65	0	0	496.95	436.25	Y	1/12/1991	$	1,309	3	$	2,765	$	1,745	0%	100%	-9.7%	-8.2%
46474	3	T8	AMPUTATION of 4 DIGITS, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	756.3	0	0	0	567.25	Y	1/12/1991	$	567	1	$	1,314	$	756	0%	100%	0.0%	-1.8%
46477	3	T8	AMPUTATION of 5 DIGITS, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	930.75	0	0	0	698.1	Y	1/12/1991	$	698	1	$	1,512	$	931	0%	100%	-12.9%	-12.4%
46480	3	T8	section of bone or joint and requiring soft tissue cover, including metacarpal (Anaes.) (Assist.)	387.85	0	0	329.7	290.9	Y	1/12/1991	$	21,139	87	$	53,238	$	28,185	1%	100%	5.4%	6.1%
46483	3	T8	REVISION of AMPUTATION STUMP to provide adequate soft tissue cover (Anaes.) (Assist.)	310.2	0	0	263.7	232.65	Y	1/12/1991	$	9,206	67	$	23,081	$	12,232	1%	99%	2.2%	-1.8%
46486	3	T8	magnification, undertaken in the operating theatre of a hospital (Anaes.)	232.75	0	0	0	174.6	Y	1/12/1991	$	172,858	2,137	$	442,666	$	230,460	0%	100%	6.1%	4.4%
46489	3	T8	deformity using magnification, undertaken in the operating theatre of a hospital (Anaes.) (Assist.)	271.5	0	0	0	203.65	Y	1/12/1991	$	24,075	196	$	62,787	$	32,097	0%	100%	9.1%	9.9%
46492	3	T8	of, involving tissues deeper than skin and subcutaneous tissue (Anaes.) (Assist.)	372.35	0	0	0	279.3	Y	1/12/1991	$	65,321	406	$	165,203	$	87,089	0%	100%	9.7%	12.0%
46494	3	T8	GANGLION OF HAND, excision of, not being a service associated with a service to which another item in this Group applies (Anaes.)	226.8	0	0	192.8	170.1	Y	1/11/1995	$	46,483	306	$	111,385	$	58,964	16%	73%	-1.5%	-1.7%
46495	3	T8	thana service associated with a service to which item 30107 applies (Anaes.)	209.5	0	0	178.1	157.15	Y	1/12/1991	$	228,295	2,426	$	590,329	$	293,525	9%	87%	1.8%	1.7%
46498	3	T8	service associated with a service to which item 30107 applies (Anaes.)	226.8	0	0	192.8	170.1	Y	1/12/1991	$	89,212	717	$	253,681	$	116,495	3%	94%	3.1%	2.1%
46500	3	T8	service associated with a service to which item 30107 applies (Anaes.) (Assist.)	271.5	0	0	230.8	203.65	Y	1/11/1994	$	202,544	1,287	$	594,691	$	265,071	4%	94%	1.2%	0.5%
46501	3	T8	associated with a service to which item 30107 applies (Anaes.) (Assist.)	339.45	0	0	288.55	254.6	Y	1/12/1991	$	183,259	920	$	520,943	$	242,680	2%	97%	3.3%	2.0%
46502	3	T8	thana service associated with a service to which item30107 applies (Anaes.) (Assist.)	312.4	0	0	265.55	234.3	Y	1/11/1994	$	28,055	138	$	65,928	$	33,592	2%	97%	2.3%	3.4%
46503	3	T8	thana service associated with a service to which item30107 applies (Anaes.) (Assist.)	390.2	0	0	331.7	292.65	Y	1/11/1994	$	20,492	96	$	47,771	$	27,060	6%	94%	6.5%	6.0%
46504	3	T8	NEUROVASCULAR ISLAND FLAP, for pulp innervation (Anaes.) (Assist.)	1140.1	0	0	1055.4	855.1	Y	1/12/1991	$	77,636	92	$	161,321	$	103,518	2%	100%	3.9%	5.7%
46507	3	T8	DIGIT OR RAY, transposition or transfer of, on vascular pedicle, complete procedure (Anaes.) (Assist.)	1326.4	0	0	0	994.8	Y	1/12/1991	$	995	1	$	2,215	$	1,326	0%	100%	-43.3%	-42.6%
46510	3	T8	MACRODACTYLY, surgical reduction of enlarged elements - each digit (Anaes.) (Assist.)	361.95	0	0	0	271.5	Y	1/12/1991	$	486	3	$	1,260	$	647	0%	100%	-9.7%	-16.3%

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46513	3	T8	DIGITAL NAIL OF FINGER OR THUMB, removal of, not being a service to which item 46516 applies (Anaes.)	58.25	0	0	49.55	43.7	Y	1/11/1994	$	97,478	2,034	$	112,201	$	113,675	85%	3%	-4.6%	-4.2%
46516	3	T8	DIGITAL NAIL OF FINGER OR THUMB, removal of, in the operating theatre of a hospital (Anaes.)	116.35	0	0	0	87.3	Y	1/11/1994	$	36,954	1,122	$	102,706	$	49,380	1%	100%	3.7%	3.4%
46519	3	T8	MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES OF HAND, drainage of (excluding aftercare) (Anaes.)	145.65	0	0	123.85	109.25	Y	1/11/1994	$	803	12	$	1,713	$	1,051	8%	92%	-6.7%	-6.8%
46522	3	T8	FLEXOR TENDON SHEATH OF FINGER OR THUMB, open operation and drainage for infection (Anaes.) (Assist.)	434.35	0	0	0	325.8	Y	1/11/1994	$	168,046	599	$	398,775	$	224,060	0%	100%	11.7%	11.0%
46525	3	T8	PULP SPACE INFECTION, PARONYCHIA OF HAND, incision for, when performed in an operating theatre of a hospital, not being a service to which another item in this Group applies (excluding after-care) including removal of segment of nail, ungual fold and portion of the nail bed (Anaes.)	58.25	0	0	49.55	43.7	Y	1/11/1994	$	11,810	263	$	16,711	$	14,231	66%	26%	-8.0%	-9.0%
46528	3	T8	including phenolisation but not including excision of nail bed (Anaes.)	174.8	0	0	148.6	131.1	Y	1/11/1994	$	124,904	887	$	141,487	$	147,053	82%	8%	-1.5%	-1.1%
46531	3	T8	NAIL PLATE INJURY OR DEFORMITY, radical excision of nail germinal matrix (Anaes.)	87.8	0	0	74.65	65.85	Y	1/11/1994	$	22,487	318	$	26,970	$	26,366	76%	6%	-3.0%	-2.9%
46534	3	T8	MANDIBLE, treatment of dislocation of, by closed reduction (Anaes.)	242.85	0	0	206.45	182.15	Y	1/11/1994	$	27,744	239	$	68,448	$	35,264	10%	84%	-0.4%	-2.2%
47000	3	T8	CLAVICLE, treatment of dislocation of, by closed reduction (Anaes.)	72.9	0	0	62	54.7	Y	1/12/1991	$	4,124	70	$	4,644	$	4,883	89%	7%	7.4%	8.2%
47003	3	T8	CLAVICLE, treatment of dislocation of, by open reduction (Anaes.)	87.45	0	0	74.35	65.6	Y	1/12/1991	$	973	14	$	1,279	$	1,181	57%	29%	-20.5%	-20.4%
47006	3	T8	anaesthesia, not being a service to which item 47012 applies (Anaes.)	175.55	0	0	149.25	131.7	Y	1/12/1991	$	7,906	123	$	25,130	$	10,243	0%	99%	-2.0%	-2.0%
47009	3	T8	SHOULDER, treatment of dislocation of, requiring general anaesthesia, open reduction (Anaes.) (Assist.)	174.8	0	0	148.6	131.1	Y	1/12/1991	$	15,278	120	$	29,703	$	19,795	17%	79%	-6.4%	-7.1%
47012	3	T8	SHOULDER, treatment of dislocation of, not requiring general anaesthesia	349.4	0	0	0	262.05	Y	1/12/1991	$	5,496	28	$	13,072	$	7,327	0%	100%	-3.8%	1.3%
47015	3	T8	ELBOW, treatment of dislocation of, by closed reduction (Anaes.)	87.45	0	0	74.35	65.6	0	1/12/1991	$	31,894	435	$	39,249	$	37,500	74%	4%	-14.4%	-13.9%
47018	3	T8	ELBOW, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	203.75	0	0	173.2	152.85	Y	1/12/1991	$	38,100	236	$	48,004	$	45,801	71%	22%	-9.1%	-8.8%
47021	3	T8	of, by closed reduction, not being a service associated with fracture or dislocation in the same region (Anaes.)	271.8	0	0	0	203.85	Y	1/12/1991	$	3,425	49	$	8,670	$	4,564	0%	100%	-3.3%	-4.7%
47024	3	T8	of, by open reduction, not being a service associated with fracture or dislocation in the same region (Anaes.) (Assist.)	203.75	0	0	173.2	152.85	Y	1/12/1991	$	10,204	60	$	10,453	$	12,057	93%	5%	-10.2%	-9.6%
47027	3	T8	CARPUS, or CARPUS on RADIUS and ULNA, or CARPOMETACARPAL JOINT, treatment of dislocation of, by closed reduction (Anaes.)	271.8	0	0	0	203.85	Y	1/12/1991	$	560	6	$	1,121	$	746	0%	100%	-5.6%	-8.9%
47030	3	T8	JOINT, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	203.75	0	0	173.2	152.85	Y	1/12/1991	$	6,699	57	$	12,148	$	8,402	33%	65%	-9.5%	-11.3%
47033	3	T8	INTERPHALANGEAL JOINT, treatment of dislocation of, by closed reduction (Anaes.)	271.8	0	0	231.05	203.85	Y	1/12/1991	$	8,722	97	$	24,697	$	11,590	1%	99%	2.9%	-1.4%
47036	3	T8	INTERPHALANGEAL JOINT, treatment of dislocation of, by open reduction (Anaes.)	87.45	0	0	74.35	65.6	Y	1/12/1991	$	33,083	464	$	37,009	$	39,148	79%	7%	-14.9%	-14.5%
47039	3	T8	METACARPOPHALANGEAL JOINT, treatment of dislocation of, by closed reduction (Anaes.)	116.35	0	0	98.9	87.3	Y	1/12/1991	$	4,550	113	$	14,551	$	6,002	2%	96%	0.4%	-3.5%
47042	3	T8	METACARPOPHALANGEAL JOINT, treatment of dislocation of, by open reduction (Anaes.)	116.35	0	0	98.9	87.3	Y	1/12/1991	$	11,269	117	$	13,651	$	13,380	83%	9%	-13.0%	-12.4%
47045	3	T8	HIP, treatment of dislocation of, by closed reduction (Anaes.)	155.45	0	0	132.15	116.6	Y	1/12/1991	$	814	15	$	1,981	$	1,086	0%	100%	-9.0%	-14.7%
47048	3	T8	HIP, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	334.95	0	0	284.75	251.25	Y	1/12/1991	$	78,489	313	$	156,298	$	103,336	5%	93%	-7.8%	-8.0%
47051	3	T8	KNEE, treatment of dislocation of, by closed reduction (Anaes.) (Assist.)	446.5	0	0	0	334.9	Y	1/12/1991	$	4,937	22	$	10,114	$	6,583	0%	100%	-6.0%	-7.5%
47054	3	T8	PATELLA, treatment of dislocation of, by closed reduction (Anaes.)	334.95	0	0	284.75	251.25	Y	1/12/1991	$	8,567	37	$	15,088	$	10,790	22%	76%	19.8%	18.7%
47057	3	T8	PATELLA, treatment of dislocation of, by open reduction (Anaes.)	131	0	0	111.35	98.25	Y	1/12/1991	$	4,834	46	$	5,552	$	5,793	72%	17%	-12.9%	-13.1%
47060	3	T8		174.8	0	0	148.6	131.1	Y	1/12/1991	$	359	8	$	902	$	478	0%	100%	14.9%	10.0%

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47063	3	T8	ANKLE or TARSUS, treatment of dislocation of, by closed reduction (Anaes.)	262.1		0	0	222.8	196.6	Y	1/12/1991	$	11,976	71	$	19,050	$	15,181	31%	68%	-11.5%	-13.5%
47066	3	T8	ANKLE or TARSUS, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	349.4		0	0	0	262.05	Y	1/12/1991	$	7,734	73	$	19,755	$	10,309	0%	100%	-5.1%	-9.8%
47069	3	T8	TOE, treatment of dislocation of, by closed reduction (Anaes.)	72.9		0	0	62	54.7	Y	1/12/1991	$	7,694	127	$	8,553	$	9,107	81%	6%	-17.4%	-17.0%
47072	3	T8	TOE, treatment of dislocation of, by open reduction (Anaes.)	96.95		0	0	82.45	72.75	Y	1/12/1991	$	642	15	$	1,767	$	843	7%	93%	-10.4%	-8.5%
47301	3	T8	Phalanx, middle or proximal, treatment of fracture of, by closed reduction, requiring anaesthesia, not provided on the same occasion as a service described in item 47304, 47307, 47310,	89.5		0	0	76.1	67.15	Y	1/05/2016	$	49,395	708	$	81,207	$	59,999	64%	32%	28.4%	28.4%
47304	3	T8	Metacarpal, treatment of fracture of, by closed reduction, requiring anaesthesia, not provided on the same occasion as a service described in item 47301, 47307, 47310, 47313, 47316 or	102		0	0	0	76.5	Y	1/05/2016	$	6,837	102	$	17,062	$	9,116	25%	100%	91.1%	89.7%
47307	3	T8	Phalanx or metacarpal, treatment of fracture of, by closed reduction with percutaneous K wire fixation (Anaes.) (Assist.)	206.25		0	0	0	154.7	Y	1/05/2016	$	61,618	481	$	174,074	$	82,155	0%	100%	67.0%	68.1%
47310	3	T8	Phalanx or metacarpal, treatment of fracture of, by open reduction with fixation (Anaes.) (Assist.)	340.35		0	0	0	255.3	Y	1/05/2016	$	321,590	1,468	$	908,357	$	428,755	0%	100%	67.3%	68.7%
47313	3	T8	closed reduction with percutaneous K wire fixation (Anaes.) (Assist.)	330		0	0	0	247.5	Y	1/05/2016	$	82,385	407	$	232,275	$	109,844	0%	100%	59.8%	57.9%
47316	3	T8	open reduction with fixation, not provided on the same occasion as a service to which item 47319 applies (Anaes.) (Assist.)	654.85		0	0	0	491.15	Y	1/05/2016	$	703,777	1,518	$	1,770,804	$	938,805	0%	100%	74.4%	75.5%
47319	3	T8	of, by open reduction with fixation, not provided on the same occasion as a service to which item 47316 applies (Anaes.) (Assist.)	670.3		0	0	0	502.75	Y	1/05/2016	$	95,790	196	$	249,215	$	127,743	0%	100%	59.5%	60.4%
47348	3	T8	CARPUS (excluding scaphoid), treatment of fracture of, not being a service to which item 47351 applies (Anaes.)	96.95		0	0	82.45	72.75	Y	1/12/1991	$	60,733	766	$	63,015	$	71,664	88%	3%	-2.2%	-1.6%
47351	3	T8	CARPUS (excluding scaphoid), treatment of fracture of, by open reduction (Anaes.)	242.85		0	0	206.45	182.15	Y	1/12/1991	$	4,764	49	$	13,344	$	6,255	2%	94%	-0.8%	-4.2%
47354	3	T8	CARPAL SCAPHOID, treatment of fracture of, not being a service to which item 47357 applies (Anaes.)	174.8		0	0	148.6	131.1	Y	1/12/1991	$	192,801	1,311	$	198,654	$	227,247	86%	1%	-9.6%	-9.0%
47357	3	T8	CARPAL SCAPHOID, treatment of fracture of, by open reduction (Anaes.) (Assist.)	388.3		0	0	330.1	291.25	Y	1/12/1991	$	76,926	337	$	221,555	$	102,299	1%	99%	-2.2%	-3.0%
47361	3	T8	Radius or ulna, or radius and ulna, distal end of, treatment of fracture of, by cast immobilisation, other than a service associated with a service to which item 47362, 47364, 47367, 47370 or 47373	135.95		0	0	115.6	102	0	1/05/2016	$	1,053,704	9,208	$	1,098,311	$	1,241,147	89%	1%	47.8%	49.0%
47362	3	T8	Radius or ulna, or radius and ulna, distal end of, treatment of fracture of, by closed reduction, requiring general or major regional anaesthesia, but excluding local infiltration, other than a service	203.75		0	0	173.2	152.85	Y	1/05/2016	$	75,359	501	$	127,604	$	93,755	31%	50%	43.6%	43.2%
47364	3	T8	Radius or ulna, distal end of, not involving joint surface, treatment of fracture of, by open reduction with fixation, other than a service associated with a service to which item 47361 o 47362 applies	288.75		0	0	0	216.6	Y	1/05/2016	$	59,361	318	$	144,428	$	79,137	2%	100%	63.8%	66.3%
47367	3	T8	with percutaneous fixation, other than a service associated with a service to which item 47361 or 47362 applies (Anaes.) (Assist.)	230.6		0	0	0	172.95	Y	1/05/2016	$	11,389	71	$	27,561	$	15,186	1%	100%	58.9%	57.5%
47369	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	144	1	$	217	$	170	0%	0%	-77.0%	-76.9%
47370	3	T8	open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (Anaes.) (Assist.)	418.7		0	0	0	314.05	Y	1/05/2016	$	1,206,913	4,692	$	3,092,615	$	1,609,099	0%	100%	84.9%	86.6%
47373	3	T8	reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (Anaes.) (Assist.)	299.05		0	0	0	224.3	Y	1/05/2016	$	8,909	94	$	29,716	$	11,879	0%	100%	68.1%	66.0%
47378	3	T8	immobilisation, not being a service to which item 47381, 47384, 47385 or 47386 applies (Anaes.)	174.8		0	0	148.6	131.1	Y	1/12/1991	$	194,060	1,322	$	200,201	$	228,809	91%	2%	-3.0%	-2.1%
47381	3	T8	reduction undertaken in the operating theatre of a hospital (Anaes.)	262.1		0	0	0	196.6	Y	1/12/1991	$	4,531	28	$	11,476	$	6,040	0%	100%	-7.3%	-9.4%
47384	3	T8	RADIUS OR ULNA, shaft of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	349.4		0	0	0	262.05	Y	1/12/1991	$	48,332	240	$	123,872	$	64,439	0%	100%	2.2%	1.8%
47385	3	T8	RADIUS OR ULNA, shaft of, 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	300.85		0	0	0	225.65	Y	1/12/1991	$	2,711	16	$	6,564	$	3,615	0%	100%	-12.4%	-14.6%
47386	3	T8	RADIUS OR ULNA, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by open reduction or immobilisation, not being a service to which item 47390 or 47393 applies (Anaes.) (Assist.)	485.4		0	0	0	364.05	Y	1/12/1991	$	55,668	227	$	134,719	$	74,315	0%	100%	1.9%	-0.6%
47387	3	T8	reduction undertaken in the operating theatre of a hospital (Anaes.)	281.45		0	0	239.25	211.1	Y	1/12/1991	$	110,442	478	$	117,830	$	130,870	84%	6%	-3.2%	-3.0%
47390	3	T8		422.35		0	0	0	316.8	Y	1/12/1991	$	21,470	74	$	45,860	$	28,624	0%	100%	-7.5%	-8.0%

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47393	3	T8	RADIUS AND ULNA, shafts of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	563.05	0	0	0	422.3	Y	1/12/1991	$	48,523	130	$	111,549	$	64,697	0%	100%	-4.8%	-4.9%
47396	3	T8	OLECRANON, treatmentof fracture of, not being a service to which item 47399 applies (Anaes.)	194.05	0	0	164.95	145.55	Y	1/12/1991	$	20,193	139	$	22,800	$	24,199	70%	19%	-4.1%	-4.1%
47399	3	T8	OLECRANON, treatment of fracture of, by open reduction (Anaes.) (Assist.)	388.3	0	0	0	291.25	Y	1/12/1991	$	136,818	610	$	363,782	$	182,413	0%	100%	3.7%	2.5%
47402	3	T8	OLECRANON, treatment of fracture of, involving excision of olecranon fragment and reimplantation of tendon (Anaes.) (Assist.)	291.15	0	0	247.5	218.4	Y	1/12/1991	$	983	5	$	1,351	$	1,233	40%	60%	-6.5%	4.4%
47405	3	T8	RADIUS, treatment of fracture of head or neck of, closed reduction of (Anaes.)	194.05	0	0	164.95	145.55	Y	1/12/1991	$	81,490	511	$	84,588	$	96,284	91%	5%	-8.8%	-8.1%
47408	3	T8	of, including internal fixation and excision where performed (Anaes.) (Assist.)	388.3	0	0	0	291.25	Y	1/12/1991	$	59,933	329	$	182,462	$	79,903	0%	100%	3.3%	1.6%
47411	3	T8	HUMERUS, treatment of fracture of tuberosity of, not being a service to which item 47417 applies (Anaes.)	116.35	0	0	98.9	87.3	Y	1/12/1991	$	17,576	183	$	21,885	$	20,852	79%	11%	-5.9%	-5.4%
47414	3	T8	HUMERUS, treatment of fracture of tuberosity of, by open reduction (Anaes.)	233.05	0	0	198.1	174.8	Y	1/12/1991	$	4,637	67	$	13,044	$	6,184	0%	100%	0.0%	-2.9%
47417	3	T8	HUMERUS, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	271.8	0	0	231.05	203.85	Y	1/12/1991	$	4,197	22	$	7,043	$	5,305	9%	64%	-10.4%	-9.9%
47420	3	T8	HUMERUS, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by open reduction (Anaes.) (Assist.)	534	0	0	0	400.5	Y	1/12/1991	$	8,170	45	$	24,431	$	10,892	0%	100%	4.0%	-1.8%
47423	3	T8	HUMERUS, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies (Anaes.)	223.25	0	0	189.8	167.45	Y	1/12/1991	$	120,755	663	$	141,474	$	144,580	76%	17%	-2.9%	-1.7%
47426	3	T8	HUMERUS, proximal, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital (Anaes.)	334.95	0	0	0	251.25	Y	1/12/1991	$	2,381	14	$	5,712	$	3,175	0%	100%	-8.6%	-11.9%
47429	3	T8	HUMERUS, proximal, treatment of fracture of, by open reduction (Anaes.) (Assist.)	446.5	0	0	0	334.9	Y	1/12/1991	$	36,113	166	$	95,386	$	48,146	0%	100%	5.0%	5.6%
47432	3	T8	HUMERUS, proximal, treatment of intra-articular fracture of, by open reduction (Anaes.) (Assist.)	558.2	0	0	0	418.65	Y	1/12/1991	$	115,655	485	$	307,330	$	154,304	0%	100%	6.4%	5.0%
47435	3	T8	HUMERUS, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	427.2	0	0	363.15	320.4	Y	1/12/1991	$	12,811	41	$	25,945	$	16,911	7%	93%	2.1%	5.2%
47438	3	T8	HUMERUS, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (Anaes.) (Assist.)	679.75	0	0	0	509.85	Y	1/12/1991	$	9,819	27	$	25,239	$	13,092	4%	100%	2.4%	5.1%
47441	3	T8	associated dislocation of shoulder, by open reduction (Anaes.) (Assist.)	849.5	0	0	0	637.15	Y	1/12/1991	$	93,982	167	$	217,287	$	125,305	0%	100%	4.8%	5.1%
47444	3	T8	HUMERUS, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies (Anaes.)	233.05	0	0	198.1	174.8	Y	1/12/1991	$	27,511	142	$	31,449	$	32,935	75%	15%	-2.5%	-1.5%
47447	3	T8	HUMERUS, shaft of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital (Anaes.)	349.4	0	0	0	262.05	Y	1/12/1991	$	1,441	8	$	3,095	$	1,922	0%	100%	-2.3%	-7.8%
47450	3	T8	HUMERUS, shaft of, treatment of fracture of, by internal or external fixation (Anaes.) (Assist.)	466.1	0	0	0	349.6	Y	1/12/1991	$	61,545	258	$	152,005	$	82,056	0%	100%	7.5%	6.6%
47451	3	T8	HUMERUS, shaft of, treatment of fracture of, by intramedullary fixation (Anaes.) (Assist.)	561.8	0	0	0	421.35	Y	1/11/1996	$	49,334	168	$	122,552	$	65,776	1%	100%	-0.2%	-1.6%
47453	3	T8	fracture of, not being a service to which item 47456 or 47459 applies (Anaes.) (Assist.)	271.8	0	0	231.05	203.85	Y	1/12/1991	$	167,812	741	$	173,209	$	198,425	87%	3%	-0.5%	0.6%
47456	3	T8	fracture of, by closed reduction, undertaken in the operating theatre of a hospital (Anaes.)	407.9	0	0	0	305.95	Y	1/12/1991	$	6,782	25	$	12,862	$	9,042	4%	100%	-12.6%	-13.2%
47459	3	T8	fracture of, by open reduction, undertaken in the operating theatre of a hospital (Anaes.) (Assist.)	543.75	0	0	0	407.85	Y	1/12/1991	$	110,644	366	$	272,060	$	147,517	1%	100%	3.9%	3.0%
47462	3	T8	CLAVICLE, treatment of fracture of, not being a service to which item 47465 applies (Anaes.)	116.35	0	0	98.9	87.3	Y	1/12/1991	$	112,178	1,159	$	123,970	$	132,668	83%	4%	-5.2%	-4.5%
47465	3	T8	CLAVICLE, treatment of fracture of, by open reduction (Anaes.) (Assist.)	233.05	0	0	198.1	174.8	Y	1/12/1991	$	172,927	1,565	$	598,209	$	230,111	1%	99%	3.9%	2.2%
47466	3	T8	STERNUM, treatment of fracture of, not being a service to which item 47467 applies (Anaes.)	116.35	0	0	98.9	87.3	Y	1/12/1991	$	2,228	25	$	2,407	$	2,647	80%	16%	-8.5%	-7.4%
47467	3	T8	STERNUM, treatment of fracture of, by open reduction (Anaes.)	233.05	0	0	0	174.8	Y	1/12/1991	$	3,300	35	$	7,649	$	4,401	0%	100%	13.0%	5.5%
47468	3	T8	SCAPULA, neck or glenoid region of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	446.5	0	0	379.55	334.9	Y	1/12/1991	$	38,161	214	$	106,594	$	50,818	0%	100%	9.0%	8.1%

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47471	3	T8	RIBS (1 or more), treatment of fracture of - each attendance	44.35	0	0	37.7	33.3	0	1/12/1991	$	63,350	1,741	$	71,135	$	75,826	83%	15%	13.8%	14.9%
47474	3	T8	PELVIC RING, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	194.05	0	0	164.95	145.55	0	1/12/1991	$	13,628	87	$	17,914	$	16,580	68%	29%	-7.4%	-5.8%
47477	3	T8	PELVIC RING, treatment of fracture of, with disruption of pelvic ring or acetabulum	242.85	0	0	206.45	182.15	0	1/12/1991	$	33,546	180	$	58,207	$	42,857	32%	68%	9.4%	11.0%
47480	3	T8	PELVIC RING, treatment of fracture of, requiring traction (Anaes.) (Assist.)	485.4	0	0	0	364.05	Y	1/12/1991	$	2,184	6	$	5,047	$	2,912	0%	100%	-5.6%	-3.8%
47483	3	T8	PELVIC RING, treatment of fracture of, requiring control by external fixation (Anaes.) (Assist.)	582.5	0	0	0	436.9	Y	1/12/1991	$	655	3	$	1,434	$	874	0%	100%	8.4%	0.6%
47486	3	T8	involving internal fixation of anterior segment, including diastasis of pubic symphysis (Anaes.) (Assist.)	970.85	0	0	0	728.15	Y	1/12/1991	$	28,910	42	$	67,133	$	38,547	0%	100%	13.8%	15.4%
47489	3	T8	PELVIC RING, treatment of fracture of, by open reduction and involving internal fixation of posterior segment (including sacro-iliac joint), with or without fixation of anterior segment (Anaes.)	1456.3	0	0	0	1092.25	Y	1/12/1991	$	63,536	61	$	143,929	$	84,714	0%	100%	1.7%	2.0%
47492	3	T8	ACETABULUM, treatment of fracture of, and associated dislocation of hip (Anaes.)	242.85	0	0	206.45	182.15	Y	1/12/1991	$	1,099	6	$	1,291	$	1,336	50%	33%	-9.7%	-10.2%
47495	3	T8	ACETABULUM, treatment of fracture of, and associated dislocation of hip, requiring traction (Anaes.) (Assist.)	485.4	0	0	412.6	364.05	Y	1/12/1991	$	5,089	15	$	10,224	$	6,785	0%	100%	4.6%	5.6%
47498	3	T8	of hip, requiring internal fixation, with or without traction (Anaes.) (Assist.)	728.1	0	0	0	546.1	Y	1/12/1991	$	3,550	10	$	7,543	$	4,733	0%	100%	0.0%	0.6%
47501	3	T8	ACETABULUM, treatment of single column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent	970.85	0	0	0	728.15	Y	1/12/1991	$	31,412	58	$	72,937	$	41,882	0%	100%	7.7%	8.0%
47504	3	T8	ACETABULUM, treatment of T-shape fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair, and	1456.3	0	0	1371.6	1092.25	Y	1/12/1991	$	9,814	12	$	19,941	$	13,085	0%	100%	-1.6%	-2.9%
47507	3	T8	ACETABULUM, treatment of transverse fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent	1456.3	0	0	0	1092.25	Y	1/12/1991	$	29,731	34	$	66,260	$	39,641	0%	100%	-3.7%	-1.3%
47510	3	T8	ACETABULUM, treatment of double column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent	1456.3	0	0	0	1092.25	Y	1/12/1991	$	24,661	31	$	54,768	$	32,880	0%	100%	4.4%	4.3%
47516	3	T8	FEMUR, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)	446.5	0	0	379.55	334.9	Y	1/12/1991	$	31,827	104	$	49,903	$	41,184	19%	80%	4.1%	2.8%
47519	3	T8	FEMUR, treatment of trochanteric or subcapital fracture of, by internal fixation (Anaes.) (Assist.)	893.25	0	0	0	669.95	Y	1/12/1991	$	1,338,431	2,092	$	2,965,434	$	1,784,543	0%	100%	-1.6%	-1.3%
47522	3	T8	FEMUR, treatment of subcapital fracture of, by hemi-arthroplasty (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	177,339	306	$	379,984	$	236,450	1%	100%	-6.9%	-6.3%
47525	3	T8	FEMUR, treatment of fracture of, for slipped capital femoral epiphysis (Anaes.) (Assist.)	893.25	0	0	0	669.95	Y	1/12/1991	$	32,966	59	$	70,745	$	43,953	0%	100%	-3.1%	-3.5%
47528	3	T8	FEMUR, treatment of fracture of, by internal fixation or external fixation (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	334,405	735	$	709,230	$	445,870	0%	100%	4.0%	4.7%
47531	3	T8	FEMUR, treatment of fracture of shaft, by intramedullary fixation and cross fixation (Anaes.) (Assist.)	990.25	0	0	0	742.7	Y	1/12/1991	$	1,100,493	1,493	$	2,454,994	$	1,467,307	0%	100%	2.3%	3.0%
47534	3	T8	FEMUR, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of 1 or more osteochondral fragments (Anaes.)	1116.5	0	0	0	837.4	Y	1/12/1991	$	165,655	205	$	356,113	$	220,869	1%	100%	5.1%	5.5%
47537	3	T8	FEMUR, condylar region of, treatment of fracture of, requiring internal fixation of 1 or more osteochondral fragments, not being a service associated with a service to which item 47534 applies	446.5	0	0	379.55	334.9	Y	1/12/1991	$	20,282	116	$	54,322	$	27,041	1%	100%	8.0%	4.9%
47540	3	T8	HIP SPICA OR SHOULDER SPICA, application of, as an independent procedure (Anaes.)	223.25	0	0	189.8	167.45	Y	1/12/1991	$	1,662	15	$	2,864	$	2,216	0%	100%	-16.1%	-15.8%
47543	3	T8	TIBIA, plateau of, treatment of medial or lateral fracture of, not being a service to which item 47546 or 47549 applies (Anaes.)	233.05	0	0	198.1	174.8	Y	1/12/1991	$	63,279	326	$	71,295	$	75,563	79%	11%	2.1%	3.4%
47546	3	T8	TIBIA, plateau of, treatment of medial or lateral fracture of, by closed reduction (Anaes.)	349.4	0	0	297	262.05	Y	1/12/1991	$	5,954	22	$	9,597	$	7,332	59%	41%	-0.9%	0.1%
47549	3	T8	TIBIA, plateau of, treatment of medial or lateral fracture of, by open reduction (Anaes.) (Assist.)	466.1	0	0	0	349.6	Y	1/12/1991	$	64,248	302	$	161,139	$	85,662	1%	100%	2.3%	1.7%
47552	3	T8	not being a service to which item 47555 or 47558 applies (Anaes.) (Assist.)	388.3	0	0	330.1	291.25	Y	1/12/1991	$	13,093	42	$	17,061	$	15,903	71%	29%	11.8%	14.2%
47555	3	T8	TIBIA, plateau of, treatment of both medial and lateral fractures of, by closed reduction (Anaes.)	582.5	0	0	0	436.9	Y	1/12/1991	$	4,799	12	$	10,081	$	6,399	0%	100%	-1.6%	0.6%
47558	3	T8	TIBIA, plateau of, treatment of both medial and lateral fractures of, by open reduction (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	99,072	192	$	229,807	$	132,095	0%	100%	2.7%	2.3%

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		being a service to which item 47564, 47567, 47570 or 47573 applies (Anaes.)																	
47561	3	T8	281.45	0	0	239.25	211.1	Y	1/12/1991	$	116,651	501	$	127,997	$	138,530	78%	8%	-4.6%	-4.0%
		TIBIA, shaft of, treatment of fracture of, by closed reduction, with or without treatment of fibular fracture (Anaes.)																	
47564	3	T8	422.35	0	0	359	316.8	Y	1/12/1991	$	26,911	89	$	52,456	$	35,418	7%	91%	-8.7%	-8.9%
		TIBIA, shaft of, treatment of fracture of, by internal fixation or external fixation (Anaes.) (Assist.)																	
47565	3	T8	734.65	0	0	0	551	Y	1/05/1994	$	160,624	320	$	347,484	$	214,163	0%	100%	5.0%	6.0%
		TIBIA, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (Anaes.) (Assist.)																	
47566	3	T8	936.45	0	0	0	702.35	Y	1/05/1994	$	298,417	434	$	659,522	$	397,887	0%	100%	0.8%	1.1%
		reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)																	
47567	3	T8	490.2	0	0	416.7	367.65	Y	1/12/1991	$	8,920	26	$	17,663	$	11,631	15%	85%	-2.8%	-2.8%
		TIBIA, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)																	
47570	3	T8	563.05	0	0	478.6	422.3	Y	1/12/1991	$	6,766	20	$	15,163	$	9,021	0%	100%	-10.6%	-8.8%
		reduction, with or without treatment of fibula fracture (Anaes.) (Assist.)																	
47573	3	T8	703.85	0	0	0	527.9	Y	1/12/1991	$	112,483	250	$	273,393	$	149,976	0%	100%	1.1%	0.7%
		FIBULA, treatment of fracture of (Anaes.)																	
47576	3	T8	116.35	0	0	98.9	87.3	Y	1/12/1991	$	114,431	1,196	$	119,377	$	134,709	90%	4%	-10.7%	-10.1%
		PATELLA, treatment of fracture of, not being a service to which item 47582 or 47585 applies (Anaes.)																	
47579	3	T8	165.05	0	0	140.3	123.8	Y	1/12/1991	$	33,863	256	$	39,564	$	40,230	76%	16%	-2.8%	-2.4%
		PATELLA, treatment of fracture of, by excision of patella or pole with reattachment of tendon (Anaes.) (Assist.)																	
47582	3	T8	339.85	0	0	0	254.9	Y	1/12/1991	$	7,544	54	$	19,197	$	10,058	0%	100%	5.7%	2.0%
		PATELLA, treatment of fracture of, by internal fixation (Anaes.) (Assist.)																	
47585	3	T8	437	0	0	0	327.75	Y	1/12/1991	$	130,706	492	$	321,140	$	174,269	0%	100%	2.3%	2.0%
		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 1 or more ligaments																	
47588	3	T8	1359	0	0	0	1019.25	Y	1/12/1991	$	229,659	229	$	550,596	$	306,209	0%	100%	9.4%	10.0%
		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 1 or more ligaments																	
47591	3	T8	1650.65	0	0	0	1238	Y	1/12/1991	$	16,094	13	$	35,386	$	21,458	0%	100%	-7.3%	-6.7%
		ANKLE JOINT, treatment of fracture of, not being a service to which item 47597 applies (Anaes.)																	
47594	3	T8	223.25	0	0	189.8	167.45	Y	1/12/1991	$	310,833	1,692	$	328,766	$	367,856	86%	7%	-0.1%	0.9%
		ANKLE JOINT, treatment of fracture of, by closed reduction (Anaes.)																	
47597	3	T8	334.95	0	0	284.75	251.25	Y	1/12/1991	$	55,479	243	$	97,625	$	71,106	28%	71%	-11.1%	-12.3%
		ANKLE JOINT, treatment of fracture of, by internal fixation of 1 of malleolus, fibula or diastasis (Anaes.) (Assist.)																	
47600	3	T8	446.5	0	0	0	334.9	Y	1/12/1991	$	393,880	1,638	$	998,000	$	525,136	0%	100%	0.3%	-2.1%
		ANKLE JOINT, treatment of fracture of, by internal fixation of more than 1 of malleolus, fibula or diastasis (Anaes.) (Assist.)																	
47603	3	T8	582.5	0	0	0	436.9	Y	1/12/1991	$	1,068,851	3,005	$	2,539,432	$	1,425,144	0%	100%	7.6%	6.2%
		service to which item 47609, 47612, 47615 or 47618 applies, with or without dislocation (Anaes.)																	
47606	3	T8	242.85	0	0	266.45	182.15	Y	1/12/1991	$	116,237	605	$	129,535	$	138,188	82%	13%	2.4%	2.7%
		CALCANEUM OR TALUS, treatment of fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)																	
47609	3	T8	364.1	0	0	309.5	273.1	Y	1/12/1991	$	4,725	18	$	6,413	$	5,815	56%	44%	6.7%	10.4%
		CALCANEUM OR TALUS, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)																	
47612	3	T8	422.35	0	0	359	316.8	Y	1/12/1991	$	2,541	11	$	3,917	$	3,163	36%	64%	0.0%	1.3%
		CALCANEUM OR TALUS, treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)																	
47615	3	T8	485.4	0	0	412.6	364.05	Y	1/12/1991	$	8,007	28	$	17,947	$	10,937	0%	96%	-3.8%	-5.0%
		CALCANEUM OR TALUS, treatment of intra-articular fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)																	
47618	3	T8	606.8	0	0	0	455.1	Y	1/12/1991	$	72,835	228	$	186,150	$	97,112	0%	100%	4.6%	4.5%
		TARSO-METATARSAL, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)																	
47621	3	T8	422.35	0	0	359	316.8	Y	1/12/1991	$	15,637	94	$	31,450	$	20,284	11%	89%	20.5%	16.6%
		TARSO-METATARSAL, treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)																	
47624	3	T8	582.5	0	0	0	436.9	Y	1/12/1991	$	351,739	1,246	$	886,851	$	469,264	0%	100%	9.9%	10.1%
		TARSUS (excluding calcaneum or talus), treatment of fracture of (Anaes.)																	
47627	3	T8	165.05	0	0	140.3	123.8	Y	1/12/1991	$	38,067	303	$	40,672	$	45,044	87%	7%	2.0%	2.7%
		TARSUS (excluding calcaneum or talus), treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)																	
47630	3	T8	349.4	0	0	297	262.05	Y	1/12/1991	$	15,893	114	$	48,415	$	21,001	4%	96%	-3.9%	-5.9%
		METATARSAL, 1 of, treatment of fracture of (Anaes.)																	
47633	3	T8	116.35	0	0	98.9	87.3	Y	1/12/1991	$	221,114	2,282	$	227,622	$	260,442	92%	2%	-8.8%	-8.4%
		METATARSAL, 1 of, treatment of fracture of, by closed reduction (Anaes.)																	
47636	3	T8	174.8	0	0	148.6	131.1	Y	1/12/1991	$	10,250	74	$	10,814	$	12,233	85%	11%	-24.3%	-24.3%
		METATARSAL, 1 of, treatment of fracture of, by open reduction (Anaes.)																	
47639	3	T8	233.05	0	0	198.1	174.8	Y	1/12/1991	$	29,630	293	$	98,488	$	39,690	0%	100%	1.9%	-1.0%

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47642	3	T8	METATARSALS, 2 of, treatment of fracture of (Anaes.)	155.45		0	0	132.15	116.6	Y	1/12/1991	$	24,340	194	$	24,919	$	28,695	89%	3%	-5.8%	-5.6%
47645	3	T8	METATARSALS, 2 of, treatment of fracture of, by closed reduction (Anaes.)	233.05		0	0	198.1	174.8	Y	1/12/1991	$	1,206	8	$	1,460	$	1,453	63%	38%	-15.9%	-15.1%
47648	3	T8	METATARSALS, 2 of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	310.45		0	0	0	232.85	Y	1/12/1991	$	2,591	21	$	6,209	$	3,455	0%	100%	-2.6%	-7.0%
47651	3	T8	METATARSALS, 3 or more of, treatment of fracture of (Anaes.)	242.85		0	0	206.45	182.15	Y	1/12/1991	$	33,090	166	$	35,044	$	39,115	87%	6%	3.3%	4.8%
47654	3	T8	METATARSALS, 3 or more of, treatment of fracture of, by closed reduction (Anaes.) (Assist.)	364.1		0	0	309.5	273.1	Y	1/12/1991	$	3,250	14	$	5,273	$	4,091	36%	64%	-2.6%	-5.8%
47657	3	T8	METATARSALS, 3 or more of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	485.4		0	0	0	364.05	Y	1/12/1991	$	3,224	12	$	7,609	$	4,299	0%	100%	-13.7%	-15.9%
47663	3	T8	PHALANX OF GREAT TOE, treatment of fracture of, by closed reduction (Anaes.)	145.65		0	0	123.85	109.25	Y	1/12/1991	$	21,342	184	$	25,085	$	25,458	83%	14%	-22.5%	-22.6%
47666	3	T8	PHALANX OF GREAT TOE, treatment of fracture of, by open reduction (Anaes.)	242.85		0	0	206.45	182.15	Y	1/12/1991	$	14,568	136	$	37,501	$	19,249	1%	98%	1.1%	-0.8%
47672	3	T8	PHALANX OF TOE (other than great toe), 1 of, treatment of fracture of, by open reduction (Anaes.)	116.35		0	0	98.9	87.3	Y	1/12/1991	$	5,368	94	$	12,828	$	6,891	17%	82%	-13.0%	-18.8%
47678	3	T8	PHALANX OF TOE (other than great toe), more than 1 of, treatment of fracture of, by open reduction (Anaes.)	174.8		0	0	148.6	131.1	Y	1/12/1991	$	1,439	18	$	4,207	$	1,878	17%	78%	-10.9%	-15.4%
47681	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	32	1	$	43	$	43	0%	100%	-66.6%	-66.0%
47726	3	T8	BONE GRAFT, harvesting of, via separate incision, in conjunction with another service - autogenous - small quantity (Anaes.)	145.65		0	0	0	109.25	Y	1/12/1991	$	44,248	1,025	$	135,143	$	58,993	8%	100%	0.1%	-3.9%
47729	3	T8	BONE GRAFT, harvesting of, via separate incision, in conjunction with another service - autogenous - large quantity (Anaes.)	242.85		0	0	0	182.15	Y	1/12/1991	$	102,021	1,487	$	327,197	$	136,078	1%	100%	-10.2%	-12.3%
47732	3	T8	VASCULARISED PEDICLE BONE GRAFT, harvesting of, in conjunction with another service (Anaes.) (Assist.)	388.3		0	0	0	291.25	Y	1/12/1991	$	9,636	72	$	26,971	$	12,847	0%	100%	-0.5%	1.4%
47735	3	T8	NASAL BONES, treatment of fracture of, not being a service to which item 47738 or 47741 applies - each attendance	44.4		0	0	37.75	33.3	0	1/12/1991	$	2,233	61	$	3,477	$	2,670	75%	13%	-9.2%	-7.8%
47738	3	T8	NASAL BONES, treatment of fracture of, by reduction (Anaes.)	242.85		0	0	206.45	182.15	Y	1/12/1991	$	208,609	1,241	$	610,665	$	269,995	7%	87%	-1.3%	-1.0%
47741	3	T8	NASAL BONES, treatment of fracture of, by open reduction involving osteotomies (Anaes.) (Assist.)	495.35		0	0	0	371.55	Y	1/12/1991	$	18,300	65	$	45,145	$	24,399	2%	100%	-10.2%	-8.7%
47753	3	T8	MAXILLA, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	419.35		0	0	0	314.55	Y	1/12/1991	$	2,424	12	$	5,148	$	3,232	17%	100%	19.1%	17.3%
47756	3	T8	MANDIBLE, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	419.35		0	0	0	314.55	Y	1/02/1992	$	6,589	35	$	15,360	$	8,785	3%	100%	7.0%	8.4%
47762	3	T8	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.)	246.25		0	0	209.35	184.7	Y	1/12/1991	$	6,988	41	$	30,364	$	9,284	2%	98%	-7.9%	-5.3%
47765	3	T8	reduction and involving internal or external fixation at 1 site (Anaes.) (Assist.)	404.35		0	0	0	303.3	Y	1/12/1991	$	6,744	33	$	19,767	$	8,992	0%	100%	-1.7%	-1.9%
47768	3	T8	reduction and involving internal or external fixation or both at 2 sites (Anaes.) (Assist.)	495.35		0	0	0	371.55	Y	1/01/1992	$	6,905	29	$	22,217	$	9,206	3%	100%	-10.0%	-11.3%
47771	3	T8	reduction and involving internal or external fixation or both at 3 sites (Anaes.) (Assist.)	569.1		0	0	0	426.85	Y	1/01/1992	$	13,213	44	$	37,139	$	17,616	9%	100%	-2.1%	-1.3%
47774	3	T8	MAXILLA, treatment of fracture of, requiring open operation (Anaes.) (Assist.)	449.25		0	0	0	336.95	Y	1/12/1991	$	1,787	7	$	3,492	$	2,383	14%	100%	-11.6%	-8.6%
47777	3	T8	MANDIBLE, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)	449.25		0	0	0	336.95	Y	1/12/1991	$	1,348	4	$	2,268	$	1,797	0%	100%	14.9%	22.4%
47780	3	T8	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	584.05		0	0	0	438.05	Y	1/01/1992	$	1,092	4	$	2,187	$	1,456	0%	100%	32.0%	67.7%
47783	3	T8	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	584.05		0	0	499.35	438.05	Y	1/04/1992	$	219	1	$	443	$	292	0%	100%	#DIV/0!	#DIV/0!
47786	3	T8	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	741.2		0	0	0	555.9	Y	1/03/1992	$	11,619	26	$	28,178	$	15,492	0%	100%	-3.5%	-2.0%
47789	3	T8	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	741.2		0	0	0	555.9	Y	1/12/1991	$	21,077	44	$	49,005	$	28,103	5%	100%	-4.0%	-1.2%

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47900	3	T8	BONE CYST, injection into or aspiration of (Anaes.)	174.8	0	0	148.6	131.1	Y	1/12/1991	$	7,422	81	$	14,494	$	9,592	11%	84%	-3.3%	-10.0%
47903	3	T8	EPICONDYLITIS, open operation for (Anaes.)	242.85	0	0	206.45	182.15	Y	1/12/1991	$	22,444	194	$	68,773	$	24,372	0%	98%	-1.4%	-3.9%
47904	3	T8	DIGITAL NAIL OF TOE, removal of, not being a service to which item 47906 applies (Anaes.)	58.25	0	0	49.55	43.7	Y	1/12/1991	$	410,707	8,501	$	466,477	$	480,118	85%	0%	-4.6%	-4.1%
47906	3	T8	DIGITAL NAIL OF TOE, removal of, in the operating theatre of a hospital (Anaes.)	116.35	0	0	0	87.3	Y	1/12/1991	$	18,640	431	$	54,095	$	24,843	1%	100%	-0.8%	-5.2%
47912	3	T8	being a service to which another item in this Group applies (excluding aftercare) (Anaes.)	58.25	0	0	49.55	43.7	Y	1/12/1991	$	30,934	653	$	32,274	$	36,394	92%	4%	-8.6%	-8.7%
47915	3	T8	INGROWING NAIL OF TOE, wedge resection for, with removal of segment of nail, ungual fold and portion of the nail bed (Anaes.)	174.8	0	0	148.6	131.1	Y	1/12/1991	$	4,497,376	32,552	$	5,173,439	$	5,318,449	79%	9%	-0.2%	0.2%
47916	3	T8	INGROWING NAIL OF TOE, partial resection of nail, with destruction of nail matrix by phenolisation, electrocautery, laser, sodium hydroxide or acid but not including excision of nail bed	87.8	0	0	74.65	65.85	Y	1/07/1993	$	649,638	9,291	$	755,694	$	763,020	78%	2%	1.8%	2.1%
47918	3	T8	INGROWING TOENAIL, radical excision of nailbed (Anaes.)	242.85	0	0	206.45	182.15	Y	1/12/1991	$	272,768	1,596	$	441,720	$	334,890	48%	44%	-3.7%	-3.9%
47920	3	T8	BONE GROWTH STIMULATOR, insertion of (Anaes.) (Assist.)	392.7	0	0	0	294.55	Y	1/05/1997	$	17,634	107	$	40,903	$	23,510	3%	100%	-2.6%	5.1%
47921	3	T8	ORTHOPAEDIC PIN OR WIRE, insertion of, as an independent procedure (Anaes.)	116.35	0	0	98.9	87.3	Y	1/12/1991	$	22,204	328	$	135,045	$	25,759	15%	65%	0.6%	2.8%
47924	3	T8	BURIED WIRE, PIN OR SCREW, 1 or more of, which were inserted for internal fixation purposes, removal of requiring incision and suture, not being a service to which item 47927 or 47930 applies - for internal fixation purposes, removal of, in the operating theatre of a hospital- per bone (Anaes.)	38.8	0	0	33	29.1	Y	1/12/1991	$	17,936	624	$	30,799	$	19,896	67%	24%	3.0%	5.1%
47927	3	T8	PLATE, ROD OR NAIL AND ASSOCIATED WIRES, PINS OR SCREWS, 1 or more of, all of which were inserted for internal fixation	145.65	0	0	0	109.25	Y	1/12/1991	$	546,392	8,995	$	1,476,285	$	728,898	0%	100%	-1.8%	-3.3%
47930	3	T8	purposes, removal of, not being a service associated with a service SMALL EXOSTOSIS (NOT MORE THAN 20MM OF GROWTH ABOVE BONE), excision of, or simple removal of bunion and any associated	271.8	0	0	0	203.85	Y	1/12/1991	$	1,270,180	11,483	$	3,390,971	$	1,693,402	1%	100%	4.4%	3.3%
47933	3	T8	bursa, not being a service associated with a service for removal of LARGE EXOSTOSIS (GREATER THAN 20MM GROWTH ABOVE BONE), excision of (Anaes.) (Assist.)	213.45	0	0	181.45	160.1	Y	1/12/1991	$	70,473	815	$	195,629	$	92,068	6%	92%	-8.3%	-6.3%
47936	3	T8	EXTERNAL FIXATION, removal of, in the operating theatre of a hospital (Anaes.)	262.1	0	0	0	196.6	Y	1/12/1991	$	38,362	344	$	116,333	$	51,144	1%	100%	-4.6%	-4.7%
47948	3	T8	EXTERNAL FIXATION, removal of, in conjunction with operations involving internal fixation or bone grafting or both (Anaes.)	165.05	0	0	0	123.8	Y	1/12/1991	$	14,861	243	$	36,344	$	19,818	0%	100%	6.3%	0.5%
47951	3	T8	TENDON, repair of, as an independent procedure (Anaes.) (Assist.)	194.05	0	0	164.95	145.55	Y	1/12/1991	$	7,293	134	$	18,885	$	9,724	0%	100%	5.6%	4.6%
47954	3	T8	TENDON, large, lengthening of, as an independent procedure (Anaes.) (Assist.)	388.3	0	0	330.1	291.25	Y	1/12/1991	$	767,435	3,850	$	2,302,421	$	1,005,186	1%	99%	3.2%	2.9%
47957	3	T8	TENOTOMY, SUBCUTANEOUS, not being a service to which another item in this Group applies (Anaes.)	291.15	0	0	0	218.4	Y	1/12/1991	$	83,690	820	$	252,398	$	111,579	1%	100%	-2.0%	0.1%
47960	3	T8	TENOTOMY, OPEN, with or without tenoplasty, not being a service to which another item in this Group applies (Anaes.)	135.95	0	0	115.6	102	Y	1/12/1991	-$	19,148	3	$	29,366	-$	19,372	0%	12733%	-67.2%	-179.5%
47963	3	T8	TENDON OR LIGAMENT, TRANSFER, as an independent procedure (Anaes.) (Assist.)	223.25	0	0	189.8	167.45	Y	1/12/1991	$	244,959	3,700	$	666,235	$	316,078	0%	99%	2.2%	1.2%
47966	3	T8	TENOSYNOVECTOMY, not being a service to which another item in this Group applies (Anaes.) (Assist.)	446.5	0	0	0	334.9	Y	1/12/1991	$	1,358,924	8,660	$	4,130,505	$	1,812,812	0%	100%	6.7%	7.4%
47969	3	T8	TENDON SHEATH, open operation for teno-vaginitis, not being a service to which another item in this Group applies (Anaes.)	271.8	0	0	0	203.85	Y	1/12/1991	$	286,208	3,496	$	804,880	$	381,603	0%	100%	13.9%	12.1%
47972	3	T8	compartment syndrome, requiring excision of muscle and deep tissue (Anaes.) (Assist.)	217.15	0	0	0	162.9	Y	1/12/1991	$	18,779	200	$	52,532	$	25,106	1%	100%	-3.3%	-4.5%
47975	3	T8	compartment syndrome, requiring excision of muscle and deep tissue (Anaes.)	380.7	0	0	0	285.55	Y	1/07/1993	$	41,605	256	$	114,443	$	55,468	1%	100%	2.1%	1.3%
47978	3	T8	decompression fasciotomy of, not being a service to which another item applies (Anaes.)	231.2	0	0	0	173.4	Y	1/07/1993	$	29,364	382	$	100,622	$	39,150	1%	100%	-1.4%	-2.1%
47981	3	T8	FORAGE (Drill decompression), of NECK OR HEAD of FEMUR, or BOTH (Anaes.) (Assist.)	155.25	0	0	132	116.45	Y	1/07/1993	$	11,749	262	$	35,915	$	15,641	1%	100%	7.4%	7.0%
47982	3	T8	FEMUR, bone graft to (Anaes.) (Assist.)	376.3	0	0	0	282.25	Y	1/05/1997	$	7,034	35	$	20,122	$	9,377	0%	100%	-11.1%	-9.5%
48200	3	T8		776.8	0	0	0	582.6	Y	1/12/1991	$	266,111	721	$	648,881	$	354,816	0%	100%	5.5%	6.4%

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48203	3	T8	FEMUR, bone graft to, with internal fixation (Anaes.) (Assist.)	941.75	0	0	0	706.35	Y	1/12/1991	$ 211,426	386	$ 473,332	$ 281,896	0%	100%	8.7%	8.6%
48206	3	T8	TIBIA, bone graft to (Anaes.) (Assist.)	583.1	0	0	0	437.35	Y	1/12/1991	$ 286,789	1,376	$ 748,600	$ 382,347	1%	100%	6.7%	6.7%
48209	3	T8	TIBIA, bone graft to, with internal fixation (Anaes.) (Assist.)	747.6	0	0	0	560.7	Y	1/12/1991	$ 243,284	696	$ 602,135	$ 324,753	0%	100%	3.3%	5.1%
48212	3	T8	HUMERUS, bone graft to (Anaes.) (Assist.)	583.1	0	0	0	437.35	Y	1/12/1991	$ 209,516	938	$ 555,944	$ 279,329	0%	100%	19.6%	20.3%
48215	3	T8	HUMERUS, bone graft to, with internal fixation (Anaes.) (Assist.)	747.6	0	0	0	560.7	Y	1/12/1991	$ 194,121	515	$ 461,930	$ 258,826	0%	100%	7.9%	6.8%
48218	3	T8	RADIUS AND ULNA, bone graft to (Anaes.) (Assist.)	583.1	0	0	0	437.35	Y	1/12/1991	$ 33,211	92	$ 77,344	$ 44,282	0%	100%	-7.5%	-8.1%
48221	3	T8	RADIUS AND ULNA, bone graft to, with internal fixation of 1 or both bones (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$ 62,819	113	$ 147,800	$ 83,758	0%	100%	12.0%	12.2%
48224	3	T8	RADIUS OR ULNA, bone graft to (Anaes.) (Assist.)	388.3	0	0	0	291.25	Y	1/12/1991	$ 76,336	556	$ 196,774	$ 101,772	0%	100%	15.5%	16.1%
48227	3	T8	RADIUS OR ULNA, bone graft to, with internal fixation of 1 or both bones (Anaes.) (Assist.)	504.85	0	0	0	378.65	Y	1/12/1991	$ 242,896	804	$ 630,841	$ 323,871	0%	100%	5.7%	4.8%
48230	3	T8	SCAPHOID, bone graft to, for non-union (Anaes.) (Assist.)	437	0	0	0	327.75	Y	1/12/1991	$ 4,398	16	$ 10,995	$ 5,863	0%	100%	1.3%	1.9%
48233	3	T8	SCAPHOID, bone graft to, for non-union, with internal fixation (Anaes.) (Assist.)	631.05	0	0	0	473.3	Y	1/12/1991	$ 100,312	240	$ 284,161	$ 133,750	0%	100%	-3.0%	-3.4%
48236	3	T8	SCAPHOID, bone graft to, for mal-union, including osteotomy, bone graft and internal fixation (Anaes.) (Assist.)	825.2	0	0	0	618.9	Y	1/12/1991	$ 24,747	40	$ 60,566	$ 32,996	0%	100%	-8.7%	-7.5%
48239	3	T8	BONE GRAFT, not being a service to which another item in this Group applies (Anaes.) (Assist.)	456.3	0	0	0	342.25	Y	1/12/1991	$ 570,546	3,274	$ 1,478,728	$ 760,698	1%	100%	10.4%	12.2%
48242	3	T8	BONE GRAFT, with internal fixation, not being a service to which another item in this Group applies (Anaes.) (Assist.)	631.05	0	0	0	473.3	Y	1/12/1991	$ 2,366,592	6,470	$ 6,387,527	$ 3,155,831	0%	100%	5.4%	7.3%
48400	3	T8	PHALANX, METATARSAL, ACCESSORY BONE OR SESAMOID BONE, osteotomy or osteectomy of, excluding services to which item 49848 or 49851 applies, any of items 49848, 49851, 47933 or 47936 internal fixation, and excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	339.85	0	0	0	254.9	Y	1/12/1991	$ 1,114,913	8,749	$ 2,981,869	$ 1,486,859	0%	100%	5.3%	4.4%
48403	3	T8	RIB, TARSUS OR CARPUS, osteotomy or osteectomy of, excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	534	0	0	0	400.5	Y	1/12/1991	$ 2,052,020	9,417	$ 5,663,601	$ 2,738,038	0%	100%	1.0%	1.2%
48406	3	T8	FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (other than Acromion), RIB, TARSUS OR CARPUS, osteotomy or osteectomy of, with internal fixation, and excluding services to which items 47933 or HUMERUS, osteotomy or osteectomy of, excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	339.85	0	0	0	254.9	Y	1/12/1991	$ 1,272,719	10,902	$ 3,459,840	$ 1,697,798	0%	100%	7.1%	6.1%
48409	3	T8		534	0	0	0	400.5	Y	1/12/1991	$ 1,060,297	5,441	$ 2,877,353	$ 1,413,679	0%	100%	13.7%	8.2%
48412	3	T8	TIBIA, osteotomy or osteectomy of, excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	650.35	0	0	0	487.8	Y	1/12/1991	$ 604,228	1,766	$ 1,541,667	$ 805,821	0%	100%	2.4%	3.9%
48415	3	T8		825.2	0	0	0	618.9	Y	1/12/1991	$ 436,880	1,144	$ 1,033,700	$ 582,505	0%	100%	17.7%	15.2%
48418	3	T8	excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	650.35	0	0	0	487.8	Y	1/12/1991	$ 956,496	2,766	$ 2,255,161	$ 1,275,357	0%	100%	9.2%	8.6%
48421	3	T8	associated with surgery for femoroacetabular impingement, or to which item 47933 or 47936 applies (H) (Anaes.) (Assist.)	825.2	0	0	0	618.9	Y	1/12/1991	$ 750,096	1,545	$ 2,059,280	$ 1,000,137	1%	100%	4.7%	4.3%
48424	3	T8	fixation, and excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$ 1,755,438	4,080	$ 4,761,913	$ 2,340,588	0%	100%	-0.5%	-1.2%
48427	3	T8		941.75	0	0	0	706.35	Y	1/12/1991	$ 445,666	850	$ 1,097,700	$ 595,933	0%	100%	6.5%	6.0%
48500	3	T8	FEMUR, epiphysiodesis of (Anaes.) (Assist.)	339.85	0	0	0	254.9	Y	1/12/1991	$ 19,635	107	$ 51,364	$ 26,179	0%	100%	0.8%	-0.6%
48503	3	T8	TIBIA AND FIBULA, epiphysiodesis of (Anaes.) (Assist.)	339.85	0	0	0	254.9	Y	1/12/1991	$ 10,843	55	$ 29,822	$ 14,788	0%	100%	6.6%	6.3%
48506	3	T8	FEMUR, TIBIA AND FIBULA, epiphysiodesis of (Anaes.) (Assist.)	504.85	0	0	0	378.65	Y	1/12/1991	$ 10,654	34	$ 26,560	$ 14,204	0%	100%	-8.8%	-8.0%
48509	3	T8	EPIPHYSIODESIS, staple arrest of hemiepiphysis (Anaes.)	242.85	0	0	0	182.15	Y	1/12/1991	$ 18,697	180	$ 52,893	$ 24,928	1%	100%	12.7%	10.6%
48512	3	T8	EPIPHYSIOLYSIS, operation to prevent closure of plate (Anaes.) (Assist.)	922.35	0	0	0	691.8	Y	1/12/1991	$ 8,647	14	$ 17,079	$ 11,529	0%	100%	-2.6%	-1.2%

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48612	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,446	1	$	6,250	$	1,928	0%	100%	-71.4%	-72.5%
48639	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	536	1	$	3,206	$	715	0%	100%	-77.4%	-77.6%
48648	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,834	5	$	5,280	$	2,445	0%	100%	-73.8%	-75.1%
48651	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	-$	1,130	- 1	-$	2,702	-$	1,506	-	100%	-123.2%	-124.0%
48654	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	346	2	$	1,496	$	461	0%	100%	-75.3%	-77.8%
48657	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	946	1	$	5,158	$	1,261	0%	100%	-74.5%	-74.2%
48660	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,438	2	$	7,811	$	1,917	0%	100%	-75.4%	-74.8%
48669	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,072	1	$	6,411	$	1,430	0%	100%	-76.5%	-75.9%
48684	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,295	7	$	5,077	$	1,727	0%	100%	-74.6%	-74.9%
48690	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	-$	565	- 1	-$	1,351	-$	753	-	100%	-131.3%	-131.9%
48694	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	812	1	$	1,682	$	1,083	0%	100%	-72.2%	-71.0%
48900	3	T8	SHOULDER, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (Anaes.) (Assist.)	291.15	0	0	247.5	218.4	Y	1/12/1991	$	191,582	807	$	235,711	$	224,832	40%	8%	8.0%	10.5%
48903	3	T8	excision of coraco-acromial ligament and distal clavicle, or any combination (Anaes.) (Assist.)	582.5	0	0	0	436.9	Y	1/12/1991	$	205,066	983	$	493,484	$	273,565	0%	100%	1.6%	-2.0%
48906	3	T8	SHOULDER, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both - not being a service associated with a service to which item 48900	582.5	0	0	0	436.9	Y	1/12/1991	$	501,729	2,543	$	1,243,065	$	669,255	0%	100%	0.6%	0.1%
48909	3	T8	SHOULDER, repairof rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination, not being a service	776.8	0	0	0	582.6	Y	1/12/1991	$	756,829	1,935	$	2,096,965	$	1,009,508	0%	100%	-3.7%	-6.0%
48912	3	T8	SHOULDER, arthrotomy of (Anaes.) (Assist.)	339.85	0	0	288.9	254.9	Y	1/12/1991	$	195,950	738	$	230,284	$	234,494	49%	21%	32.0%	41.1%
48915	3	T8	SHOULDER, hemi-arthroplasty of (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	47,571	91	$	144,652	$	63,428	1%	100%	-10.9%	-9.8%
48918	3	T8	SHOULDER, total replacement arthroplasty of, including any associated rotator cuff repair (Anaes.) (Assist.)	1553.5	0	0	0	1165.15	Y	1/12/1991	$	5,914,265	5,106	$	15,979,412	$	7,886,184	0%	100%	12.0%	12.6%
48921	3	T8	SHOULDER, total replacement arthroplasty, revision of (Anaes.) (Assist.)	1601.9	0	0	0	1201.45	Y	1/12/1991	$	261,143	220	$	593,054	$	348,186	0%	100%	2.2%	2.6%
48924	3	T8	SHOULDER, total replacement arthroplasty, revision of, requiring bone graft to scapula or humerus, or both (Anaes.) (Assist.)	1844.7	0	0	0	1383.55	Y	1/12/1991	$	195,890	142	$	499,709	$	261,184	0%	100%	-1.7%	-1.1%
48927	3	T8	SHOULDER prosthesis, removal of (Anaes.) (Assist.)	378.5	0	0	0	283.9	Y	1/12/1991	$	5,737	34	$	12,831	$	7,796	0%	100%	8.1%	12.2%
48930	3	T8	SHOULDER, stabilisation procedure for recurrent anterior or posterior dislocation (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	275,401	513	$	819,158	$	367,202	1%	100%	1.8%	2.2%
48933	3	T8	including anterior or posterior (or both) repair when performed (Anaes.) (Assist.)	1019.4	0	0	0	764.55	Y	1/12/1991	$	427,698	572	$	1,237,095	$	570,761	0%	100%	-4.3%	-3.7%
48936	3	T8	SHOULDER, synovectomy of, as an independent procedure (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	21,774	39	$	50,139	$	29,032	0%	100%	4.7%	4.9%
48939	3	T8	SHOULDER, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	1116.5	0	0	0	837.4	Y	1/12/1991	$	5,024	6	$	10,922	$	6,699	0%	100%	8.4%	9.1%
48942	3	T8	removal of prosthesis, requiring bone grafting or internal fixation (Anaes.) (Assist.)	1456.3	0	0	0	1092.25	Y	1/12/1991	$	3,261	3	$	10,293	$	4,347	0%	100%	-5.6%	-2.0%
48945	3	T8	a service associated with any other arthroscopic procedure of the shoulder region (Anaes.) (Assist.)	281.45	0	0	0	211.1	Y	1/12/1991	$	22,403	178	$	87,937	$	29,903	0%	100%	-8.6%	-7.9%
48948	3	T8	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	631.05	0	0	0	473.3	Y	1/12/1991	$	268,522	816	$	807,572	$	358,253	0%	100%	-4.3%	-4.7%
48951	3	T8	SHOULDER, arthroscopic division of coraco-acromial ligament including acromioplasty - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.)	922.35	0	0	0	691.8	Y	1/12/1991	$	4,416,996	6,566	$	11,086,974	$	5,889,847	0%	100%	-2.8%	-2.4%

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48954	3	T8	SHOULDER, arthroscopic total synovectomy of, including release of contracture when performed - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.)	970.85	0	0	0	728.15	Y	1/12/1991	$	1,842,588	2,629	$	4,665,185	$	2,460,443	0%	100%	8.0%	9.0%
48957	3	T8	SHOULDER, arthroscopic stabilisation of, for recurrent instability including labral repair or reattachment when performed - not being a service associated with any other arthroscopic procedure	1116.5	0	0	0	837.4	Y	1/12/1991	$	2,466,533	2,957	$	7,115,327	$	3,289,899	0%	100%	-2.5%	-1.9%
48960	3	T8	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	970.85	0	0	0	728.15	Y	1/12/1991	$	6,809,141	9,402	$	19,449,160	$	9,082,734	0%	100%	-0.3%	0.3%
49100	3	T8	ELBOW, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture (Anaes.) (Assist.)	339.85	0	0	0	254.9	Y	1/12/1991	$	104,086	887	$	264,023	$	138,781	0%	100%	7.0%	6.1%
49103	3	T8	ELBOW, ligamentous stabilisation of (Anaes.) (Assist.)	728.1	0	0	0	546.1	Y	1/12/1991	$	443,766	876	$	1,174,180	$	592,255	0%	100%	9.7%	10.8%
49109	3	T8	ELBOW, total synovectomy of (Anaes.) (Assist.)	728.1	0	0	0	546.1	Y	1/12/1991	$	95,663	216	$	225,785	$	127,547	0%	100%	7.7%	10.1%
49112	3	T8	ELBOW, silastic or other replacement of radial head (Anaes.) (Assist.)	728.1	0	0	0	546.1	Y	1/12/1991	$	62,354	184	$	160,584	$	83,423	0%	100%	3.8%	2.8%
49115	3	T8	ELBOW, total joint replacement of (Anaes.) (Assist.)	1164.9	0	0	0	873.7	Y	1/12/1991	$	70,630	82	$	199,140	$	94,173	0%	100%	8.3%	9.4%
49116	3	T8	ELBOW, total replacement arthroplasty of, revision procedure, including removal of prosthesis (Anaes.) (Assist.)	1537.7	0	0	0	1153.3	Y	1/11/2006	$	14,976	13	$	31,353	$	19,967	0%	100%	-8.3%	-7.7%
49117	3	T8	requiring bone grafting, including removal of prosthesis (Anaes.) (Assist.)	1845.25	0	0	0	1383.95	Y	1/11/2006	$	26,291	19	$	54,801	$	35,055	0%	100%	6.3%	7.5%
49118	3	T8	being a service associated with any other arthroscopic procedure of the elbow (Anaes.) (Assist.)	281.45	0	0	0	211.1	Y	1/12/1991	$	698	7	$	2,089	$	930	0%	100%	-17.2%	-19.4%
49121	3	T8	ELBOW, arthroscopic surgery involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; or osteoplasty - not being a service associated with without bone graft and internal fixation of the radiocarpal joint (Anaes.) (Assist.)	631.05	0	0	0	473.3	Y	1/12/1991	$	328,144	878	$	940,575	$	437,522	0%	100%	1.8%	1.2%
49200	3	T8	synovectomy if performed, with or without bone graft (Anaes.) (Assist.)	844.55	0	0	0	633.45	Y	1/12/1991	$	96,491	162	$	262,554	$	128,653	0%	100%	3.1%	3.6%
49203	3	T8	WRIST, proximal carpectomy of, including styloidectomy when performed (Anaes.) (Assist.)	631.05	0	0	0	473.3	Y	1/12/1991	$	90,618	236	$	243,509	$	120,823	0%	100%	5.6%	5.9%
49206	3	T8	WRIST, total replacement arthroplasty of (Anaes.) (Assist.)	582.5	0	0	0	436.9	Y	1/12/1991	$	29,570	94	$	81,497	$	39,425	2%	100%	4.9%	5.2%
49209	3	T8	WRIST, total replacement arthroplasty of, revision procedure, including removal of prosthesis (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	33,031	60	$	93,029	$	44,041	0%	100%	23.4%	24.6%
49210	3	T8	requiring bone grafting, including removal of prosthesis (Anaes.) (Assist.)	1025.35	0	0	0	769.05	Y	1/11/2006	$	2,882	4	$	7,767	$	3,843	0%	100%	-4.4%	-5.0%
49211	3	T8	WRIST, arthrotomy of (Anaes.)	1230.45	0	0	0	922.85	Y	1/11/2006	$	1,846	2	$	5,819	$	2,461	0%	100%	0.0%	0.6%
49212	3	T8	ligaments or capsules, including associated arthrotomy (Anaes.) (Assist.)	242.85	0	0	0	182.15	Y	1/12/1991	$	48,603	617	$	127,805	$	64,801	0%	100%	1.5%	2.6%
49215	3	T8	WRIST, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy) - not being a service	670	0	0	0	502.5	Y	1/12/1991	$	604,988	1,401	$	1,439,838	$	806,637	1%	100%	5.7%	5.8%
49218	3	T8	associated with any other arthroscopic procedure of the wrist joint	281.45	0	0	0	211.1	Y	1/12/1991	$	15,430	132	$	55,875	$	20,581	0%	100%	5.1%	3.1%
49221	3	T8	WRIST, arthroscopic surgery of, involving any 1 or more of: drilling of defect; removal of loose body; release of adhesions; local synovectomy; or debridement of one area - not being a service	631.05	0	0	0	473.3	Y	1/12/1991	$	179,538	439	$	492,060	$	239,385	0%	100%	3.8%	4.0%
49224	3	T8	WRIST, arthroscopic debridement of 2 or more distinct areas; or osteoplasty including excision of the distal ulna; or total synovectomy, not being a service associated with any other	728.1	0	0	0	546.1	Y	1/12/1991	$	672,236	1,286	$	1,822,634	$	896,301	1%	100%	7.2%	7.6%
49227	3	T8	WRIST, arthroscopic pinning of osteochondral fragment or stabilisation procedure for ligamentous disruption - not being a service associated with any other arthroscopic procedure of the	728.1	0	0	0	546.1	Y	1/12/1991	$	54,436	104	$	163,845	$	72,580	0%	100%	3.6%	4.0%
49300	3	T8	SACROILIAC JOINTarthrodesis of (Anaes.) (Assist.)	537.55	0	0	0	403.2	Y	1/12/1991	$	41,215	143	$	145,353	$	54,903	0%	100%	8.5%	14.3%
49303	3	T8	performed, other than a service associated with surgery for femoroacetabular impingement (H) (Anaes.) (Assist.)	563.05	0	0	0	422.3	Y	1/12/1991	$	612,270	2,109	$	1,881,327	$	816,338	0%	100%	-4.6%	-2.3%
49306	3	T8	HIParthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	1116.5	0	0	0	837.4	Y	1/12/1991	$	1,675	2	$	3,609	$	2,233	0%	100%	-22.2%	-17.0%
49309	3	T8	prosthesis (Austin Moore or similar (non cement)) (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	4,952	9	$	11,444	$	6,603	0%	100%	-10.9%	-8.6%
49312	3	T8	HIP, arthrectomy or excision arthroplasty of, including removal of prosthesis (cemented, porous coated or similar) (Anaes.) (Assist.)	970.85	0	0	0	728.15	Y	1/12/1991	$	21,612	30	$	47,728	$	28,815	0%	100%	-12.0%	-10.9%

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49315	3	T8	HIP, arthroplasty of, unipolar or bipolar (Anaes.) (Assist.)	873.8	0	0	0	655.35	Y	1/12/1991	$	678,682	1,047	$	1,497,793	$	904,904	1%	100%	1.4%	2.0%
49318	3	T8	HIP, total replacement arthroplasty of, including minor bone grafting (Anaes.) (Assist.)	1359	0	0	0	1019.25	Y	1/12/1991	$	22,564,600	22,179	$	63,460,946	$	30,090,590	0%	100%	4.7%	5.3%
49319	3	T8	HIP, total replacement arthroplasty of, including associated minor grafting, if performed - bilateral (Anaes.) (Assist.)	2387.65	0	0	0	1790.75	Y	1/11/1996	$	825,110	463	$	2,655,610	$	1,101,573	0%	100%	13.9%	14.5%
49321	3	T8	HIP, total replacement arthroplasty of, including major bone grafting, including obtaining of graft (Anaes.) (Assist.)	1650.65	0	0	0	1238	Y	1/12/1991	$	5,737,365	4,646	$	14,501,549	$	7,650,875	0%	100%	3.1%	3.7%
49324	3	T8	HIP, total replacement arthroplasty of, revision procedure including removal of prosthesis (Anaes.) (Assist.)	1941.8	0	0	0	1456.35	Y	1/12/1991	$	1,656,895	1,142	$	3,630,402	$	2,211,045	0%	100%	1.4%	2.0%
49327	3	T8	requiring bone grafting to acetabulum, including obtaining of graft (Anaes.) (Assist.)	2233	0	0	0	1674.75	Y	1/12/1991	$	770,190	461	$	1,794,822	$	1,026,919	0%	100%	-2.6%	-2.0%
49330	3	T8	requiring bone grafting to femur, including obtaining of graft (Anaes.) (Assist.)	2233	0	0	0	1674.75	Y	1/12/1991	$	439,951	264	$	1,004,086	$	586,602	0%	100%	1.4%	2.1%
49333	3	T8	requiring bone grafting to both acetabulum and femur, including obtaining of graft (Anaes.) (Assist.)	2524.3	0	0	0	1893.25	Y	1/12/1991	$	465,276	247	$	1,120,394	$	620,364	0%	100%	-3.4%	-2.8%
49336	3	T8	HIP, treatment of a fracture of the femur where revision total hip replacement is required as part of the treatment of the fracture (not including intra-operative fracture), be ng a service associated allograft of proximal femur greater than 5 cm in length (Anaes.) (Assist.)	368.85	0	0	0	276.65	Y	1/12/1991	$	24,543	194	$	56,397	$	32,721	0%	100%	1.0%	1.0%
49339	3	T8	HIP, revision total replacement of, requiring anatomic specific allograft of acetabulum (Anaes.) (Assist.)	2864.1	0	0	0	2148.1	Y	1/12/1991	$	60,724	29	$	129,652	$	80,966	0%	100%	-6.7%	-6.5%
49342	3	T8	HIP, revision total replacement of, requiring anatomic specific allograft of both femur and acetabulum (Anaes.) (Assist.)	2864.1	0	0	0	2148.1	Y	1/12/1991	$	75,086	35	$	161,912	$	100,114	0%	100%	-4.0%	-3.5%
49345	3	T8	ceramic head, not requiring removal of femoral component or acetabular shell (Anaes.) (Assist.)	3398	0	0	0	2548.5	Y	1/12/1991	$	35,604	14	$	82,613	$	47,472	0%	100%	1.5%	2.1%
49346	3	T8	HIP, diagnostic arthroscopy of, not being a service associated with any other arthroscopic procedure of the hip (Anaes.) (Assist.)	873.8	0	0	0	655.35	Y	1/05/1994	$	126,290	199	$	276,932	$	168,385	1%	100%	5.1%	6.0%
49360	3	T8	service associated with any other arthroscopic procedure of the hip (Anaes.) (Assist.)	354.7	0	0	0	266.05	Y	1/05/1994	$	3,060	16	$	18,395	$	4,079	0%	100%	-2.3%	-7.1%
49363	3	T8	Hip, arthroscopic surgery of, other than a service associated with another arthroscopic procedure of the hip, or a service associated with surgery for femoroacetabular impingement(H) (Anaes.) biopsy or lavage, or removal of loose body or foreign body (Anaes.) (Assist.)	427.15	0	0	363.1	320.4	Y	1/05/1994	$	3,948	15	$	9,589	$	5,263	7%	100%	16.5%	15.2%
49366	3	T8	KNEE, partial or total meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patellofemoral stabilisation or single transfer of ligament or KNEE, partial or total meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patellofemoral stabilisation or single transfer of ligament or KNEE, total synovectomy or arthrodesis with synovectomy if performed (Anaes.) (Assist.)	631.05	0	0	0	473.3	Y	1/05/1994	$	375,450	971	$	1,222,966	$	500,590	1%	100%	-8.1%	-6.5%
49500	3	T8	KNEE, arthrodesis of, with synovectomy if performed, with removal of prosthesis (Anaes.) (Assist.)	388.3	0	0	0	291.25	Y	1/12/1991	$	250,808	1,449	$	592,197	$	334,390	0%	100%	4.1%	3.2%
49503	3	T8	associated cement, as the first stage of a 2 stage procedure (Anaes.) (Assist.)	504.85	0	0	0	378.65	Y	1/12/1991	$	50,214	195	$	127,823	$	66,949	1%	100%	-4.6%	-5.1%
49506	3	T8		757.35	0	0	0	568.05	Y	1/12/1991	$	155,445	325	$	370,589	$	207,252	0%	100%	-1.4%	-1.7%
49509	3	T8	KNEE, hemiarthroplasty of (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	1,170,068	3,828	$	2,715,067	$	1,560,093	0%	100%	10.2%	10.1%
49512	3	T8	KNEE, total replacement arthroplasty of (Anaes.) (Assist.)	1116.5	0	0	0	837.4	Y	1/12/1991	$	6,280	9	$	9,091	$	8,374	0%	100%	-7.1%	-8.0%
49515	3	T8	KNEE, total replacement arthroplasty of, including associated minor grafting, if performed - bilateral (Anaes.) (Assist.)	873.8	0	0	0	655.35	Y	1/12/1991	$	37,942	59	$	90,508	$	50,589	0%	100%	-12.8%	-12.3%
49517	3	T8	grafting to femur or tibia, including obtaining of graft (Anaes.) (Assist.)	1244.05	0	0	0	933.05	Y	1/07/1993	$	2,464,858	2,747	$	7,191,448	$	3,287,170	0%	100%	5.8%	6.4%
49518	3	T8	grafting to femur and tibia, including obtaining of graft (Anaes.) (Assist.)	1359	0	0	0	1019.25	Y	1/12/1991	$	30,396,164	29,890	$	83,970,316	$	40,537,125	0%	100%	3.4%	4.1%
49519	3	T8	KNEE, total replacement arthroplasty of, revision procedure, including removal of prosthesis (Anaes.) (Assist.)	2387.65	0	0	0	1790.75	Y	1/11/1996	$	5,568,300	3,117	$	16,249,269	$	7,424,745	0%	100%	5.8%	6.5%
49521	3	T8	requiring bone grafting to femur or tibia, including obtaining of graft and including removal of prosthesis (Anaes.) (Assist.)	1650.65	0	0	0	1238	Y	1/12/1991	$	4,559,925	3,700	$	10,784,780	$	6,081,758	0%	100%	6.5%	7.1%
49524	3	T8		1941.8	0	0	0	1456.35	Y	1/12/1991	$	814,870	563	$	2,113,514	$	1,086,521	0%	100%	2.4%	3.0%
49527	3	T8		1650.65	0	0	0	1238	Y	1/12/1991	$	2,713,946	2,217	$	6,300,137	$	3,618,562	0%	100%	5.7%	6.3%
49530	3	T8		2039	0	0	0	1529.25	Y	1/12/1991	$	524,800	345	$	1,244,497	$	699,733	0%	100%	1.3%	1.8%

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49533	3	T8	requiring bone grafting to both femur and tibia, including obtaining of graft and including removal of prosthesis (Anaes.) (Assist.)	2330.25	0	0	0	1747.7	Y	1/12/1991	$	972,816	560	$	2,332,460	$	1,298,788	0%	100%	3.7%	4.3%
49534	3	T8	KNEE, patello-femoral joint of, total replacement arthroplasty as a primary procedure (Anaes.) (Assist.)	463.6	0	0	0	347.7	Y	1/11/1996	$	63,324	296	$	219,287	$	84,430	0%	100%	13.4%	9.9%
49536	3	T8	KNEE, repair or reconstruction of, for chronic instability (open or arthroscopic, or both) involving either cruciate or collateral ligaments, including notchplasty when performed, not being a	970.85	0	0	0	728.15	Y	1/12/1991	$	229,203	362	$	621,048	$	305,597	1%	100%	-8.6%	-9.4%
49539	3	T8	KNEE, reconstructive surgery of cruciate ligament or ligaments (open or arthroscopic, or both), including notchplasty when performed and surgery to other internal derangements, not being	970.85	0	0	0	728.15	Y	1/12/1991	$	435,689	606	$	1,350,273	$	580,567	1%	100%	-12.7%	-12.2%
49542	3	T8	KNEE, reconstructive surgery to cruciate ligament or ligaments (open or arthroscopic, or both), including notchplasty, meniscus repair, extracapsular procedure and debridement when performed,	1359	0	0	0	1019.25	Y	1/12/1991	$	7,907,141	7,776	$	22,646,089	$	10,546,314	1%	100%	-2.6%	-2.0%
49545	3	T8	KNEE, revision arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	2,780	6	$	7,342	$	3,707	0%	100%	14.9%	10.4%
49548	3	T8	KNEE, revision of patello-femoral stabilisation (Anaes.) (Assist.)	970.85	0	0	0	728.15	Y	1/12/1991	$	59,123	89	$	147,432	$	78,829	0%	100%	-1.9%	-2.1%
49551	3	T8	KNEE, revision of procedures to which item 49536, 49539 or 49542 applies (Anaes.) (Assist.)	1359	0	0	0	1019.25	Y	1/12/1991	$	929,800	929	$	2,515,957	$	1,239,741	0%	100%	-1.1%	-0.6%
49554	3	T8	KNEE, revision of total replacement of, by anatomic specific allograft of tibia or femur (Anaes.) (Assist.)	1941.8	0	0	0	1456.35	Y	1/12/1991	$	22,452	16	$	58,027	$	29,936	0%	100%	9.9%	9.7%
49557	3	T8	KNEE, diagnostic arthroscopy of (including biopsy, simple trimming of meniscal margin or plica) - not being a service associated with autologous chondrocyte implantation or matrix-induced	281.45	0	0	0	211.1	Y	1/12/1991	$	58,468	384	$	164,149	$	77,955	1%	100%	-9.0%	-9.3%
49558	3	T8	KNEE, arthroscopic surgery of, involving 1 or more of: debridement, osteoplasty or chondroplasty - not associated with any other arthroscopic procedure of the knee region (Anaes.)	281.45	0	0	0	211.1	Y	1/11/1996	$	77,893	432	$	213,364	$	103,852	1%	100%	-13.5%	-13.3%
49559	3	T8	KNEE, arthroscopic surgery of, involving chondroplasty requiring multiple drilling or carbon fibre (or similar) implant; including any associated debridement or oestoplasty - not associated with any	421.5	0	0	0	316.15	Y	1/11/1996	$	17,247	63	$	50,967	$	23,040	3%	100%	-8.3%	-9.1%
49560	3	T8	KNEE, arthroscopic surgery of, involving 1 or more of: partial or total meniscectomy, removal of loose body or lateral release - not being a service associated with any other arthroscopic procedure	568.85	0	0	0	426.65	Y	1/12/1991	$	725,958	1,788	$	2,090,944	$	968,651	1%	100%	-10.2%	-9.9%
49561	3	T8	KNEE, ARTHROSCOPIC SURGERY OF, involving 1 or more of: partial or total meniscectomy, removal of loose body or lateral release; where the procedure includes associated debridement, osteoplasty	695.05	0	0	0	521.3	Y	1/11/1996	$	14,851,762	29,425	$	40,199,356	$	19,803,535	1%	100%	-5.7%	-5.2%
49562	3	T8	KNEE, ARTHROSCOPIC SURGERY OF, involving 1 or more of: partial or total meniscectomy, removal of loose body or lateral release; where the procedure includes chondroplasty requiring multiple	758.45	0	0	0	568.85	Y	1/11/1996	$	1,544,904	2,815	$	4,302,968	$	2,060,537	0%	100%	-4.5%	-3.9%
49563	3	T8	KNEE, arthroscopic surgery of, involving 1 or more of: meniscus repair; osteochondral graft; or chondral graft (excluding autologous chondrocyte implantation or matrix-induced autologous	821.6	0	0	0	616.2	Y	1/12/1991	$	1,464,944	2,423	$	4,216,089	$	1,953,255	1%	100%	14.8%	15.3%
49564	3	T8	KNEE, patello-femoral stabilisation of, combined arthroscopic and open procedure, including lateral release, medial capsulorrhaphy and tendon transfer, not being a service associated with any other	947.75	0	0	0	710.85	Y	1/05/2000	$	884,815	1,276	$	2,519,475	$	1,179,726	0%	100%	-0.2%	0.4%
49566	3	T8	associated with any other arthroscopic procedure of the knee (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	942,362	1,664	$	2,162,311	$	1,256,480	0%	100%	3.8%	4.4%
49569	3	T8	KNEE, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty) (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/05/1994	$	81,171	202	$	184,666	$	108,227	0%	100%	4.9%	5.4%
49700	3	T8	ANKLE, diagnostic arthroscopy of, including biopsy (Anaes.) (Assist.)	281.45	0	0	0	211.1	Y	1/12/1991	$	7,163	61	$	19,714	$	9,550	0%	100%	2.5%	4.4%
49703	3	T8	ANKLE, arthroscopic surgery of, not being a service associated with any other arthroscopic procedure of the ankle (Anaes.) (Assist.)	631.05	0	0	0	473.3	Y	1/12/1991	$	1,565,728	5,207	$	4,337,356	$	2,087,648	1%	100%	2.7%	1.3%
49706	3	T8	ANKLE, arthrotomy of, involving 1 or more of: lavage, removal of loose body or division of contracture (Anaes.) (Assist.)	339.85	0	0	0	254.9	Y	1/12/1991	$	177,877	1,730	$	462,744	$	237,172	0%	100%	5.5%	3.8%
49709	3	T8	ANKLE, ligamentous stabilisation of (Anaes.) (Assist.)	728.1	0	0	0	546.1	Y	1/12/1991	$	2,218,403	4,293	$	5,881,111	$	2,958,128	0%	100%	11.3%	11.4%
49712	3	T8	ANKLE, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	480,593	874	$	1,332,782	$	640,681	1%	100%	1.8%	2.8%
49715	3	T8	ANKLE, total joint replacement of (Anaes.) (Assist.)	1164.9	0	0	0	873.7	Y	1/12/1991	$	302,455	359	$	921,275	$	403,270	0%	100%	19.7%	20.1%
49716	3	T8	ANKLE, total replacement arthroplasty of, revision procedure, including removal of prosthesis (Anaes.) (Assist.)	1537.7	0	0	0	1153.3	Y	1/11/2006	$	30,620	27	$	72,018	$	40,827	0%	100%	5.2%	6.0%
49717	3	T8	requiring bone grafting, including removal of prosthesis (Anaes.) (Assist.)	1845.25	0	0	0	1383.95	Y	1/11/2006	$	37,346	27	$	86,939	$	49,795	0%	100%	8.4%	9.9%
49718	3	T8	ANKLE, Achilles' tendon or other major tendon, repair of (Anaes.) (Assist.)	388.3	0	0	0	291.25	Y	1/12/1991	$	631,822	2,930	$	1,981,883	$	842,685	1%	100%	4.5%	4.3%
49721	3	T8	ANKLE, Achilles' tendon rupture managed by non-operative treatment	242.85	0	0	206.45	182.15	0	1/12/1991	$	48,876	239	$	53,079	$	57,815	86%	4%	3.4%	4.3%

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49724	3	T8	ANKLE, Achilles' tendon, secondary repair or reconstruction of (Anaes.) (Assist.)	679.75	0	0	0	509.85	Y	1/12/1991	$	553,741	1,141	$	1,692,841	$	738,768	1%	100%	4.6%	5.4%
49727	3	T8	ANKLE, Achilles' tendon, operation for lengthening (Anaes.) (Assist.)	291.15	0	0	0	218.4	Y	1/12/1991	$	99,350	1,091	$	289,951	$	132,457	1%	100%	7.9%	8.0%
49728	3	T8	fascia, for the correction of equinus deformity in children with cerebral palsy (Anaes.) (Assist.)	582.35	0	0	0	436.8	Y	1/11/2006	$	24,451	72	$	53,944	$	32,600	1%	100%	2.7%	4.1%
49800	3	T8	FOOT, flexor or extensor tendon, primary repair of (Anaes.)	135.95	0	0	115.6	102	Y	1/12/1991	$	9,869	191	$	23,618	$	10,398	1%	98%	-1.1%	4.3%
49803	3	T8	FOOT, flexor or extensor tendon, secondary repair of (Anaes.)	174.8	0	0	148.6	131.1	Y	1/12/1991	$	2,103	43	$	6,128	$	2,788	0%	98%	6.8%	-4.2%
49806	3	T8	FOOT, subcutaneous tenotomy of, 1 or more tendons (Anaes.)	135.95	0	0	115.6	102	Y	1/12/1991	$	20,199	387	$	45,355	$	23,506	13%	86%	21.4%	21.7%
49809	3	T8	FOOT, open tenotomy of, with or without tenoplasty (Anaes.)	223.25	0	0	0	167.45	Y	1/12/1991	$	204,846	3,904	$	552,878	$	275,843	0%	100%	0.3%	-0.6%
49812	3	T8	FOOT, tendon or ligament transplantation of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	446.5	0	0	0	334.9	Y	1/12/1991	$	135,049	947	$	403,747	$	180,205	1%	100%	-5.3%	-5.2%
49815	3	T8	FOOT, triple arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	776.8	0	0	0	582.6	Y	1/12/1991	$	138,215	250	$	383,910	$	184,167	1%	100%	3.2%	4.5%
49818	3	T8	FOOT, excision of calcaneal spur (Anaes.) (Assist.)	281.45	0	0	0	211.1	Y	1/12/1991	$	8,291	84	$	32,188	$	11,055	1%	100%	9.6%	4.4%
49821	3	T8	arthroplasty (Keller's or similar procedure) - unilateral (Anaes.) (Assist.)	446.5	0	0	0	334.9	Y	1/12/1991	$	39,135	141	$	103,978	$	52,176	0%	100%	-7.1%	-5.8%
49824	3	T8	arthroplasty (Keller's or similar procedure) - bilateral (Anaes.) (Assist.)	781.65	0	0	0	586.25	Y	1/12/1991	$	10,892	20	$	25,247	$	14,522	0%	100%	14.9%	14.7%
49827	3	T8	FOOT, correction of hallux valgus by transfer of adductor hallucis tendon - unilateral (Anaes.) (Assist.)	485.4	0	0	0	364.05	Y	1/12/1991	$	13,218	69	$	35,941	$	17,622	0%	100%	-12.6%	-11.7%
49830	3	T8	FOOT, correction of hallux valgus by transfer of adductor hallucis tendon - bilateral (Anaes.) (Assist.)	849.5	0	0	0	637.15	Y	1/12/1991	$	15,200	29	$	48,072	$	20,269	0%	100%	-2.6%	-4.8%
49833	3	T8	FOOT, correction of hallux valgus by osteotomy of first metatarsal with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint -	534	0	0	0	400.5	Y	1/12/1991	$	107,205	516	$	313,192	$	143,077	0%	100%	-5.7%	-9.6%
49836	3	T8	FOOT, correction of hallux valgus by osteotomy of first metatarsal with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint -	922.35	0	0	0	691.8	Y	1/12/1991	$	73,942	118	$	234,645	$	99,010	0%	100%	-12.3%	-12.3%
49837	3	T8	FOOT, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, with or without internal fixation and with or without excision of exostoses associated with	667.45	0	0	0	500.6	Y	1/05/2000	$	954,651	1,963	$	2,430,738	$	1,273,315	0%	100%	-0.5%	0.1%
49838	3	T8	FOOT, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, with or without internal fixation and with or without excision of exostoses associated with	1152.7	0	0	0	864.55	Y	1/05/2000	$	682,939	854	$	1,738,354	$	911,229	0%	100%	1.2%	2.1%
49839	3	T8	FOOT, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - unilateral (Anaes.) (Assist.)	534	0	0	0	400.5	Y	1/12/1991	$	29,964	86	$	88,255	$	39,952	0%	100%	2.5%	2.3%
49842	3	T8	FOOT, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - bilateral (Anaes.) (Assist.)	922.35	0	0	0	691.8	Y	1/12/1991	$	8,973	13	$	27,764	$	11,963	0%	100%	10.2%	10.8%
49845	3	T8	FOOT, arthrodesis of, first metatarso-phalangeal joint, with synovectomy if performed (Anaes.) (Assist.)	485.4	0	0	0	364.05	Y	1/12/1991	$	505,949	2,199	$	1,430,466	$	674,897	0%	100%	1.0%	-0.3%
49848	3	T8	FOOT, correction of claw or hammer toe (Anaes.)	165.05	0	0	140.3	123.8	Y	1/12/1991	$	9,259	177	$	23,446	$	12,044	7%	91%	-5.0%	-6.8%
49851	3	T8	FOOT, correction of claw or hammer toe with internal fixation (Anaes.)	213.45	0	0	0	160.1	Y	1/12/1991	$	123,605	2,173	$	355,153	$	165,172	0%	100%	-7.3%	-7.4%
49854	3	T8	FOOT, radical plantar fasciotomy or fasciectomy of (Anaes.) (Assist.)	388.3	0	0	0	291.25	Y	1/12/1991	$	114,178	539	$	309,046	$	152,231	1%	100%	7.4%	6.5%
49857	3	T8	FOOT, metatarso-phalangeal joint replacement (Anaes.) (Assist.)	359.2	0	0	0	269.4	Y	1/12/1991	$	4,607	27	$	15,296	$	6,143	0%	100%	4.2%	3.4%
49860	3	T8	FOOT, synovectomy of metatarso-phalangeal joint, single joint (Anaes.) (Assist.)	291.15	0	0	0	218.4	Y	1/12/1991	$	34,150	468	$	90,079	$	45,532	0%	100%	6.1%	2.6%
49863	3	T8	FOOT, synovectomy of metatarso-phalangeal joint, 2 or more joints (Anaes.) (Assist.)	437	0	0	0	327.75	Y	1/12/1991	$	26,852	234	$	63,492	$	35,844	1%	100%	8.6%	8.9%
49866	3	T8	FOOT, neurectomy for plantar or digital neuritis (Morton's or Bett's syndrome) (Anaes.) (Assist.)	310.45	0	0	0	232.85	Y	1/12/1991	$	206,588	1,231	$	663,430	$	275,431	0%	100%	-3.1%	-3.4%
49878	3	T8	treatment by cast, splint or manipulation - each attendance (Anaes.)	58.25	0	0	49.55	43.7	Y	1/12/1991	$	3,265	52	$	7,067	$	2,661	0%	31%	0.8%	8.0%

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50100	3	T8	JOINT, diagnostic arthroscopy of (including biopsy), not being a service to which another item in this Group applies and not being a service associated with any other arthroscopic procedure (Anaes.)	281.45	0	0	239.25	211.1	Y	1/12/1991	$	44,087	55	$	63,155	$	8,658	2%	71%	12.2%	28.4%
50102	3	T8	JOINT, arthroscopic surgery of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	631.05	0	0	0	473.3	Y	1/11/1996	$	239,137	703	$	620,917	$	318,847	0%	100%	-5.6%	-3.9%
50103	3	T8	JOINT, arthrotomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	339.85	0	0	0	254.9	Y	1/12/1991	$	358,058	3,379	$	887,445	$	477,830	0%	100%	6.6%	5.2%
50104	3	T8	JOINT, synovectomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	322.05	0	0	273.75	241.55	Y	1/07/1993	$	135,424	1,240	$	309,371	$	158,223	1%	99%	18.4%	18.5%
50106	3	T8	repair of ligament or internal fixation, not being a service to which another item in this Group applies (Anaes.) (Assist.)	485.4	0	0	0	364.05	Y	1/12/1991	$	1,548,878	8,372	$	4,199,730	$	2,065,290	0%	100%	4.8%	3.4%
50109	3	T8	this Group applies, with synovectomy if performed (Anaes.) (Assist.)	485.4	0	0	0	364.05	Y	1/12/1991	$	662,294	4,241	$	1,860,585	$	883,391	0%	100%	5.1%	4.6%
50112	3	T8	CICATRICIAL FLEXION OR EXTENSION CONTRACTION OF JOINT, correction of, involving tissues deeper than skin and subcutaneous tissue, not being a service to which another item in this Group theatre of a hospital, not being a service associated with a service to which another item in this Group applies (Anaes.)	372.35	0	0	0	279.3	Y	1/12/1991	$	100,270	497	$	223,219	$	133,705	1%	100%	2.6%	3.2%
50115	3	T8	SUBTALAR JOINT, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	147.45	0	0	0	110.6	Y	1/12/1991	$	394,038	3,699	$	909,703	$	525,381	1%	100%	1.1%	1.3%
50118	3	T8	GREATER TROCHANTER, transplantation of ileopsoas tendon to (Anaes.) (Assist.)	446.5	0	0	0	334.9	Y	1/12/1991	$	77,782	566	$	215,024	$	103,700	0%	100%	4.0%	3.4%
50121	3	T8	JOINT OR JOINTS, arthroplasty of, by any technique not being a service to which another item applies (Anaes.) (Assist.)	873.8	0	0	0	655.35	Y	1/12/1991	$	1,632	4	$	4,997	$	2,176	0%	100%	0.0%	-3.1%
50127	3	T8	JOINT OR JOINTS, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)	724.45	0	0	0	543.35	Y	1/07/1993	$	484,451	1,410	$	1,185,122	$	645,928	0%	100%	0.8%	-0.3%
50130	3	T8	AGGRESSIVE OR POTENTIALLY MALIGNANT BONE OR DEEP SOFT TISSUE TUMOUR, biopsy of (not including aftercare) (Anaes.)	322.05	0	0	0	241.55	Y	1/07/1993	$	12,590	119	$	31,097	$	16,786	0%	100%	24.4%	18.7%
50200	3	T8	TISSUE TUMOUR, involving neurovascular structures, open biopsy of (not including aftercare) (Anaes.) (Assist.)	194.05	0	0	164.95	145.55	Y	1/12/1991	$	230,408	1,639	$	383,232	$	285,078	26%	56%	1.2%	1.7%
50201	3	T8	BONE OR MALIGNANT DEEP SOFT TISSUE TUMOUR, lesional or marginal excision of (Anaes.) (Assist.)	339.75	0	0	0	254.85	Y	1/11/2004	$	89,282	482	$	239,837	$	119,235	0%	100%	13.4%	12.9%
50203	3	T8	any 1 of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	427.2	0	0	363.15	320.4	Y	1/12/1991	$	75,541	306	$	207,053	$	100,547	1%	99%	5.4%	5.1%
50206	3	T8	any 2 or more of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	631.05	0	0	0	473.3	Y	1/12/1991	$	72,468	194	$	190,724	$	96,623	1%	100%	3.8%	3.0%
50209	3	T8	MALIGNANT or AGGRESSIVE SOFT TISSUE TUMOUR affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, without reconstruction (Anaes.)	776.8	0	0	0	582.6	Y	1/12/1991	$	44,063	92	$	116,845	$	59,139	0%	100%	5.6%	5.3%
50212	3	T8	MALIGNANT or AGGRESSIVE SOFT TISSUE TUMOUR affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, with intercalary reconstruction replacement or arthrodesis of adjacent joint, with synovectomy if performed (Anaes.) (Assist.)	1699	0	0	0	1274.25	Y	1/12/1991	$	261,072	209	$	568,860	$	348,094	0%	100%	0.4%	1.3%
50215	3	T8	SACRUM or SPINE; or SCAPULA and SHOULDER, enbloc resection of (Anaes.) (Assist.)	2135.9	0	0	0	1601.95	Y	1/12/1991	$	50,791	33	$	116,929	$	67,720	0%	100%	10.5%	10.9%
50218	3	T8	MALIGNANT or AGGRESSIVE SOFT TISSUE TUMOUR of PELVIS, SACRUM or SPINE; or SCAPULA and SHOULDER, enbloc resection of, with reconstruction by prosthesis, allograft or autograft anatomic specific allograft or autograft, with or without prosthetic replacement (Anaes.) (Assist.)	2815.6	0	0	0	2111.7	Y	1/12/1991	$	229,949	111	$	537,693	$	306,600	0%	100%	9.7%	10.1%
50221	3	T8	BENIGN TUMOUR, resection of, requiring anatomic specific allograft, with or without internal fixation (Anaes.) (Assist.)	2621.25	0	0	0	1965.95	Y	1/12/1991	$	374,230	193	$	841,203	$	498,973	0%	100%	3.7%	4.5%
50224	3	T8	MALIGNANT TUMOUR, amputation for, hemipelvectomy or interscapulo-thoracic (Anaes.) (Assist.)	2912.6	0	0	2827.9	2184.45	Y	1/12/1991	$	117,735	54	$	271,456	$	156,979	0%	100%	5.2%	6.3%
50227	3	T8	MALIGNANT TUMOUR, amputation for, hip disarticulation, shoulder disarticulation or proximal third femur (Anaes.) (Assist.)	3398	0	0	0	2548.5	Y	1/12/1991	$	35,604	14	$	78,699	$	47,472	0%	100%	4.9%	5.5%
50230	3	T8	MALIGNANT TUMOUR, amputation for, not being a service to which another item in this Group applies (Anaes.) (Assist.)	1747.55	0	0	0	1310.7	Y	1/12/1991	$	3,932	3	$	7,703	$	5,243	0%	100%	-12.9%	-12.3%
50233	3	T8	device, including all associated attendances - payable only once in any 12 month period (Anaes.) (Assist.)	2233	0	0	0	1674.75	Y	1/12/1991	$	10,049	6	$	26,373	$	13,398	0%	100%	14.9%	15.6%
50236	3	T8	LIMB LENGTHENING, 5cm or less, by gradual distraction, with application of an external fixator or intra-medullary device, in the operating theatre of a hospital - payable only once per limb in any	1747.55	0	0	0	1310.7	Y	1/12/1991	$	5,223	4	$	9,655	$	6,964	0%	100%	-7.8%	-7.3%
50239	3	T8		1164.9	0	0	0	873.7	Y	1/12/1991	$	20,056	23	$	45,567	$	26,741	0%	100%	13.9%	14.6%
50300	3	T8		1193.85	0	0	0	895.4	Y	1/07/1995	$	30,714	37	$	83,881	$	42,026	0%	100%	12.0%	15.6%
50303	3	T8		1630	0	0	0	1222.5	Y	1/07/1995	$	107,011	94	$	253,040	$	149,037	2%	100%	1.6%	5.5%

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50306	3	T8	LIMB LENGTHENING , where the lengthening is bipolar, or bone transport is performed or where the fixator is extended to correct an adjacent joint deformity, or where the lengthening is greater	2545	0	0	2460.3	1908.75	Y	1/07/1995	$	84,779	51	$	261,928	$	113,040	0%	100%	9.1%	7.6%
50309	3	T8	RING FIXATOR OR SIMILAR DEVICE, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia in the operating theatre of a hospital, not being a associated with any other arthroscopic procedure of the ankle (Anaes.) (Assist.)	314.6	0	0	0	235.95	Y	1/07/1995	$	9,787	80	$	29,905	$	13,048	0%	100%	3.9%	-1.8%
50312	3	T8		721.95	0	0	0	541.5	Y	1/07/1995	$	156,158	372	$	357,827	$	208,206	1%	100%	13.4%	12.0%
50315	3	T8	TALIPES EQUINOVARUS, posterior release of (Anaes.) (Assist.)	714.95	0	0	0	536.25	Y	1/07/1995	$	10,042	21	$	22,997	$	13,389	0%	100%	18.5%	17.8%
50318	3	T8	TALIPES EQUINOVARUS, medial release of (Anaes.) (Assist.)	714.95	0	0	0	536.25	Y	1/07/1995	$	3,470	7	$	8,836	$	4,626	0%	100%	-10.2%	-7.6%
50321	3	T8	TALIPES EQUINOVARUS, combined postero-medial release of (Anaes.) (Assist.)	957.85	0	0	0	718.4	Y	1/07/1995	$	4,887	7	$	10,644	$	6,517	0%	100%	28.5%	28.5%
50324	3	T8	TALIPES EQUINOVARUS, combined postero-medial release of, revision procedure (Anaes.) (Assist.)	1365.55	0	0	0	1024.2	Y	1/07/1995	$	1,024	1	$	2,461	$	1,366	0%	100%	-24.2%	-21.7%
50327	3	T8	TALIPES EQUINOVARUS, bilateral procedures (Anaes.) (Assist.)	1665.6	0	0	0	1249.2	Y	1/07/1995	$	16,203	13	$	36,327	$	21,604	0%	100%	10.2%	10.8%
50330	3	T8	TALIPES EQUINOVARUS, or talus, vertical congenital - post operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital, not	235.85	0	0	0	176.9	Y	1/07/1995	$	6,059	61	$	18,873	$	8,078	0%	100%	0.0%	0.4%
50333	3	T8	TARSAL COALITION, excision of, with interposition of muscle, fat graft or similar graft (Anaes.) (Assist.)	636.1	0	0	0	477.1	Y	1/07/1995	$	78,667	178	$	214,209	$	104,886	0%	100%	4.2%	4.4%
50336	3	T8	TALUS, VERTICAL, CONGENITAL, combined anterior and posterior reconstruction (Anaes.) (Assist.)	950.85	0	0	0	713.15	Y	1/07/1995	$	3,186	5	$	8,449	$	4,249	0%	100%	0.0%	0.5%
50339	3	T8	FOOT AND ANKLE, tibialis anterior tendon (split or whole) transfer to lateral column (Anaes.) (Assist.)	579.1	0	0	0	434.35	Y	1/07/1995	$	16,682	53	$	38,466	$	22,242	0%	100%	0.0%	1.0%
50342	3	T8	through the interosseous membrane to anterior or posterior aspect of foot (Anaes.) (Assist.)	672	0	0	0	504	Y	1/07/1995	$	17,829	43	$	41,802	$	23,773	0%	100%	14.3%	13.8%
50345	3	T8	plasty of skin, lengthening of extensor tendons and release of capsule contracture (Anaes.) (Assist.)	357.5	0	0	0	268.15	Y	1/07/1995	$	20,869	201	$	58,910	$	27,824	0%	100%	8.9%	8.8%
50348	3	T8	operative manipulation and change of plaster, performed under general anaesthesiain the operating theatre of a hospital (Anaes.)	235.85	0	0	0	176.9	Y	1/07/1995	$	9,940	64	$	21,556	$	13,253	6%	100%	5.1%	7.8%
50349	3	T8	HIP, congenital dislocation of, treatment of, by closed reduction (Anaes.)	330.15	0	0	280.65	247.65	Y	1/05/2001	$	2,472	19	$	5,119	$	3,296	0%	100%	-7.5%	-2.0%
50351	3	T8	HIP, developmental dislocation of, open reduction of (Anaes.) (Assist.)	1647.15	0	0	0	1235.4	Y	1/07/1995	$	51,184	47	$	107,564	$	68,245	0%	100%	2.8%	3.0%
50352	3	T8	HIP, congenital dislocation of, treatment of, involving supervision of splint, harness or cast - each attendance (Anaes.)	58.25	0	0	49.55	43.7	Y	1/05/2001	$	23,540	457	$	26,738	$	26,609	37%	1%	3.4%	0.0%
50353	3	T8	HIP SPICA, initial application of, for congenital dislocation of hip (excluding aftercare) (Anaes.) (Assist.)	365.9	0	0	0	274.45	Y	1/05/2001	$	4,389	23	$	9,119	$	5,852	0%	100%	1.8%	2.3%
50354	3	T8	TIBIA, pseudarthrosis of, congenital, resection and internal fixation (Anaes.) (Assist.)	1351.05	0	0	1266.35	1013.3	Y	1/07/1995	$	2,012	2	$	4,487	$	2,682	0%	100%	#DIV/0!	#DIV/0!
50357	3	T8	KNEE, LEG OR THIGH, rectus femoris tendon transfer, or medial or lateral hamstring tendon transfer (Anaes.) (Assist.)	579.1	0	0	0	434.35	Y	1/07/1995	$	6,190	30	$	13,313	$	8,252	0%	100%	2.1%	-4.4%
50360	3	T8	KNEE, LEG OR THIGH, combined medial and lateral hamstring tendon transfer (Anaes.) (Assist.)	672	0	0	0	504	Y	1/07/1995	$	1,627	4	$	3,477	$	2,169	0%	100%	32.0%	27.2%
50363	3	T8	KNEE, contracture of, posterior releaseinvolving multiple tendon lengthening or tenotomies, unilateral (Anaes.) (Assist.)	514.65	0	0	0	386	Y	1/07/1995	$	4,140	24	$	12,177	$	5,521	0%	100%	19.1%	6.2%
50366	3	T8	KNEE, contracture of, posterior release involving multiple tendon lengthening or tenotomies, bilateral (Anaes.) (Assist.)	900.75	0	0	0	675.6	Y	1/07/1995	$	3,173	7	$	6,425	$	4,230	0%	100%	0.0%	-7.4%
50369	3	T8	KNEE, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, unilateral (Anaes.)	672	0	0	0	504	Y	1/07/1995	$	21,524	80	$	44,662	$	28,698	0%	100%	6.6%	9.2%
50372	3	T8	KNEE, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, bilateral (Anaes.)	1179.55	0	0	0	884.7	Y	1/07/1995	$	1,769	4	$	3,842	$	2,359	0%	100%	5.9%	-3.8%
50375	3	T8	division of the adductors and psoas with or without division of the obturator nerve, unilateral (Anaes.) (Assist.)	514.65	0	0	0	386	Y	1/07/1995	$	9,985	47	$	22,895	$	13,314	2%	100%	0.0%	-0.8%
50378	3	T8	division of the adductors and psoas with or without division of the obturator nerve, bilateral (Anaes.) (Assist.)	900.75	0	0	0	675.6	Y	1/07/1995	$	2,027	5	$	4,376	$	2,702	0%	100%	-27.5%	-28.4%
50381	3	T8	division of the hip flexors and psoas with or without division of the joint capsule, unilateral (Anaes.) (Assist.)	672	0	0	0	504	Y	1/07/1995	$	27,190	81	$	70,695	$	36,252	0%	100%	-10.0%	-4.5%

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		division of the hip flexors and psoas with or without division of the joint capsule, bilateral (Anaes.) (Assist.)																	
50384	3	T8		1179.55	0	0	0	884.7	Y	1/07/1995	$	2,433	4	$	5,410	$	3,244	0%	100%	-16.7%	-18.7%
		abdominal musculature to greater trochanter, or transfer of adductors to ischium (Anaes.) (Assist.)																	
50387	3	T8		672	0	0	0	504	Y	1/07/1995	$	252	1	$	544	$	336	0%	100%	-27.5%	-33.6%
		PERTHES, CEREBRAL PALSY, or other neuromuscular conditions, affecting hips or knees, application of cast under general																	
50390	3	T8	anaesthesia, performed in the operating theatre of a hospital	235.85	0	0	0	176.9	Y	1/07/1995	$	2,354	21	$	5,055	$	3,139	0%	100%	-25.6%	-17.6%
		PELVIS, bone graft or shelf procedures for acetabular dysplasia (Anaes.) (Assist.)																	
50393	3	T8		872.05	0	0	0	654.05	Y	1/07/1995	$	5,001	14	$	10,603	$	6,667	0%	100%	-10.2%	-11.5%
		osteotomy, including internal fixation where performed (Anaes.) (Assist.)																	
50394	3	T8		2864.1	0	0	0	2148.1	Y	1/07/1998	$	405,605	189	$	1,004,802	$	540,803	0%	100%	12.5%	13.2%
		SHOULDER, ARM AND FOREARM PROCEDURES HAND, congenital abnormalities or duplication of digits, amputation or splitting of																	
50396	3	T8	phalanx or phalanges, with ligament or joint reconstruction	479.1	0	0	0	359.35	Y	1/07/1995	$	8,978	35	$	24,016	$	11,970	0%	100%	-1.6%	4.0%
		TORTICOLLIS, bipolar release of sternocleidomastoid muscle and associated soft tissue (Anaes.) (Assist.)																	
50402	3	T8		436.15	0	0	0	327.15	Y	1/07/1995	$	5,660	18	$	16,678	$	7,546	0%	100%	29.2%	29.0%
		ELBOW, flexorplasty, or tendon transfer to restore elbow function (Anaes.) (Assist.)																	
50405	3	T8		593.35	0	0	0	445.05	Y	1/07/1995	$	364,852	1,647	$	927,391	$	486,510	0%	100%	25.5%	23.2%
		the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty (Anaes.) (Assist.)																	
50414	3	T8		1822.85	0	0	1738.15	1367.15	Y	1/07/1995	$	180	1	$	180	$	1,823	0%	0%	#DIV/0!	#DIV/0!
		PATELLA, congenital dislocation of, reconstruction of the quadriceps (Anaes.) (Assist.)																	
50420	3	T8		1115.15	0	0	0	836.4	Y	1/07/1995	$	5,761	8	$	13,985	$	7,681	0%	100%	14.9%	12.2%
		TUMOROUS CONDITIONS DIAPHYSEAL ACLASIA, removal of lesion or lesions from bone - 1 approach (Anaes.) (Assist.)																	
50426	3	T8		479.1	0	0	0	359.35	Y	1/07/1995	$	20,724	80	$	62,088	$	27,631	0%	100%	2.1%	0.3%
		UNILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with hemiplegic cerebral palsy comprising																	
50450	3	T8	three or more of the following: (a)Lengthening of one or more	1265.25	0	0	0	948.95	Y	1/11/2006	$	935	1	$	1,247	$	1,247	0%	100%	-12.9%	-12.7%
		UNILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with hemiplegic cerebral palsy comprising																	
50451	3	T8	three or more of the following: (a)Lengthening of one or more	1265.25	0	0	0	948.95	Y	1/11/2006	$	468	1	$	623	$	623	0%	100%	-19.7%	-27.3%
		BILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with diplegic cerebral palsy that comprises:																	
50455	3	T8	(`)Lengthening of one or more contracted muscle tendon units by	1432.8	0	0	0	1074.6	Y	1/11/2006	$	2,149	2	$	3,998	$	2,866	0%	100%	-16.7%	-14.4%
		BILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with diplegic cerebral palsy that comprises:																	
50456	3	T8	(a)Lengthening of one or more contracted muscle tendon units by	1432.8	0	0	0	1074.6	Y	1/11/2006	$	1,075	1	$	2,370	$	1,433	0%	100%	0.0%	0.6%
		BILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with diplegic cerebral palsy that comprises																	
50460	3	T8	bilateral soft tissue surgery and bilateral femoral osteotomies.	2139.25	0	0	0	1604.45	Y	1/11/2006	$	9,603	6	$	15,447	$	12,804	0%	100%	3.7%	4.3%
		BILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with diplegic cerebral palsy that comprises																	
50461	3	T8	bilateral soft tissue surgery and bilateral femoral osteotomies.	2139.25	0	0	0	1604.45	Y	1/11/2006	$	1,604	1	$	2,430	$	2,139	0%	100%	-27.5%	-27.1%
		BILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with diplegic cerebral palsy that comprises																	
50465	3	T8	bilateral soft tissue surgery, bilateral femoral osteotomies and	3013.1	0	0	0	2259.85	Y	1/11/2006	$	4,486	2	$	6,392	$	5,982	0%	100%	14.9%	15.4%
		BILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with diplegic cerebral palsy that comprises																	
50466	3	T8	bilateral soft tissue surgery, bilateral femoral osteotomies and	3013.1	0	0	0	2259.85	Y	1/11/2006	$	2,260	1	$	3,423	$	3,013	0%	100%	0.0%	0.6%
		BILATERAL SINGLE EVENT MULTILEVEL SURGERY for patients less than 18 years of age with cerebral palsy that comprises bilateral																	
50470	3	T8	soft tissue surgery, bilateral femoral osteotomies, bilateral tibial	3821.3	0	0	0	2866	Y	1/11/2006	$	2,866	1	$	5,719	$	3,821	0%	100%	#DIV/0!	#DIV/0!
		RADIUS OR ULNA, distal end of, with open growth plate, treatment of fracture of, by closed reduction (Anaes.)																	
50500	3	T8		285.3	0	0	242.55	214	Y	1/11/2006	$	38,973	207	$	74,224	$	49,884	16%	74%	4.1%	3.7%
		RADIUS OR ULNA, distal end of, with open growth plate, treatment of fracture of, by open reduction (Anaes.) (Assist.)																	
50504	3	T8		380.55	0	0	323.5	285.45	Y	1/11/2006	$	4,380	19	$	10,140	$	5,839	0%	100%	-2.9%	-4.6%
		RADIUS, distal end of, with open growth plate, treatment of Colles', Smith's or Barton's fracture, by closed reduction (Anaes.)																	
50508	3	T8		407.55	0	0	346.45	305.7	Y	1/11/2006	$	204,014	680	$	469,700	$	270,021	3%	96%	-0.1%	0.4%
		RADIUS, distal end of, with open growth plate, treatment of Colles', Smith's or Barton's fracture of, by open reduction (Anaes.) (Assist.)																	
50512	3	T8		543.8	0	0	0	407.85	Y	1/11/2006	$	54,850	139	$	131,801	$	73,133	1%	100%	8.8%	9.6%
		fracture of, by closed reduction undertaken in the operating theatre of a hospital (Anaes.)																	
50516	3	T8		366.95	0	0	0	275.25	Y	1/11/2006	$	23,340	91	$	52,482	$	31,117	0%	100%	0.4%	1.4%
		RADIUS OR ULNA, shaft of, with open growth plate, treatment of fracture of, by open reduction (Anaes.) (Assist.)																	
50520	3	T8		489.25	0	0	0	366.95	Y	1/11/2006	$	21,649	65	$	52,891	$	28,865	0%	100%	9.1%	8.5%
		RADIUS OR ULNA, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar																	
50524	3	T8	joint or proximal radio-humeral joint (Galeazzi or Monteggia	421.3	0	0	0	316	Y	1/11/2006	$	20,616	67	$	50,393	$	27,485	1%	100%	1.2%	2.1%
		RADIUS OR ULNA, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar																	
50528	3	T8	joint or proximal radio humeral joint (Galeazzi or Monteggia	679.6	0	0	0	509.7	Y	1/11/2006	$	70,987	144	$	158,661	$	94,649	1%	100%	5.5%	5.9%
		of fracture of, by closed reduction undertaken in the operating theatre of a hospital (Anaes.)																	
50532	3	T8		591.3	0	0	0	443.5	Y	1/11/2006	$	418,313	951	$	933,702	$	557,723	0%	100%	-2.9%	-2.3%

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50536	3	T8	RADIUS AND ULNA, shafts of, with open growth plates, treatment of fracture of, by open reduction (Anaes.) (Assist.)	788.3	0	0	0	591.25	Y	1/11/2006	$	301,546	514	$	705,995	$	402,049	1%	100%	10.0%	10.6%
50540	3	T8	OLECRANON, with open growth plate, treatment of fracture of, by open reduction (Anaes.) (Assist.)	543.8	0	0	0	407.85	Y	1/11/2006	$	12,434	33	$	30,991	$	16,578	0%	100%	6.6%	7.9%
50544	3	T8	RADIUS, with open growth plate, treatment of fracture of head or neck of, by closed reduction of (Anaes.)	271.8	0	0	231.05	203.85	Y	1/11/2006	$	4,334	24	$	10,701	$	5,706	8%	92%	-1.6%	-2.6%
50548	3	T8	neck of, by reduction with or without internal fixation by open or percutaneous means (Anaes.) (Assist.)	543.8	0	0	0	407.85	Y	1/11/2006	$	11,895	32	$	23,969	$	15,859	0%	100%	-7.0%	-6.5%
50552	3	T8	of, by closed reduction, undertaken in the operating theatre, neonatal unit or nursery of a hospital (Anaes.)	469	0	0	0	351.75	Y	1/11/2006	$	4,903	14	$	11,482	$	6,538	7%	100%	4.9%	5.5%
50556	3	T8	HUMERUS, proximal, with open growth plate, treatment of fracture of, by open reduction (Anaes.) (Assist.)	625.15	0	0	0	468.9	Y	1/11/2006	$	14,750	33	$	36,041	$	19,665	3%	100%	5.7%	5.8%
50560	3	T8	of, by closed reduction, undertaken in the operating theatre, neonatal unit or nursery of a hospital (Anaes.)	489.25	0	0	0	366.95	Y	1/11/2006	$	728	2	$	1,551	$	971	0%	100%	-7.8%	-3.9%
50564	3	T8	HUMERUS, shaft of, with open growth plate, treatment of fracture of, by internal or external fixation (Anaes.) (Assist.)	652.4	0	0	0	489.3	Y	1/11/2006	$	6,357	14	$	14,738	$	8,476	0%	100%	0.0%	-0.2%
50568	3	T8	treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital (Anaes.)	570.9	0	0	0	428.2	Y	1/11/2006	$	35,652	87	$	75,628	$	47,534	0%	100%	3.0%	3.4%
50572	3	T8	HUMERUS, with open growth plate, supracondylar or condylar, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means, undertaken in the FEMUR, with open growth plate, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)	761.15	0	0	0	570.9	Y	1/11/2006	$	424,530	750	$	964,256	$	566,008	0%	100%	0.8%	1.3%
50576	3	T8	lateral, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (Anaes.) (Assist.)	625.15	0	0	540.45	468.9	Y	1/11/2006	$	21,791	48	$	44,638	$	28,958	2%	98%	-9.7%	-9.5%
50580	3	T8	reduction with or without internal fixation by open or percutaneous means (Anaes.) (Assist.)	652.4	0	0	0	489.3	Y	1/11/2006	$	22,028	52	$	49,704	$	29,370	0%	100%	0.0%	-1.0%
50584	3	T8	TIBIA AND FIBULA, with open growth plates, treatment of fracture of, by internal fixation (Anaes.) (Assist.)	625.15	0	0	0	468.9	Y	1/11/2006	$	120,632	269	$	273,718	$	160,832	1%	100%	1.8%	1.9%
50588	3	T8	deformity and application of a localiser cast, under general anaesthesia, in a hospital (Anaes.) (Assist.)	815.4	0	0	0	611.55	Y	1/11/2006	$	60,176	100	$	140,804	$	80,233	0%	100%	-0.2%	0.3%
50600	3	T8	SCOLIOSIS or KYPHOSIS, in a child or adolescent, spinal fusion for (without instrumentation) (Anaes.) (Assist.)	448.25	0	0	0	336.2	Y	1/11/2006	$	2,996	9	$	4,989	$	3,994	0%	100%	-8.5%	-7.1%
50604	3	T8	segmental instrumentation and fusion of the spine, not being a service to which item51011 to 51171 applies (Anaes.) (Assist.)	1902.65	0	0	0	1427	Y	1/11/2006	$	1,875	3	$	5,554	$	2,500	0%	100%	0.0%	-7.5%
50608	3	T8	SCOLIOSIS OR KYPHOSIS, in a child or adolescent, with spinal deformity, treatment by segmental instrumentation, utilising separate anterior and posterior approaches, not being a service to or removal of segmental instrumentation used for correction of spine deformity (Anaes.) (Assist.)	3534.05	0	0	0	2650.55	Y	1/11/2006	$	527,127	201	$	1,196,748	$	702,835	0%	100%	-2.0%	-0.9%
50612	3	T8		5026.8	0	0	0	3770.1	Y	1/11/2006	$	3,770	1	$	7,945	$	5,027	0%	100%	-24.2%	-23.7%
50616	3	T8	SCOLIOSIS, in a child or adolescent, revision of failed scoliosis surgery, involving more than 1 of osteotomy, fusion, removal of instrumentation or instrumentation, not being a service to which fusion and segmental fixation (Dwyer, Zielke or similar) - not more than 4 levels (Anaes.) (Assist.)	638.7	0	0	0	479.05	Y	1/11/2006	$	8,652	20	$	18,816	$	11,536	0%	100%	2.1%	3.4%
50620	3	T8		3534.05	0	0	0	2650.55	Y	1/11/2006	$	26,347	10	$	54,220	$	35,129	0%	100%	-7.8%	-6.7%
50624	3	T8	fusion and segmental fixation (Dwyer, Zielke or similar) - more than 4 levels (Anaes.) (Assist.)	3534.05	0	0	0	2650.55	Y	1/11/2006	$	15,903	6	$	32,868	$	21,204	0%	100%	-7.8%	-7.2%
50628	3	T8	SCOLIOSIS OR KYPHOSIS, in a child or adolescent, requiring segmental instrumentation and fusion of the spine down to and including the pelvis or sacrum, not being a service to which item	4365.45	0	0	0	3274.1	Y	1/11/2006	$	185,262	57	$	473,287	$	247,015	0%	100%	11.6%	16.2%
50632	3	T8	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, not	3669.85	0	0	0	2752.4	Y	1/11/2006	$	52,131	19	$	122,912	$	69,507	0%	100%	9.6%	11.2%
50636	3	T8	SCOLIOSIS, in a child or adolescent, congenital, resection and fusion of abnormal vertebra via an anterior or posterior approach, not being a service to which item51011 to 51171 applies (Anaes.)	4077.6	0	0	0	3058.2	Y	1/11/2006	$	10,041	4	$	24,564	$	13,388	0%	100%	32.0%	27.6%
50640	3	T8	surgery for correction of scoliosis or kyphosis or both (Anaes.) (Assist.)	2254.05	0	0	0	1690.55	Y	1/11/2006	$	1,691	2	$	3,575	$	2,254	0%	100%	-12.9%	-17.0%
50644	3	T8	manipulation and arthrography of the hip under anaesthesia (Anaes.)	2174.85	0	0	0	1631.15	Y	1/11/2006	$	209,148	250	$	491,426	$	278,860	0%	100%	-2.8%	-2.6%
50650	3	T8	reapplication of a hip spica, including examination of the hip (Anaes.) (Assist.)	427.7	0	0	363.55	320.8	Y	1/11/2006	$	26,028	128	$	66,798	$	34,297	0%	98%	-4.0%	-5.4%
50654	3	T8	HIP DYSPLASIA or DISLOCATION, in a child, examination and manipulation of the hip under anaesthesia (Anaes.)	512.15	0	0	0	384.15	Y	1/11/2006	$	14,601	58	$	31,004	$	19,467	0%	100%	-6.9%	-8.3%
50658	3	T8		203.9	0	0	173.35	152.95	Y	1/11/2006	$	4,176	79	$	17,509	$	5,558	0%	99%	-3.2%	-8.8%

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50950	3	T8	Unresectable primary malignant tumour of the liver, destruction of, by percutaneous radiofrequency ablation or percutaneous microwave tissue ablation (including any associated imaging	842.6	0	0	757.9	631.95	Y	1/05/2004	$	151,803	233	$	204,562	$	190,969	34%	71%	14.4%	15.1%
50952	3	T8	Unresectable primary malignant tumour of the liver, destruction of, by open or laparoscopic radiofrequency ablation or open or laparoscopic microwave tissue ablation (including any associated	842.6	0	0	757.9	631.95	Y	1/05/2004	$	8,040	16	$	15,315	$	10,720	0%	100%	-1.2%	-0.2%
51011	3	T8	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, one motion segment, not being a service associated with a service to which	1480.35	0	0	0	1110.3	Y	1/11/2018	$	15,854,602	14,929	$	46,824,551	$	21,144,081	0%	100%	#DIV/0!	#DIV/0!
51012	3	T8	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 2 motion segments, not being a service associated with a service to which	1973.55	0	0	0	1480.2	Y	1/11/2018	$	9,608,715	6,876	$	24,575,246	$	12,814,135	0%	100%	#DIV/0!	#DIV/0!
51013	3	T8	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 3 motion segments, not being a service associated with a service to which	2467	0	0	0	1850.25	Y	1/11/2018	$	4,268,267	2,448	$	10,418,833	$	5,693,394	0%	100%	#DIV/0!	#DIV/0!
51014	3	T8	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 4 motion segments, not being a service associated with a service to which	2960.4	0	0	0	2220.3	Y	1/11/2018	$	1,873,546	880	$	4,360,900	$	2,498,847	0%	100%	#DIV/0!	#DIV/0!
51015	3	T8	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, more than 4 motion segments, not being a service associated with a service to	3453.8	0	0	0	2590.35	Y	1/11/2018	$	1,612,805	654	$	3,619,367	$	2,150,389	0%	100%	#DIV/0!	#DIV/0!
51020	3	T8	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	789.35	0	0	0	592.05	Y	1/11/2018	$	39,384	104	$	172,240	$	52,511	0%	100%	#DIV/0!	#DIV/0!
51021	3	T8	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, one motion segment, not being a service associated with a service	1321.25	0	0	0	990.95	Y	1/11/2018	$	2,990,890	5,666	$	8,458,625	$	3,989,331	0%	100%	#DIV/0!	#DIV/0!
51022	3	T8	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 2 motion segments, not being a service associated with a service to	1643.5	0	0	0	1232.65	Y	1/11/2018	$	2,149,599	3,029	$	5,698,861	$	2,866,013	0%	100%	#DIV/0!	#DIV/0!
51023	3	T8	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 3 or 4 motion segments, not being a service associated with a	1955.85	0	0	0	1466.9	Y	1/11/2018	$	1,195,610	1,392	$	3,028,784	$	1,594,409	0%	100%	#DIV/0!	#DIV/0!
51024	3	T8	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 5 or 6 motion segments, not being a service associated with a	2258	0	0	0	1693.5	Y	1/11/2018	$	648,488	546	$	1,542,191	$	865,693	0%	100%	#DIV/0!	#DIV/0!
51025	3	T8	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 7 to 12 motion segments, not being a service associated with a	2639.15	0	0	0	1979.4	Y	1/11/2018	$	642,599	481	$	1,506,237	$	856,796	0%	100%	#DIV/0!	#DIV/0!
51026	3	T8	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than 12 motion segments, not being a service associated	2889.45	0	0	0	2167.1	Y	1/11/2018	$	134,504	95	$	332,151	$	179,339	0%	100%	#DIV/0!	#DIV/0!
51031	3	T8	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.)	970.85	0	0	0	728.15	Y	1/11/2018	$	698,637	3,022	$	1,980,524	$	933,595	0%	100%	#DIV/0!	#DIV/0!
51032	3	T8	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.)	1165.05	0	0	0	873.8	Y	1/11/2018	$	465,151	1,669	$	1,205,957	$	621,062	0%	100%	#DIV/0!	#DIV/0!
51033	3	T8	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.)	1359.25	0	0	0	1019.45	Y	1/11/2018	$	265,828	737	$	637,370	$	354,426	0%	100%	#DIV/0!	#DIV/0!
51034	3	T8	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.)	1456.3	0	0	0	1092.25	Y	1/11/2018	$	316,693	863	$	767,352	$	422,660	0%	100%	#DIV/0!	#DIV/0!
51035	3	T8	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.)	1553.35	0	0	0	1165.05	Y	1/11/2018	$	142,521	361	$	347,420	$	190,795	0%	100%	#DIV/0!	#DIV/0!
51036	3	T8	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.)	1650.5	0	0	0	1237.9	Y	1/11/2018	$	41,421	104	$	104,543	$	55,226	0%	100%	#DIV/0!	#DIV/0!
51041	3	T8	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	1116.5	0	0	0	837.4	Y	1/11/2018	$	1,429,518	5,390	$	4,267,922	$	1,908,790	0%	100%	#DIV/0!	#DIV/0!
51042	3	T8	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	1563.15	0	0	0	1172.4	Y	1/11/2018	$	818,560	2,245	$	2,316,069	$	1,093,505	0%	100%	#DIV/0!	#DIV/0!
51043	3	T8	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	1953.95	0	0	0	1465.5	Y	1/11/2018	$	239,912	512	$	684,318	$	319,871	0%	100%	#DIV/0!	#DIV/0!
51044	3	T8	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	2121.4	0	0	0	1591.05	Y	1/11/2018	$	131,371	158	$	360,418	$	175,156	0%	100%	#DIV/0!	#DIV/0!
51045	3	T8	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 associated with a service to which item51052, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2233.05	0	0	0	1674.8	Y	1/11/2018	$	43,742	85	$	110,138	$	58,324	0%	100%	#DIV/0!	#DIV/0!
51051	3	T8	associated with a service to which item51051, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	1907.8	0	0	0	1430.85	Y	1/11/2018	$	52,316	91	$	126,121	$	69,751	0%	100%	#DIV/0!	#DIV/0!
51052	3	T8	Vertebral column resection osteotomy performed through single posterior approach, one vertebra, not being a service associated with a service to which item51051, 51052, 51054, 51055, 51056,	2320.3	0	0	0	1740.25	Y	1/11/2018	$	21,011	23	$	64,984	$	28,014	0%	100%	#DIV/0!	#DIV/0!
51053	3	T8	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	2639.95	0	0	0	1980	Y	1/11/2018	$	21,562	14	$	50,081	$	28,749	0%	100%	#DIV/0!	#DIV/0!
51054	3	T8		1407.65	0	0	0	1055.75	Y	1/11/2018	$	38,071	113	$	90,835	$	50,762	0%	100%	#DIV/0!	#DIV/0!

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51055	3	T8	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	2111.45	0	0	0	1583.6	Y	1/11/2018	$	31,542	28	$	74,901	$	42,056	0%	100%	#DIV/0!	#DIV/0!
51056	3	T8	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	2463.35	0	0	0	1847.55	Y	1/11/2018	$	6,887	8	$	22,597	$	9,183	0%	100%	#DIV/0!	#DIV/0!
51057	3	T8	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	2475	0	0	0	1856.25	Y	1/11/2018	$	25,058	18	$	56,898	$	33,410	0%	100%	#DIV/0!	#DIV/0!
51058	3	T8	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	2784.85	0	0	0	2088.65	Y	1/11/2018	$	10,075	6	$	21,015	$	13,433	0%	100%	#DIV/0!	#DIV/0!
51059	3	T8	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	3403.1	0	0	0	2552.35	Y	1/11/2018	$	6,324	3	$	12,671	$	8,432	0%	100%	#DIV/0!	#DIV/0!
51061	3	T8	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	2923.2	0	0	0	2192.4	Y	1/11/2018	$	665,706	316	$	1,663,326	$	887,607	0%	100%	#DIV/0!	#DIV/0!
51062	3	T8	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	3789.15	0	0	0	2841.9	Y	1/11/2018	$	554,034	200	$	1,254,487	$	742,296	0%	100%	#DIV/0!	#DIV/0!
51063	3	T8	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	4589.35	0	0	0	3442.05	Y	1/11/2018	$	207,924	62	$	476,007	$	277,232	0%	100%	#DIV/0!	#DIV/0!
51064	3	T8	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	5107.6	0	0	0	3830.7	Y	1/11/2018	$	243,542	64	$	491,371	$	324,722	0%	100%	#DIV/0!	#DIV/0!
51065	3	T8	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	5648.95	0	0	0	4236.75	Y	1/11/2018	$	105,855	25	$	233,913	$	141,140	0%	100%	#DIV/0!	#DIV/0!
51066	3	T8	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	5947.7	0	0	0	4460.8	Y	1/11/2018	$	32,269	8	$	73,295	$	43,025	0%	100%	#DIV/0!	#DIV/0!
51071	3	T8	Removal of intradural lesion, not being a service associated with a service to which item 51072 or 51073 applies (Anaes.) (Assist.)	2578.1	0	0	0	1933.6	Y	1/11/2018	$	508,762	275	$	1,236,497	$	678,344	0%	100%	#DIV/0!	#DIV/0!
51072	3	T8	service associated with a service to which item 51071 or 51073 applies (Anaes.) (Assist.)	2681.2	0	0	0	2010.9	Y	1/11/2018	$	1,005	1	$	1,971	$	1,341	0%	100%	#DIV/0!	#DIV/0!
51073	3	T8	not being a service associated with a service to which item 51071 or 51072 applies (Anaes.) (Assist.)	3403.1	0	0	0	2552.35	Y	1/11/2018	$	148,641	59	$	330,813	$	198,187	0%	100%	#DIV/0!	#DIV/0!
51102	3	T8	Thoracoplasty in combination with thoracic scoliosis correction—3 or more ribs (Anaes.) (Assist.)	1220.4	0	0	0	915.3	Y	1/11/2018	$	26,802	65	$	70,260	$	35,735	0%	100%	#DIV/0!	#DIV/0!
51103	3	T8	Odontoid screw fixation (Anaes.) (Assist.)	2144.75	0	0	0	1608.6	Y	1/11/2018	$	14,454	9	$	34,850	$	19,271	0%	100%	#DIV/0!	#DIV/0!
51110	3	T8	with immobilisation by calipers or halo, not including application of skull tongs or calipers as part of operative positioning (Anaes.)	776.8	0	0	692.1	582.6	Y	1/11/2018	$	8,002	16	$	22,260	$	10,670	0%	100%	#DIV/0!	#DIV/0!
51111	3	T8	Skull calipers or halo, insertion of, as an independent procedure (Anaes.)	330.15	0	0	0	247.65	Y	1/11/2018	$	805	4	$	1,246	$	1,073	0%	100%	#DIV/0!	#DIV/0!
51112	3	T8	Plaster jacket, application of, as an independent procedure (Anaes.)	223.25	0	0	189.8	167.45	Y	1/11/2018	$	1,094	6	$	939	$	1,340	50%	33%	#DIV/0!	#DIV/0!
51113	3	T8	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)	247.55	0	0	0	185.7	Y	1/11/2018	$	4,131	33	$	14,019	$	5,507	0%	100%	#DIV/0!	#DIV/0!
51114	3	T8	Halo thoracic orthosis—application of both halo and thoracic jacket (Anaes.)	437	0	0	0	327.75	Y	1/11/2018	$	574	3	$	1,857	$	765	0%	100%	#DIV/0!	#DIV/0!
51115	3	T8	Halo femoral traction, as an independent procedure (Anaes.)	437	0	0	371.45	327.75	Y	1/11/2018	$	651	2	$	2,018	$	868	0%	100%	#DIV/0!	#DIV/0!
51120	3	T8	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	242.85	0	0	0	182.15	Y	1/11/2018	$	286,248	2,316	$	1,178,578	$	381,925	0%	100%	#DIV/0!	#DIV/0!
51130	3	T8	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	1849.7	0	0	0	1387.3	Y	1/11/2018	$	414,160	348	$	1,892,099	$	551,674	0%	100%	#DIV/0!	#DIV/0!
51131	3	T8	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	1116.5	0	0	0	837.4	Y	1/11/2018	$	280,352	761	$	991,903	$	373,794	0%	100%	#DIV/0!	#DIV/0!
51140	3	T8	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	456.3	0	0	0	342.25	Y	1/11/2018	$	148,662	1,006	$	372,187	$	198,480	0%	100%	#DIV/0!	#DIV/0!
51141	3	T8	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	844.1	0	0	0	633.1	Y	1/11/2018	$	87,935	333	$	210,724	$	117,418	0%	100%	#DIV/0!	#DIV/0!
51145	3	T8	Wound debridement or excision for post operative infection or haematoma following spinal surgery (Anaes.) (Assist.)	456.3	0	0	0	342.25	Y	1/11/2018	$	143,911	539	$	290,942	$	192,168	1%	100%	#DIV/0!	#DIV/0!
51150	3	T8	Coccyx, excision of (Anaes.) (Assist.)	459.35	0	0	0	344.55	Y	1/11/2018	$	17,648	53	$	57,067	$	23,528	0%	100%	#DIV/0!	#DIV/0!

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		segment, not being a service to which item 51165 applies (Anaes.) (Assist.)																		
51160	3	T8		1185.95		0	0	0	889.5	Y	1/11/2018	$ 612,679	1,062	$ 1,629,173	$ 817,034	0%	100%	#DIV/0!	#DIV/0!	
		motion segment, not being a service to which item 51160 applies (Anaes.) (Assist.)																		
51165	3	T8		1495.3		0	0	0	1121.5	Y	1/11/2018	$ 638,130	813	$ 1,846,912	$ 851,832	0%	100%	#DIV/0!	#DIV/0!	
		duraplasty, intradural dissection, plugging of obex or local cerebrospinal fluid shunt (Anaes.) (Assist.)																		
51170	3	T8		2252.85		0	0	0	1689.65	Y	1/11/2018	$ 31,602	19	$ 71,652	$ 42,135	0%	100%	#DIV/0!	#DIV/0!	
		fluid shunt (for example, syringosubarachnoid shunt, syringopleural shunt or syringoperitoneal shunt) (Anaes.) (Assist.)																		
51171	3	T8		946.1		0	0	0	709.6	Y	1/11/2018	$ 6,309	13	$ 21,477	$ 8,411	0%	100%	#DIV/0!	#DIV/0!	
		Assistance at any operation identified by the word "Assist." for which the fee does not exceed $575.75 or at a series or																		
51300	3	T9	combination of operations identified by the word "Assist." where	89		0	0	75.65	66.75	0	1/12/1991	$ 5,516,790	82,557	$ 10,747,869	$ 7,333,892	2%	99%	-0.1%	0.5%	
		Assistance at any operation identified by the word "Assist." for which the fee exceeds $575.75 or at a series of operations			one fifth of the established fee for the operation or															
51303	3	T9	identified by the word "Assist." for which the aggregate fee	0	combination of operations	0	0	0	0	0	1/12/1991	$ 81,818,407	406,644	$ 178,249,405	$ 108,844,120	2%	99%	1.6%	3.1%	
		Assistance at a birth involving Caesarean section																		
51306	3	T9		128.55		0	0	109.3	96.45	0	1/12/1991	$ 2,177,996	21,782	$ 5,221,063	$ 2,795,292	1%	98%	-2.2%	-1.2%	
		Assistance at a series or combination of operations that include "(Assist.)" and assistance at a birth involving Caesarean section			one fifth of the established fee for the operation or															
51309	3	T9		0	combination of operations (the	0	0	0	0	0	1/12/1991	$ 257,655	1,545	$ 541,690	$ 339,148	1%	98%	-1.5%	-3.0%	
		Assistance at cataract and intraocular lens surgery covered by item 42698, 42701, 42702, 42704 or 42707, when performed in																		
51315	3	T9	association with services covered by item 42551 to 42569, 42653,	280.9		0	0	238.8	210.7	0	1/05/1997	$ 168,388	803	$ 278,944	$ 224,305	12%	100%	7.7%	8.4%	
		Assistance at cataract and intraocular lens surgery where patient has: -total loss of vision, including no potential for central vision, in																		
51318	3	T9	the fellow eye; or -previous significant surgical complication in the	185.4		0	0	157.6	139.05	0	1/05/1997	$ 156,422	1,122	$ 246,077	$ 207,421	20%	98%	-6.5%	-5.9%	
		APPROVED DENTAL PRACTITIONER, REFERRED CONSULTATION - SURGERY, HOSPITAL OR RESIDENTIAL AGED CARE FACILITY																		
51700	4	O1	Professional attendance (other than a second or subsequent	88.2		0	0	75	66.15	0	1/12/1991	$ 3,206,181	41,335	$ 6,153,280	$ 3,644,306	18%	0%	-5.2%	-4.5%	
		Professional attendance by an approved dental practitioner, each attendance subsequent to the first in a single course of treatment																		
51703	4	O1	at consulting rooms, hospital or residential aged care facility where	44.35		0	0	37.7	33.3	0	1/12/1991	$ 549,623	14,244	$ 734,651	$ 631,422	71%	2%	-2.2%	-1.6%	
		Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation specified in an item			one fifth of the established fee for the operation or															
51803	4	O2	that includes '(Assist.)' for which the fee exceeds $575.75 or at a	0	combination of operations	0	0	0	0	0	1/12/1991	$ 1,395	6	$ 11,500	$ 1,860	0%	100%	-21.4%	-23.2%	
		WOUND OF SOFT TISSUE, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field																		
51900	4	O3	nerve block, including suturing of that wound when performed	336.2		0	0	285.8	252.15	Y	1/11/2000	$ 205,800	990	$ 305,088	$ 261,285	44%	66%	32.9%	28.3%	
		without removal of sutures, not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)																		
51902	4	O3		76.25		0	0	64.85	57.2	Y	1/11/2000	$ 65	1	$ 65	$ 76	100%	0%	#DIV/0!	#DIV/0!	
		LIPECTOMY - wedge excision of skin or fat - 1 EXCISION (Anaes.) (Assist.)																		
51904	4	O3		469.1		0	0	398.75	351.85	Y	1/11/2000	$ 1,891	8	$ 15,368	$ 2,521	0%	100%	-4.4%	0.3%	
		LIPECTOMY- wedge excision of skin or fat - 2 OR MORE EXCISIONS (Anaes.) (Assist.)																		
51906	4	O3		713.35		0	0	628.65	535.05	Y	1/11/2000	$ 1,614	3	$ 1,614	$ 1,783	100%	0%	#DIV/0!	#DIV/0!	
		REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CM LONG), superficial (Anaes.)																		
52000	4	O3		85.05		0	0	72.3	63.8	Y	1/12/1991	$ 359	3	$ 766	$ 368	0%	67%	-30.1%	-13.0%	
		REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)																		
52003	4	O3		121.25		0	0	103.1	90.95	Y	1/12/1991	$ 1,389	19	$ 2,829	$ 1,698	53%	47%	22.1%	8.3%	
		REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CM LONG), superficial (Anaes.)																		
52006	4	O3		121.25		0	0	103.1	90.95	Y	1/12/1991	$ 97	3	$ 129	$ 121	67%	33%	24.6%	17.1%	
		of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)																		
52010	4	O3		261.9		0	0	222.65	196.45	Y	1/11/2000	$ 643	5	$ 1,346	$ 857	0%	100%	20.1%	44.6%	
		SUPERFICIAL FOREIGN BODY,removal of, as an independent procedure (Anaes.)																		
52012	4	O3		24.25		0	0	20.65	18.2	Y	1/12/1991	$ 41	2	$ 41	$ 49	100%	0%	-26.0%	-25.3%	
		SUBCUTANEOUS FOREIGN BODY,removal of, requiring incision and suture, as an independent procedure (Anaes.)																		
52015	4	O3		113.3		0	0	96.35	85	Y	1/12/1991	$ 1,354	16	$ 3,976	$ 1,700	50%	56%	-2.3%	1.3%	
		FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE,removal of, as an independent procedure (Anaes.) (Assist.)																		
52018	4	O3		285.45		0	0	242.65	214.1	Y	1/12/1991	$ 19,859	90	$ 31,511	$ 23,918	38%	32%	-12.3%	-10.9%	
		ASPIRATION BIOPSY of 1 or MORE JAW CYSTS as an independent procedure to obtain material for diagnostic purposes and not being																		
52021	4	O3	a service associated with an operative procedure on the same day	30.35		0	0	25.8	22.8	Y	1/12/1991	$ 13	1	$ 42	$ 15	0%	0%	-24.2%	-40.9%	
		BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure (Anaes.)																		
52024	4	O3		53.85		0	0	45.8	40.4	Y	1/12/1991	$ 12,110	250	$ 47,968	$ 12,657	16%	10%	-3.7%	-3.1%	
		LYMPH NODE OF NECK, biopsy of (Anaes.)																		
52025	4	O3		189.65		0	0	161.25	142.25	Y	1/11/2000	$ 161	1	$ 161	$ 190	100%	0%	-24.2%	-21.6%	
		ORGAN, as an independent procedure and not being a service to which item 52025 applies (Anaes.)																		
52027	4	O3		154.45		0	0	131.3	115.85	Y	1/12/1991	$ 10,606	89	$ 21,529	$ 12,848	18%	36%	-13.7%	-14.6%	
		SINUS, excision of, involving superficial tissue only (Anaes.)																		
52030	4	O3		92.8		0	0	78.9	69.6	Y	1/12/1991	$ 6,735	150	$ 10,182	$ 8,397	45%	55%	49.6%	47.0%	

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52033	4	O3	SINUS, excision of, involving muscle and deep tissue (Anaes.)	189.65	0	0	161.25	142.25	Y		1/12/1991	$	26,788	173	$	28,442	$	31,573	95%	5%	2.1%	2.6%
52034	4	O3	PREMALIGNANT LESIONS of the oral mucous, treatment by cryotherapy, diathermy or carbon dioxide laser	44.35	0	0	37.7	33.3		0	1/05/1997	$	658	8	$	3,288	$	355	13%	13%	14.9%	50.6%
52035	4	O3	ENDOSCOPIC LASER THERAPY for neoplasia and benign vascular lesions of the oral cavity (Anaes.)	490.95	0	0	417.35	368.25	Y		1/11/2000	$	16,818	44	$	23,542	$	21,111	25%	55%	113.2%	110.5%
52036	4	O3	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	130.9	0	0	111.3	98.2	Y		1/12/1991	$	115,272	1,051	$	281,119	$	124,049	25%	24%	-6.6%	-5.2%
52039	4	O3	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	336.2	0	0	285.8	252.15	Y		1/12/1991	$	59,794	226	$	81,546	$	75,077	54%	53%	-0.6%	1.8%
52042	4	O3	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	177.9	0	0	151.25	133.45	Y		1/12/1991	$	1,749	12	$	4,070	$	2,046	42%	8%	-15.0%	-13.4%
52045	4	O3	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	254.2	0	0	216.1	190.65	Y		1/12/1991	$	259,155	1,623	$	444,846	$	322,867	35%	64%	-3.7%	-5.1%
52048	4	O3	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 connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.)	383.1	0	0	325.65	287.35	Y		1/12/1991	$	223,958	871	$	427,870	$	274,274	28%	69%	-1.6%	-2.2%
52051	4	O3	connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.)	517.95	0	0	440.3	388.5	Y		1/12/1991	$	96,653	273	$	155,107	$	122,253	26%	68%	1.8%	1.0%
52054	4	O3	admission to a hospital, INCISION WITH DRAINAGE OF (excluding after care)	605.95	0	0	521.25	454.5	Y		1/12/1991	$	85,764	172	$	135,927	$	101,762	6%	55%	0.7%	2.8%
52055	4	O3	HAEMATOMA, aspiration of (Anaes.)	28.2	0	0	24	21.15		0	1/11/1992	$	3,087	136	$	4,045	$	3,631	78%	0%	-1.5%	-5.2%
52056	4	O3	similar lesion, requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding aftercare) (Anaes.)	28.2	0	0	24	21.15	Y		1/11/2000	$	24	1	$	24	$	28	100%	0%	-27.5%	-22.3%
52057	4	O3	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS, usinginterventional imaging techniques - but not including imaging (Anaes.)	168.05	0	0	142.85	126.05	Y		1/12/1991	$	19,547	175	$	35,210	$	26,060	11%	100%	-10.0%	-9.9%
52058	4	O3	ABSCESS, DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.)	245	0	0	208.25	183.75	Y		1/11/2000	$	392	2	$	1,650	$	490	0%	50%	-19.7%	-8.9%
52059	4	O3	MUSCLE, excision of (Anaes.)	276.05	0	0	234.65	207.05	Y		1/11/2000	$	358	2	$	1,424	$	477	0%	100%	-7.8%	-3.8%
52060	4	O3	BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	195.35	0	0	166.05	146.55	Y		1/12/1991	$	110	2	$	220	$	147	0%	100%	-12.9%	-23.3%
52063	4	O3	BONE CYST, injection into or aspiration of (Anaes.)	367.5	0	0	312.4	275.65	Y		1/12/1991	$	13,828	59	$	27,685	$	17,414	36%	71%	1.8%	2.2%
52064	4	O3	SUBMANDIBULAR GLAND, extirpation of (Anaes.) (Assist.)	174.8	0	0	148.6	131.1	Y		1/11/2000	$	1,011	8	$	1,900	$	1,232	0%	38%	2.7%	2.9%
52066	4	O3	SUBLINGUAL GLAND, extirpation of (Anaes.)	459.35	0	0	390.45	344.55	Y		1/12/1991	$	1,955	7	$	7,286	$	2,545	14%	86%	-4.9%	-8.8%
52069	4	O3	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.)	204.75	0	0	174.05	153.6	Y		1/12/1991	$	77	1	$	159	$	102	0%	100%	-32.2%	-35.0%
52072	4	O3	SALIVARY GLAND, removal of CALCULUS from duct or meatotomy or marsupialisation, 1 or more such procedures (Anaes.)	60.65	0	0	51.6	45.5	Y		1/12/1991	$	143	4	$	777	$	182	0%	75%	-26.0%	-24.6%
52075	4	O3	TONGUE, partial excision of (Anaes.) (Assist.)	154.45	0	0	131.3	115.85	Y		1/12/1991	$	7,327	49	$	18,313	$	7,117	20%	27%	-8.9%	-4.8%
52078	4	O3	TONGUE TIE, division or excision of frenulum (Anaes.)	304.95	0	0	259.25	228.75	Y		1/12/1991	$	3,630	16	$	11,949	$	4,718	13%	81%	-11.2%	-10.6%
52081	4	O3	FRENULUM, division or excision of frenulum, in a person aged not less than 2 years (Anaes.)	47.95	0	0	40.8	36	Y		1/12/1991	$	149	6	$	660	$	192	17%	83%	-45.8%	-51.1%
52084	4	O3	RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.)	123.2	0	0	104.75	92.4	Y		1/12/1991	$	14,484	143	$	40,261	$	16,347	23%	57%	-14.0%	-11.9%
52087	4	O3	margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.)	211.1	0	0	179.45	158.35	Y		1/12/1991	$	28,953	166	$	61,760	$	33,635	17%	25%	-8.0%	-7.9%
52090	4	O3	OPERATION on SKULL for OSTEOMYELITIS (Anaes.) (Assist.)	367.5	0	0	312.4	275.65	Y		1/12/1991	$	60,023	251	$	95,968	$	75,215	40%	65%	0.6%	0.6%
52092	4	O3	OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in item 52092 (Anaes.) (Assist.)	479.05	0	0	407.2	359.3	Y		1/11/1992	$	532	3	$	1,361	$	709	0%	100%	0.0%	-12.6%
52094	4	O3		605.9	0	0	521.2	454.45	Y		1/11/2000	$	1,478	3	$	3,768	$	1,809	33%	67%	0.0%	1.2%

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52095	4	O3	BONE GROWTH STIMULATOR, insertion of (Anaes.) (Assist.)	392.7	0	0	333.8	294.55	Y	1/11/2000	$	26,913	128	$	52,247	$	34,270	33%	95%	6.8%	11.4%
52096	4	O3	ORTHOPAEDIC PIN OR WIRE, insertion of, into maxilla or mandible or zygoma, as an independent procedure (Anaes.)	116.35	0	0	98.9	87.3	Y	1/12/1991	$	17,722	285	$	133,573	$	21,508	4%	87%	-1.4%	0.4%
52097	4	O3	EXTERNAL FIXATION, removal of, in the operating theatre of a hospital (Anaes.)	165.05	0	0	0	123.8	Y	1/11/2000	$	371	5	$	799	$	495	0%	100%	#DIV/0!	#DIV/0!
52098	4	O3	EXTERNAL FIXATION, removal of, in conjunction with operations involving internal fixation or bone grafting or both (Anaes.)	194.05	0	0	164.95	145.55	Y	1/11/2000	$	247	2	$	247	$	291	100%	0%	-12.9%	-17.3%
52099	4	O3	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,	145.65	0	0	123.85	109.25	Y	1/12/1991	$	3,786	48	$	6,418	$	4,547	65%	25%	-4.4%	-7.2%
52102	4	O3	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,	145.65	0	0	123.85	109.25	Y	1/12/1991	$	4,475	58	$	11,614	$	5,847	22%	84%	-10.9%	-11.3%
52105	4	O3	PLATE, 1 or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and	271.8	0	0	231.05	203.85	Y	1/12/1991	$	35,174	284	$	87,826	$	44,892	7%	89%	-9.5%	-11.0%
52106	4	O3	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 LIP, full thickness wedge excision of, with repair by direct sutures (Anaes.) (Assist.)	112.3	0	0	0	84.25	Y	1/05/1997	$	840	10	$	4,776	$	1,120	10%	100%	-9.0%	-7.4%
52108	4	O3	VERMILIONECTOMY (Anaes.) (Assist.)	336.2	0	0	285.8	252.15	Y	1/12/1991	$	639	4	$	729	$	719	50%	0%	5.9%	-3.6%
52111	4	O3	MANDIBLE or MAXILLA, segmental resection of, for tumours or cysts (Anaes.) (Assist.)	336.2	0	0	285.8	252.15	Y	1/12/1991	$	3,380	15	$	5,911	$	3,896	0%	53%	30.3%	34.0%
52114	4	O3	MANDIBLE, including lower border, or MAXILLA, sub-total resection of (Anaes.) (Assist.)	605.95	0	0	521.25	454.5	Y	1/12/1991	$	121,259	170	$	199,368	$	100,238	4%	46%	45.6%	65.3%
52117	4	O3	MANDIBLE, hemi-mandibular reconstruction of, OR MAXILLA, reconstruction of, with BONE GRAFT, PLATE, TRAY OR ALLOPLAST,	721.3	0	0	636.6	541	Y	1/12/1991	$	16,433	31	$	26,293	$	21,397	13%	87%	-9.5%	-8.0%
52122	4	O3	not being a service associated with a service to which item 52123 BONE GRAFT, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	853.15	0	0	768.45	639.9	Y	1/11/1992	$	2,362	10	$	21,711	$	3,149	0%	100%	-12.0%	-14.7%
52130	4	O3	which an item in the range (a)51900 to 52186; or (b)52303 to 53460 applies (Anaes.) (Assist.)	456.3	0	0	387.9	342.25	Y	1/11/2000	$	28,969	83	$	35,759	$	35,252	83%	34%	-14.0%	-13.9%
52131	4	O3	of, where undertaken in the operating theatre of a hospital (Anaes.)	631.05	0	0	546.35	473.3	Y	1/11/2000	$	6,867	24	$	57,817	$	9,156	0%	100%	-10.6%	-17.2%
52135	4	O3	VEIN, ligation of, not being a service to which item 52138 applies (Anaes.) (Assist.)	148.85	0	0	0	111.65	Y	1/12/1991	$	2,547	25	$	3,554	$	3,396	0%	100%	44.3%	48.6%
52141	4	O3	FOREIGN BODY, deep, removal of using interventional imaging techniques (Anaes.) (Assist.)	457.55	0	0	388.95	343.2	Y	1/12/1991	$	1,202	7	$	2,574	$	1,542	14%	86%	0.0%	-1.0%
52144	4	O3	DUCT OF MAJOR SALIVARY GLAND, transposition of (Anaes.) (Assist.)	426.45	0	0	362.5	319.85	Y	1/12/1991	$	3,441	17	$	7,044	$	4,514	18%	94%	13.6%	16.9%
52147	4	O3	PAROTID DUCT, repair of, using micro-surgical techniques (Anaes.) (Assist.)	402.45	0	0	342.1	301.85	Y	1/12/1991	$	11,104	64	$	21,246	$	13,977	5%	75%	12.2%	9.2%
52148	4	O3	SUBMANDIBULAR DUCTS, relocation of, for surgical control of drooling (Anaes.) (Assist.)	711.35	0	0	626.65	533.55	Y	1/11/1992	$	1,248	2	$	1,869	$	1,472	0%	50%	-12.9%	-9.4%
52158	4	O3	BONE OR DEEP SOFT TISSUE TUMOUR, biopsy of (not including aftercare) (Anaes.)	1145.35	0	0	1060.65	859.05	Y	1/11/2000	$	859	1	$	1,677	$	1,145	0%	100%	#DIV/0!	#DIV/0!
52180	4	O3	BONE OR MALIGNANT DEEP SOFT TISSUE TUMOUR, lesional or marginal excision of (Anaes.) (Assist.)	194.05	0	0	164.95	145.55	Y	1/11/2000	$	4,914	45	$	9,888	$	6,226	24%	91%	-12.6%	-15.2%
52182	4	O3	any 1 of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	427.2	0	0	363.15	320.4	Y	1/11/2000	$	2,495	7	$	3,806	$	2,994	29%	43%	-15.2%	-11.1%
52184	4	O3	SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, with skin or mucosa (Anaes.) (Assist.)	631.05	0	0	546.35	473.3	Y	1/11/2000	$	2,840	6	$	6,543	$	3,786	0%	100%	-11.4%	-8.8%
52300	4	O4	SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, with buccal pad of fat (Anaes.) (Assist.)	293.25	0	0	249.3	219.95	Y	1/12/1991	$	812,857	5,432	$	1,320,393	$	1,045,169	36%	79%	18.8%	18.1%
52303	4	O4	SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)	418.75	0	0	355.95	314.1	Y	1/12/1991	$	83,688	372	$	144,538	$	109,945	41%	91%	4.4%	2.5%
52306	4	O4	FREE GRAFTING (mucosa or split skin) of a granulating area (Anaes.)	621.3	0	0	536.6	466	Y	1/12/1991	$	5,019	12	$	7,557	$	6,826	17%	50%	1.8%	3.8%
52309	4	O4	FREE GRAFTING (mucosa, split skin or connective tissue) to 1 defect, including elective dissection (Anaes.) (Assist.)	211.1	0	0	179.45	158.35	Y	1/12/1991	$	79	1	$	79	$	106	100%	100%	-19.7%	-24.7%
52312	4	O4		293.25	0	0	249.3	219.95	Y	1/12/1991	$	29,820	232	$	61,732	$	39,523	12%	97%	-0.1%	-5.9%

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52315	4	O4	FREE GRAFTING, FULL THICKNESS, to 1 defect (mucosa or skin) (Anaes.) (Assist.)	488.55	0	0	415.3	366.45	Y	1/12/1991	$	21,687	86	$	61,974	$	28,378	8%	92%	1.5%	2.7%
52318	4	O4	associated with a service to which another item in Groups O3 to O9 applies - Autogenous - small quantity (Anaes.)	145.65	0	0	123.85	109.25	Y	1/12/1991	$	15,173	276	$	46,139	$	19,036	9%	71%	-4.0%	-6.6%
52319	4	O4	associated with a service to which another item in Groups O3 to O9 applies - Autogenous - large quantity (Anaes.)	242.85	0	0	206.45	182.15	Y	1/04/1992	$	9,216	76	$	32,101	$	10,465	24%	66%	-16.7%	-13.8%
52321	4	O4	FOREIGN IMPLANT (NON-BIOLOGICAL), insertion of, for CONTOUR RECONSTRUCTION of pathological deformity, not being a service associated with a service to which item 52624 applies (Anaes.)	488.55	0	0	415.3	366.45	Y	1/12/1991	$	86,544	329	$	211,128	$	107,727	38%	70%	36.7%	40.7%
52324	4	O4	DIRECT FLAP REPAIR, using tongue, first stage (Anaes.) (Assist.)	488.55	0	0	415.3	366.45	Y	1/12/1991	$	366	1	$	366	$	489	100%	100%	-19.7%	-17.0%
52330	4	O4	services to which item 52300, 52303, 52306 or 52324 applies (Anaes.) (Assist.)	806.35	0	0	721.65	604.8	Y	1/12/1991	$	23,426	37	$	40,135	$	29,775	22%	89%	11.0%	11.9%
52333	4	O4	CLEFT PALATE, primary repair (Anaes.) (Assist.)	806.35	0	0	721.65	604.8	Y	1/12/1991	$	605	2	$	1,357	$	806	0%	100%	0.0%	22.3%
52336	4	O4	CLEFT PALATE, secondary repair, closure of fistula using local flaps (Anaes.) (Assist.)	504	0	0	428.4	378	Y	1/12/1991	$	1,347	3	$	2,652	$	1,401	0%	67%	24.6%	29.7%
52337	4	O4	plastic closure of associated oro-nasal fistulae and ridge augmentation (Anaes.) (Assist.)	1102.5	0	0	1017.8	826.9	Y	1/05/1997	$	3,955	5	$	8,323	$	5,041	0%	80%	-6.5%	-4.4%
52342	4	O4	including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	997	0	0	0	747.75	Y	1/12/1991	$	138,412	192	$	246,890	$	184,548	21%	100%	4.1%	5.5%
52345	4	O4	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, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1124.4	0	0	0	843.3	Y	1/12/1991	$	27,853	44	$	128,682	$	37,137	5%	100%	5.9%	4.4%
52348	4	O4	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,	1270.55	0	0	0	952.95	Y	1/12/1991	$	36,817	46	$	111,139	$	49,088	9%	100%	-12.4%	-13.4%
52351	4	O4	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	1426.9	0	0	0	1070.2	Y	1/12/1991	$	204,332	193	$	1,133,722	$	272,437	1%	100%	-8.2%	-7.5%
52354	4	O4	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	1446.55	0	0	0	1084.95	Y	1/12/1991	$	103,175	95	$	298,440	$	137,562	3%	100%	2.7%	3.4%
52357	4	O4	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	1628.5	0	0	0	1221.4	Y	1/12/1991	$	182,814	152	$	824,924	$	243,749	0%	100%	-3.0%	-2.4%
52360	4	O4	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	1661.4	0	0	0	1246.05	Y	1/12/1991	$	2,492	2	$	4,493	$	3,323	0%	100%	0.0%	0.6%
52363	4	O4	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	1869	0	0	0	1401.75	Y	1/12/1991	$	130,361	95	$	787,538	$	173,815	1%	100%	-5.3%	-4.8%
52369	4	O4	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	2054.95	0	0	0	1541.25	Y	1/12/1991	$	156,296	102	$	826,360	$	208,391	0%	100%	-9.3%	-8.8%
52372	4	O4	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	1993.95	0	0	0	1495.5	Y	1/12/1991	$	1,496	1	$	2,959	$	1,994	0%	100%	#DIV/0!	#DIV/0!
52375	4	O4	GENIOPLASTY including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	2233.4	0	0	0	1675.05	Y	1/12/1991	$	181,254	111	$	962,385	$	241,673	0%	100%	7.0%	7.4%
52378	4	O4	FACE, contour reconstruction of 1 region, using autogenous bone or cartilage graft (Anaes.) (Assist.)	772.05	0	0	687.35	579.05	Y	1/12/1991	$	50,196	146	$	268,220	$	64,770	1%	99%	-3.1%	-4.6%
52379	4	O4	MIDFACIAL OSTEOTOMIES - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III	1319.4	0	0	1234.7	989.55	Y	1/11/1992	$	40,559	67	$	112,582	$	52,541	0%	99%	26.1%	27.2%
52382	4	O4	involving 3 or more osteotomies of the midface including MANDIBLE, fixation by intermaxillary wiring, excluding wiring for obesity	2693.2	0	0	2608.5	2019.9	Y	1/11/1992	$	4,813	3	$	10,802	$	8,040	0%	100%	-9.7%	-4.9%
52420	4	O4	DERMIS, DERMOFAT OR FASCIA GRAFT (excluding transfer of fat by injection) (Anaes.) (Assist.)	248.65	0	0	211.4	186.5	0	1/11/1992	$	3,114	26	$	21,958	$	4,152	0%	100%	-11.5%	-7.0%
52424	4	O4	and adjustment, including revision of minor whistle deformity if performed (Anaes.)	488.45	0	0	415.2	366.35	Y	1/11/2000	$	366	1	$	3,200	$	488	0%	100%	-24.2%	-22.7%
52450	4	O4	VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (Anaes.)	310.15	0	0	263.65	232.65	Y	1/11/2000	$	233	1	$	500	$	310	0%	100%	#DIV/0!	#DIV/0!
52460	4	O4	MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.)	806.35	0	0	721.65	604.8	Y	1/11/2000	$	458	1	$	1,750	$	611	0%	100%	#DIV/0!	#DIV/0!
52600	4	O5	MYLOHYOID RIDGE, reduction of (Anaes.) (Assist.)	348.9	0	0	296.6	261.7	Y	1/12/1991	$	74,101	361	$	153,664	$	90,739	25%	70%	-3.2%	-3.5%
52603	4	O5		333.5	0	0	283.5	250.15	Y	1/12/1991	$	8,204	54	$	17,888	$	10,390	28%	78%	-1.1%	-5.3%

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52606	4	O5	MAXILLARY TUBEROSITY, reduction of (Anaes.) PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than 5 lesions (Anaes.) (Assist.)	254.4	0	0	216.25	190.8	Y	1/12/1991	$ 18,438	119	$ 24,177	$ 22,511	65%	44%	5.5%	6.3%
52609	4	O5	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - 5 to 20 lesions (Anaes.) (Assist.)	333.5	0	0	283.5	250.15	Y	1/12/1991	$ 530	2	$ 1,280	$ 662	0%	50%	-12.9%	-12.7%
52612	4	O5	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - more than 20 lesions (Anaes.) (Assist.)	418.75	0	0	355.95	314.1	Y	1/12/1991	$ 491	2	$ 810	$ 655	50%	100%	-22.2%	-23.4%
52615	4	O5	muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.)	519.6	0	0	441.7	389.7	Y	1/12/1991	$ 1,221	3	$ 2,683	$ 1,559	33%	67%	0.0%	4.2%
52618	4	O5	including excision of muscle and skin or mucosal graft when performed - unilateral (Anaes.) (Assist.)	604.85	0	0	520.15	453.65	Y	1/12/1991	$ 66,249	141	$ 81,497	$ 80,333	70%	43%	3.3%	4.0%
52621	4	O5	ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.)	604.85	0	0	520.15	453.65	Y	1/12/1991	$ 2,111	5	$ 3,821	$ 2,669	0%	80%	4.6%	0.6%
52624	4	O5	expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.)	488.45	0	0	415.2	366.35	Y	1/12/1991	$ 897,199	2,730	$ 1,471,173	$ 1,121,248	33%	63%	-1.0%	-0.2%
52626	4	O5	maxillofacial surgery, extra oral implantation of titanium fixture (Anaes.) (Assist.)	299.6	0	0	254.7	224.7	Y	1/11/1992	$ 592	3	$ 2,500	$ 749	0%	67%	-29.3%	-27.6%
52627	4	O5	OSSEO-INTEGRATION PROCEDURE - intra-oral implantation of titanium fixture to facilitate restoration of the dentition following	519.6	0	0	441.7	389.7	Y	1/12/1991	$ 1,160	5	$ 9,831	$ 1,546	0%	100%	-6.5%	12.1%
52633	4	O5	resection of part of the maxilla or mandible for benign or abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	519.6	0	0	441.7	389.7	Y	1/05/1997	$ 2,143	9	$ 8,230	$ 2,858	0%	100%	-9.7%	-11.6%
52636	4	O5	being a service associated with a service to which item 52803 applies (Anaes.) (Assist.)	192.35	0	0	163.5	144.3	Y	1/05/1997	$ 796	9	$ 3,385	$ 972	33%	56%	5.2%	7.1%
52800	4	O6	NERVE TRUNK, internal (interfascicular), NEUROLYSIS of, using microsurgical techniques (Anaes.) (Assist.)	285.45	0	0	242.65	214.1	Y	1/12/1991	$ 7,007	64	$ 20,319	$ 9,342	50%	100%	48.0%	44.8%
52803	4	O6	NEURECTOMY, NEUROTOMY or REMOVAL OF TUMOUR from deep peripheral nerve (Anaes.) (Assist.)	411	0	0	349.35	308.25	Y	1/12/1991	$ 653	3	$ 1,745	$ 870	0%	100%	0.0%	-0.6%
52809	4	O6	NERVE TRUNK, SECONDARY repair of, using microsurgical techniques (Anaes.) (Assist.)	488.55	0	0	415.3	366.45	Y	1/12/1991	$ 1,638	5	$ 4,032	$ 2,184	20%	100%	4.6%	4.9%
52815	4	O6	NERVE, TRANSPOSITION OF (Anaes.) (Assist.)	736.7	0	0	652	552.55	Y	1/12/1991	$ 2,446	5	$ 6,546	$ 3,262	0%	100%	-12.9%	-14.1%
52818	4	O6	PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.)	488.55	0	0	415.3	366.45	Y	1/12/1991	$ 67,062	256	$ 106,541	$ 86,865	15%	75%	9.4%	8.9%
52824	4	O6	INJECTION OF PRIMARY BRANCH OF TRIGEMINAL NERVE with alcohol, cortisone, phenol, or similar substance (Anaes.)	457.55	0	0	388.95	343.2	Y	1/12/1991	$ 3,391	14	$ 5,936	$ 4,460	7%	93%	-9.5%	-12.0%
52826	4	O6	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (Anaes.)	245	0	0	208.25	183.75	Y	1/11/2000	$ 276	2	$ 583	$ 368	0%	100%	-56.4%	-56.7%
53000	4	O7	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a service	33.55	0	0	28.55	25.2	Y	1/12/1991	$ 41	2	$ 46	$ 50	50%	50%	0.0%	-25.0%
53003	4	O7	associated with a service to which another item in Groups O3 to O9 procedure is performed, including any associated consultation (Anaes.)	94.75	0	0	80.55	71.1	Y	1/12/1991	$ 505	10	$ 653	$ 673	80%	100%	-5.1%	-7.8%
53004	4	O7	ANTROSTOMY (RADICAL) (Anaes.) (Assist.)	36.7	0	0	31.2	27.55	Y	1/11/2000	$ 535	47	$ 870	$ 694	23%	79%	50.9%	6.2%
53006	4	O7	ANTRUM, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.)	537.55	0	0	456.95	403.2	Y	1/12/1991	$ 41,131	116	$ 67,865	$ 47,434	28%	84%	-2.3%	0.8%
53009	4	O7	ANTRUM, drainage of, through tooth socket (Anaes.)	304.95	0	0	259.25	228.75	Y	1/12/1991	$ 2,729	20	$ 4,183	$ 3,408	30%	55%	-10.1%	-10.2%
53012	4	O7	ORO-ANTRAL FISTULA, plastic closure of (Anaes.) (Assist.)	121.25	0	0	103.1	90.95	Y	1/12/1991	$ 1,811	39	$ 3,040	$ 2,298	31%	72%	28.8%	14.9%
53015	4	O7	NASAL SEPTUM, septoplasty, submucous resection or closure of septal perforation (Anaes.) (Assist.)	605.95	0	0	521.25	454.5	Y	1/12/1991	$ 600,470	1,384	$ 854,607	$ 760,339	46%	75%	1.8%	1.6%
53016	4	O7	following elevation of mucosal lining (sinus lift procedure), (unilateral) (Anaes.) (Assist.)	498.35	0	0	423.6	373.8	Y	1/05/1997	$ 20,274	103	$ 105,979	$ 27,031	0%	100%	8.3%	9.5%
53019	4	O7	POST-NASAL SPACE, direct examination of, with or without biopsy (Anaes.)	599.05	0	0	514.35	449.3	Y	1/11/1992	$ 263,336	572	$ 577,230	$ 321,385	28%	69%	-4.9%	-2.8%
53052	4	O7	NASENDOSCOPY or SINOSCOPY or FIBREOPTIC EXAMINATION of NASOPHARYNX one or more of these procedures (Anaes.)	126.65	0	0	107.7	95	Y	1/11/2000	$ 24	1	$ 24	$ 32	100%	100%	-12.9%	-24.5%
53054	4	O7		126.65	0	0	107.7	95	Y	1/11/2000	$ 112	2	$ 162	$ 150	0%	100%	-27.5%	-34.0%

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53056	4	O7	EXAMINATION OF NASAL CAVITY or POST-NASAL SPACE, or NASAL CAVITY AND POST-NASAL SPACE, UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item TURBINECTOMY or TURBINECTOMIES, partial or total, unilateral (Anaes.)	74.2	0	0	63.1	55.65	Y	1/11/2000	$	54	2	$	85	$	73	50%	100%	0.0%	-7.6%
53068	4	O7		140.8	0	0	119.7	105.6	Y	1/11/2000	$	297	4	$	2,581	$	396	0%	100%	-12.9%	-11.7%
53070	4	O7	TURBINATES, submucous resection of, unilateral (Anaes.)	183.6	0	0	156.1	137.7	Y	1/11/2000	$	103	2	$	538	$	138	0%	100%	-22.2%	-19.2%
53200	4	O8	MANDIBLE, treatment of a dislocation of, not requiring open reduction (Anaes.)	72.9	0	0	62	54.7	Y	1/12/1991	$	448	8	$	854	$	529	38%	13%	-19.7%	-15.9%
53206	4	O8	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 biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)	147.45	0	0	0	110.6	Y	1/12/1991	$	221	4	$	1,066	$	295	0%	100%	-19.7%	-27.2%
53215	4	O8		421.5	0	0	358.3	316.15	Y	1/12/1991	$	511	2	$	4,425	$	682	0%	100%	0.0%	-0.8%
53218	4	O8	bodies, debridement, or treatment of adhesions - 1 or more such procedures (Anaes.) (Assist.)	674.2	0	0	589.5	505.65	Y	1/12/1991	$	14,718	27	$	48,667	$	16,743	0%	89%	-17.1%	-15.0%
53221	4	O8	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)	899.55	0	0	814.85	674.7	Y	1/12/1991	$	2,273	5	$	35,310	$	3,031	0%	100%	-3.6%	-5.4%
53225	4	O8	insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)	299.6	0	0	254.7	224.7	Y	1/11/1992	$	54,120	294	$	136,880	$	67,669	3%	88%	2.3%	2.4%
53227	4	O8	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)	1225.3	0	0	1140.6	919	Y	1/12/1991	$	919	1	$	2,248	$	1,225	0%	100%	-12.9%	-12.4%
53230	4	O8	TEMPOROMANDIBULAR JOINT, surgery of, involving procedures to which items 53224, 53226, 53227 and 53230 apply and also involving the use of tissue flaps, or cartilage graft, or allograft	1380.25	0	0	1295.55	1035.2	Y	1/12/1991	$	11,625	13	$	28,280	$	15,500	0%	100%	-14.8%	-15.3%
53233	4	O8	TEMPOROMANDIBULAR JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies	1551	0	0	1466.3	1163.25	Y	1/12/1991	$	69,461	68	$	398,530	$	90,591	1%	99%	-5.5%	-5.7%
53236	4	O8	MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting	485.4	0	0	412.6	364.05	Y	1/11/2000	$	1,060	4	$	3,475	$	930	0%	75%	-4.4%	4.6%
53400	4	O9		133.2	0	0	113.25	99.9	0	1/12/1991	$	3,187	29	$	3,442	$	3,757	83%	7%	-6.2%	-5.9%
53403	4	O9	MANDIBLE, treatment of fracture of, not requiring splinting	162.8	0	0	138.4	122.1	0	1/12/1991	$	1,471	11	$	1,523	$	1,707	64%	0%	-13.7%	-13.8%
53406	4	O9	MAXILLA, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	419.35	0	0	356.45	314.55	Y	1/12/1991	$	2,744	9	$	4,461	$	2,802	0%	56%	-3.9%	-2.3%
53409	4	O9	MANDIBLE, treatment of fracture of, requiringsplinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	419.35	0	0	356.45	314.55	Y	1/12/1991	$	1,539	6	$	4,566	$	1,653	17%	33%	-7.8%	-9.4%
53410	4	O9	ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction	88.3	0	0	75.1	66.25	0	1/12/1991	$	610	9	$	612	$	709	89%	0%	-25.4%	-26.0%
53411	4	O9	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.)	246.25	0	0	209.35	184.7	Y	1/12/1991	$	1,336	8	$	3,546	$	1,781	0%	100%	-17.6%	-16.5%
53412	4	O9	reduction and involving internal or external fixation at 1 site (Anaes.) (Assist.)	404.35	0	0	343.7	303.3	Y	1/12/1991	$	910	4	$	2,564	$	1,213	0%	100%	-23.2%	-21.3%
53413	4	O9	reduction and involving internal or external fixation or both at 2 sites (Anaes.) (Assist.)	495.35	0	0	421.05	371.55	Y	1/12/1991	$	743	3	$	1,520	$	991	33%	100%	-15.6%	-18.2%
53414	4	O9	reduction and involving internal or external fixation or both at 3 sites (Anaes.) (Assist.)	569.1	0	0	484.4	426.85	Y	1/12/1991	$	1,098	3	$	3,800	$	1,464	0%	100%	-19.7%	-16.7%
53415	4	O9	MAXILLA, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)	449.25	0	0	381.9	336.95	Y	1/12/1991	$	674	2	$	1,514	$	899	0%	100%	-19.7%	-14.8%
53418	4	O9	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	584.05	0	0	499.35	438.05	Y	1/12/1991	$	768	2	$	2,418	$	1,024	0%	100%	14.9%	11.2%
53422	4	O9	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	741.2	0	0	656.5	555.9	Y	1/12/1991	$	1,390	3	$	2,116	$	1,853	67%	100%	-17.8%	-19.5%
53423	4	O9	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	741.2	0	0	656.5	555.9	Y	1/12/1991	$	3,448	9	$	18,558	$	4,597	22%	100%	-3.9%	-11.0%
53425	4	O9	viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)	635.9	0	0	551.2	476.95	Y	1/12/1991	$	954	2	$	1,951	$	1,272	0%	100%	0.0%	0.6%
53427	4	O9	blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	868.6	0	0	783.9	651.45	Y	1/12/1991	$	7,591	12	$	13,471	$	9,048	17%	75%	-16.7%	-14.9%
53429	4	O9	viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	868.6	0	0	783.9	651.45	Y	1/12/1991	$	8,276	13	$	20,092	$	10,858	8%	92%	-20.5%	-19.0%

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53439	4	O9	MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.)	246.25		0	0	209.35	184.7	Y	1/12/1991	$	837	4	$	837	$	985	75%	0%	-7.8%	6.8%
53453	4	O9	ORBITAL CAVITY, reconstruction of a wall or floor with or without foreign implant (Anaes.) (Assist.)	498.35		0	0	423.6	373.8	Y	1/11/1992	$	1,308	4	$	2,648	$	1,744	0%	100%	-22.2%	-18.7%
53455	4	O9	including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)	585.4		0	0	500.7	439.05	Y	1/11/1992	$	693	3	$	2,199	$	924	0%	100%	-12.9%	-19.7%
53458	4	O9	NASAL BONES, treatment of fracture of, not being a service to which item 53459 or 53460 applies	44.4		0	0	37.75	33.3	0	1/05/1997	$	179	6	$	181	$	203	83%	0%	-5.6%	-6.5%
53459	4	O9	NASAL BONES, treatment of fracture of, by reduction (Anaes.)	242.85		0	0	206.45	182.15	Y	1/05/1997	$	805	5	$	3,053	$	962	0%	80%	-9.0%	-5.6%
53460	4	O9	NASAL BONES, treatment of fractures of, by open reduction involving osteotomies (Anaes.) (Assist.)	495.35		0	0	421.05	371.55	Y	1/05/1997	$	601	2	$	1,107	$	736	0%	50%	14.9%	46.1%
53700	4	O11	(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.	128.75		0	0	109.45	96.6	0	1/11/2000	$	410,508	4,178	$	654,344	$	537,244	42%	86%	55.7%	52.9%
53702	4	O11	TRIGEMINAL NERVE, peripheral branch of, injection of an anaesthetic agent	64.45		0	0	54.8	48.35	0	1/11/2000	$	246,096	4,983	$	378,837	$	319,616	46%	80%	46.9%	45.1%
53704	4	O11	FACIAL NERVE, injection of an anaesthetic agent	38.8		0	0	33	29.1	0	1/11/2000	$	29	1	$	53	$	39	0%	100%	#DIV/0!	#DIV/0!
53706	4	O11	NERVE BRANCH, destruction by a neurolytic agent, not being a service to which any other item in this Group applies	128.75		0	0	109.45	96.6	0	1/11/2000	$	37,271	273	$	95,225	$	35,141	7%	5%	-0.5%	-4.0%
54001	4	O1	Telehealth attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner in the practice of oral and maxillofacial surgery, if the	88.2		0	0	75	0	0	22/05/2020	$	35,979	480	$	37,542	$	42,311	96%	0%	#DIV/0!	#DIV/0!
54002	4	O1	Telehealth attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to	44.35		0	0	37.7	0	0	22/05/2020	$	2,655	67	$	3,015	$	2,971	94%	0%	#DIV/0!	#DIV/0!
54003	4	O1	Phone 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	88.2		0	0	75	0	0	22/05/2020	$	176,914	2,358	$	186,611	$	207,970	95%	0%	#DIV/0!	#DIV/0!
54004	4	O1	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	44.35		0	0	37.7	0	0	22/05/2020	$	11,270	299	$	11,864	$	13,258	92%	0%	#DIV/0!	#DIV/0!
55014	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	80	2	$	106	$	106	0%	100%	-7.8%	-5.0%
55016	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	14	1	$	290	$	19	0%	100%	-59.3%	-60.9%
55017	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	82	2	$	106	$	109	0%	100%	0.0%	0.9%
55026	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	557	13	$	637	$	649	54%	46%	-19.3%	-7.8%
55028	5	I1	Head, ultrasound scan of (R)	110.75		0	0	94.15	83.1	0	1/07/1993	$	1,539,164	15,158	$	1,819,320	$	1,670,124	73%	15%	6.2%	6.8%
55029	5	I1	Head, ultrasound scan of (NR)	38.4		0	0	32.65	28.8	0	1/07/1993	$	785	23	$	1,142	$	873	65%	17%	-2.4%	-3.5%
55030	5	I1	Orbital contents, ultrasound scan of (R)	110.75		0	0	94.15	83.1	0	1/07/1993	$	162,400	1,598	$	212,785	$	173,764	73%	3%	-1.0%	-0.7%
55031	5	I1	Orbital contents, ultrasound scan of (NR)	38.4		0	0	32.65	28.8	0	1/07/1993	$	1,607	46	$	2,402	$	1,761	30%	0%	-20.0%	-20.3%
55032	5	I1	Neck, one or more structures of, ultrasound scan of (R)	110.75		0	0	94.15	83.1	0	1/07/1993	$	41,201,647	397,942	$	46,650,209	$	43,798,205	86%	1%	5.4%	5.8%
55033	5	I1	Neck, one or more structures of, ultrasound scan of (NR)	38.4		0	0	32.65	28.8	0	1/07/1993	$	372,500	10,725	$	433,703	$	400,749	75%	2%	0.6%	0.4%
55036	5	I1	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	112.95		0	0	96.05	84.75	0	1/07/1993	$	105,516,376	1,002,173	$	118,351,463	$	112,791,575	86%	4%	3.7%	4.1%
55037	5	I1	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	38.4		0	0	32.65	28.8	0	1/07/1993	$	147,599	3,852	$	195,658	$	147,434	57%	2%	-5.1%	-3.4%
55038	5	I1	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	110.75		0	0	94.15	83.1	0	1/07/1993	$	64,057,749	619,423	$	72,415,903	$	68,422,072	85%	4%	3.9%	4.3%
55039	5	I1	transrectal ultrasonic examination of any of the following: (a) prostate gland; (b) bladder base; (c) urethra (NR)	38.4		0	0	32.65	28.8	0	1/07/1993	$	711,928	20,227	$	917,108	$	771,037	57%	10%	5.8%	6.3%
55048	5	I1	Scrotum, ultrasound scan of (R)	111.15		0	0	94.5	83.4	0	1/07/1993	$	14,874,889	143,672	$	17,517,908	$	15,918,204	82%	1%	4.2%	4.6%

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55049		5	I1	Scrotum, ultrasound scan of (NR)	38.4		0	0	32.65	28.8	0	1/07/1993	$	6,697	195	$	9,359	$	7,431	41%	1%	-2.1%	-2.4%
55054		5	I1	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	110.75		0	0	94.15	83.1	0	1/07/1993	$	23,250,938	273,437	$	33,703,279	$	26,291,463	51%	29%	3.0%	3.3%
55064	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	15	1	$	50	$	17	0%	0%	-61.7%	-63.7%
55065		5	I1	Pelvis, ultrasound scan of, by any or all approaches, if:(a) the service is not solely: (i) a service to which an item in Subgroup 5 of this Group applies, or (ii) a transrectal ultrasonic examination of	99.7		0	0	84.75	74.8	0	1/07/2014	$	96,772,876	1,041,922	$	122,044,121	$	102,897,829	81%	1%	3.3%	3.7%
55066		5	I1	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	221.45		0	0	188.25	166.1	0	1/05/2020	$	1,335,557	7,338	$	1,733,913	$	1,466,203	52%	2%	#DIV/0!	#DIV/0!
55067	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	61	2	$	178	$	66	50%	0%	-72.8%	-72.0%
55068		5	I1	Pelvis, ultrasound scan of, by any or all approaches, if the service is not solely a service to which an item in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the	35.5		0	0	30.2	26.65	0	1/07/2014	$	3,980,990	115,785	$	5,903,135	$	4,095,250	53%	1%	2.0%	2.3%
55070		5	I1	Breast, one, ultrasound scan of (R)	99.7		0	0	84.75	74.8	0	1/02/2000	$	12,687,026	139,160	$	16,241,798	$	13,536,676	76%	1%	-1.2%	-1.0%
55071		5	I1	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	210.45		0	0	178.9	157.85	0	1/05/2020	$	5,643,446	33,423	$	7,226,889	$	6,210,721	54%	5%	#DIV/0!	#DIV/0!
55073		5	I1	Breast, one, ultrasound scan of (NR)	34.55		0	0	29.4	25.95	0	1/02/2000	$	163,823	5,167	$	190,509	$	177,643	61%	1%	-1.1%	-0.7%
55076		5	I1	Breasts, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance (R)	110.75		0	0	94.15	83.1	0	1/02/2000	$	57,308,551	570,274	$	76,742,036	$	61,467,399	67%	0%	4.0%	3.9%
55079		5	I1	Breasts, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance (NR)	38.4		0	0	32.65	28.8	0	1/02/2000	$	41,965	1,199	$	51,934	$	45,429	64%	1%	-8.6%	-8.6%
55084		5	I1	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	99.7		0	0	84.75	74.8	0	1/05/2004	$	298,632	4,060	$	342,558	$	323,541	76%	7%	6.3%	5.1%
55085		5	I1	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	34.55		0	0	29.4	25.95	0	1/05/2004	$	1,167,716	36,631	$	1,484,706	$	1,264,956	60%	6%	5.9%	6.3%
55113	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	22,192,311	107,869	$	25,622,972	$	24,349,611	69%	14%	-32.1%	-31.9%
55114	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	3,579,914	17,607	$	4,340,567	$	3,959,491	59%	16%	-34.3%	-34.1%
55115	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,530,920	7,915	$	1,708,675	$	1,661,643	72%	9%	-32.8%	-32.7%
55116	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	8,490,275	37,501	$	9,352,155	$	9,111,311	76%	1%	-32.4%	-32.1%
55117	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	319,982	1,372	$	352,736	$	344,020	74%	9%	-32.1%	-32.1%
55118		5	I1	Heart, two 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	279.65		0	0	237.75	209.75	Y	1/11/1992	$	3,776,344	18,005	$	5,938,162	$	4,815,754	16%	83%	2.2%	2.2%
55119	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	279	3	$	335	$	341	33%	67%	-47.6%	-48.5%
55120	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	83	1	$	115	$	110	0%	100%	-59.3%	-60.5%
55125	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	177	2	$	310	$	236	0%	100%	-49.0%	-50.5%
55126		5	I1	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	234.15		0	0	199.05	175.65	0	1/08/2020	$	184,746,513	902,724	$	213,597,541	$	200,117,798	71%	6%	#DIV/0!	#DIV/0!
55127		5	I1	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	234.15		0	0	199.05	175.65	0	1/08/2020	$	9,460,243	47,243	$	12,117,952	$	10,617,964	50%	22%	#DIV/0!	#DIV/0!
55128		5	I1	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	234.15		0	0	199.05	175.65	0	1/08/2020	$	807,806	3,911	$	904,227	$	875,854	71%	2%	#DIV/0!	#DIV/0!
55129		5	I1	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	234.15		0	0	199.05	175.65	0	1/08/2020	$	18,102,314	89,838	$	22,713,520	$	20,156,992	55%	19%	#DIV/0!	#DIV/0!
55130		5	I1	Intra-operative two-dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium,	172.55		0	0	146.7	129.45	Y	1/11/1992	$	66,227	526	$	133,882	$	88,280	0%	100%	-7.6%	-7.4%
55132		5	I1	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	234.15		0	0	199.05	175.65	0	1/08/2020	$	6,411,652	33,648	$	7,030,029	$	6,889,262	77%	3%	#DIV/0!	#DIV/0!

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55133		5	I1	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	210.75		0	0	179.15	158.1	0	1/08/2020	$	4,357,578	23,595	$	5,136,810	$	4,797,694	68%	20%	#DIV/0!	#DIV/0!
55134		5	I1	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	234.15		0	0	199.05	175.65	0	1/08/2020	$	545,606	2,661	$	646,474	$	595,463	65%	16%	#DIV/0!	#DIV/0!
55135		5	I1	Intra-operative two-dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium,	358.9		0	0	305.1	269.2	Y	1/05/2004	$	901,796	3,396	$	1,568,506	$	1,200,602	1%	99%	-0.4%	-0.1%
55137		5	I1	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	234.15		0	0	199.05	175.65	0	1/08/2020	$	561,828	2,844	$	617,314	$	577,605	78%	0%	#DIV/0!	#DIV/0!
55141		5	I1	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 Exercise stress echocardiography focused study,	417.45		0	0	354.85	313.1	0	1/08/2020	$	121,308,649	322,488	$	138,802,937	$	130,922,869	69%	1%	#DIV/0!	#DIV/0!
55143		5	I1	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	417.45		0	0	354.85	313.1	0	1/08/2020	$	661,336	1,778	$	768,850	$	713,175	65%	3%	#DIV/0!	#DIV/0!
55145		5	I1	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	483.85		0	0	411.3	362.9	0	1/08/2020	$	4,156,104	9,511	$	4,653,234	$	4,528,118	61%	6%	#DIV/0!	#DIV/0!
55146		5	I1	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	483.85		0	0	411.3	362.9	0	1/08/2020	$	35,824	81	$	37,333	$	38,487	69%	1%	#DIV/0!	#DIV/0!
55221	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	129	2	$	129	$	136	100%	0%	-49.0%	-60.2%
55224	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	81	1	$	81	$	85	100%	0%	-56.1%	-55.2%
55226	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	64	1	$	85	$	85	0%	100%	-38.1%	-40.6%
55227	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	81	1	$	81	$	85	100%	0%	-73.1%	-69.6%
55236	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	47	1	$	144	$	56	0%	0%	-19.7%	-10.8%
55238		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/1997	$	31,034,068	218,589	$	33,390,007	$	33,214,676	87%	4%	3.0%	3.4%
55244		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/1997	$	56,434,847	373,140	$	64,309,047	$	59,578,907	76%	14%	3.3%	3.6%
55246		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/1997	$	23,336,494	165,439	$	26,419,386	$	24,212,554	80%	2%	3.8%	4.2%
55248		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/1997	$	2,260,309	15,836	$	2,480,382	$	2,434,460	83%	8%	8.8%	9.2%
55252		5	I1	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, not being a service associatedwith a	172.05		0	0	146.25	129.05	0	1/11/1997	$	5,952,719	42,354	$	6,900,743	$	6,592,745	72%	21%	11.3%	11.6%
55274		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/1997	$	22,125,853	141,823	$	24,657,766	$	23,820,366	81%	7%	-1.1%	-0.4%
55276		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/1997	$	22,939,085	195,786	$	26,409,885	$	24,405,797	83%	3%	9.2%	9.3%
55278		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/1997	$	16,289,233	104,084	$	20,938,070	$	17,544,132	69%	4%	7.3%	8.5%
55280		5	I1	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra cranial vessels, not being a service associated witha service to	172.05		0	0	146.25	129.05	0	1/11/1997	$	222,924	1,675	$	312,745	$	244,948	57%	21%	0.4%	2.5%
55282		5	I1	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:(a) by spectral analysis of cavernosal artery of the penis following intracavernosal	172.05		0	0	146.25	129.05	0	1/11/1997	$	133,393	839	$	197,724	$	137,849	67%	1%	9.1%	10.7%
55284		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/1997	$	192,607	1,213	$	226,753	$	207,208	79%	2%	21.1%	22.0%
55292		5	I1	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of surgically created arteriovenous fistula or surgically created	172.05		0	0	146.25	129.05	0	1/11/2001	$	2,375,483	15,438	$	2,431,705	$	2,519,688	95%	3%	8.2%	8.3%
55294		5	I1	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	172.05		0	0	146.25	129.05	0	1/11/2001	$	546,400	4,226	$	597,600	$	594,702	81%	15%	2.0%	1.9%
55296		5	I1	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	112.7		0	0	95.8	84.55	0	1/11/2001	$	1,615,560	7,965	$	2,182,718	$	817,857	37%	14%	3.3%	5.7%
55600		5	I1	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	110.75		0	0	94.15	83.1	0	1/11/1998	$	439,764	4,523	$	584,357	$	482,426	68%	21%	1.2%	2.2%
55603		5	I1	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	110.75		0	0	94.15	83.1	0	1/11/1998	$	1,710,133	21,625	$	3,990,464	$	2,230,767	3%	95%	3.9%	5.5%

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55700		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, for determining the gestation, location, viability or number of foetuses, if the dating of	60.9		0	0	51.8	45.7	0	1/02/2000	$	22,735,487	406,308	$	36,093,720	$	24,363,592	71%	0%	4.6%	4.8%
55701	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	29	1	$	29	$	30	100%	0%	-34.0%	-24.0%
55703		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, for determining the gestation, location, viability or number of foetuses, if the dating of	35.5		0	0	30.2	26.65	0	1/02/2000	$	2,662,907	79,080	$	4,114,425	$	2,800,282	56%	0%	-1.6%	-1.1%
55704		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, for determining the structure, gestation, location,	71.05		0	0	60.4	53.3	0	1/02/2000	$	4,861,342	75,511	$	11,761,276	$	5,264,543	47%	0%	8.4%	8.8%
55705		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, for determining the structure, gestation, location,	35.5		0	0	30.2	26.65	0	1/02/2000	$	218,118	6,584	$	289,347	$	233,137	75%	0%	0.6%	0.9%
55706		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating	101.5		0	0	86.3	76.15	0	1/02/2000	$	24,835,512	267,357	$	49,914,389	$	26,964,681	47%	0%	0.6%	0.7%
55707		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the pregnancy (as confirmed by ultrasound) is	71.05		0	0	60.4	53.3	0	1/11/2005	$	10,955,917	173,219	$	31,488,891	$	12,086,862	31%	0%	1.9%	2.1%
55708		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the pregnancy (as confirmed by ultrasound) is	35.5		0	0	30.2	26.65	0	1/11/2005	$	16,135	491	$	30,311	$	17,356	62%	0%	-4.9%	-4.3%
55709		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating	38.55		0	0	32.8	28.95	0	1/02/2000	$	33,312	934	$	76,000	$	35,951	63%	0%	4.6%	4.9%
55712		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating	116.7		0	0	99.2	87.55	0	1/02/2000	$	1,298,307	11,982	$	1,696,157	$	1,372,172	79%	1%	-6.3%	-6.1%
55715		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating	40.6		0	0	34.55	30.45	0	1/02/2000	$	52,594	1,366	$	56,392	$	55,242	98%	0%	-6.5%	-6.1%
55718		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the dating of the pregnancy (as confirmed by	101.5		0	0	86.3	76.15	0	1/02/2000	$	17,740,258	180,733	$	26,043,040	$	18,214,186	69%	1%	6.1%	6.1%
55721		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the service is requested by a medical practitioner	116.7		0	0	99.2	87.55	0	1/02/2000	$	19,840,236	176,846	$	23,332,293	$	20,481,936	83%	1%	8.3%	8.6%
55722	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	903	19	$	903	$	950	100%	0%	-41.3%	-41.2%
55723		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the dating of the pregnancy (as confirmed by	38.55		0	0	32.8	28.95	0	1/02/2000	$	365,898	9,684	$	494,709	$	373,097	64%	0%	0.4%	-0.2%
55724	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	323	6	$	323	$	340	100%	0%	-60.1%	-59.3%
55725		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner	40.6		0	0	34.55	30.45	0	1/02/2000	$	345,770	8,320	$	441,070	$	337,401	67%	0%	-7.7%	-6.9%
55727	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	19	1	$	19	$	20	100%	0%	-53.3%	-53.1%
55729		5	I1	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	27.65		0	0	23.55	20.75	0	1/11/2000	$	370,237	15,280	$	385,336	$	389,713	97%	1%	25.1%	24.5%
55736		5	I1	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	128.9		0	0	109.6	96.7	0	1/02/2000	$	1,656,192	14,033	$	5,833,621	$	1,700,090	3%	0%	4.0%	4.2%
55739		5	I1	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	57.85		0	0	49.2	43.4	0	1/02/2000	$	24,015	414	$	64,640	$	23,922	12%	1%	-11.5%	-11.9%
55759		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating	152.25		0	0	129.45	114.2	0	1/11/2000	$	524,830	3,389	$	845,492	$	511,284	52%	0%	-1.7%	-2.0%
55760	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	143	2	$	143	$	150	100%	0%	-12.9%	-26.7%
55762		5	I1	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating	60.9		0	0	51.8	45.7	0	1/11/2000	$	1,777	30	$	2,680	$	1,825	87%	0%	-10.1%	-10.4%
55763	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	29	1	$	29	$	30	100%	0%	-19.7%	-18.5%
55764		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating	162.4		0	0	138.05	121.8	0	1/11/2000	$	172,134	1,137	$	223,365	$	179,522	77%	1%	-3.0%	-3.2%
55766		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating	65.95		0	0	56.1	49.5	0	1/11/2000	$	3,412	55	$	3,684	$	3,609	96%	2%	-10.4%	-10.2%
55768		5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) dating of the pregnancy (as confirmed by	152.25		0	0	129.45	114.2	0	1/11/2000	$	462,448	3,175	$	648,089	$	477,962	69%	1%	-0.6%	-1.2%
55769	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	38	1	$	38	$	40	100%	0%	0.0%	-11.8%

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55770	5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) dating of the pregnancy (as confirmed by	60.9		0	0	51.8	45.7	0	1/11/2000	$	5,421	91	$	6,127	$	5,536	77%	3%	-6.3%	-6.0%
55772	5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) dating of the pregnancy as confirmed by	162.4		0	0	138.05	121.8	0	1/11/2000	$	1,528,378	9,734	$	1,787,483	$	1,558,543	76%	2%	-0.8%	-0.7%
55774	5	I1	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner	65.95		0	0	56.1	49.5	0	1/11/2000	$	6,519	102	$	7,371	$	6,725	81%	0%	-17.2%	-16.6%
55800	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	49,708	494	$	54,959	$	53,265	84%	7%	-69.5%	-69.5%
55801	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	41	1	$	50	$	55	0%	100%	0.0%	-4.6%
55802	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	4,344	121	$	4,379	$	4,575	98%	0%	-47.9%	-47.6%
55803	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	13	1	$	13	$	14	100%	0%	-53.9%	-57.4%
55804	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	23,373	233	$	26,189	$	25,240	82%	10%	-69.7%	-69.7%
55805	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	47	1	$	47	$	50	100%	0%	-53.3%	-49.5%
55806	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	2,232	62	$	2,287	$	2,347	100%	0%	-45.1%	-44.5%
55808	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	96,259	954	$	105,785	$	103,254	86%	7%	-71.1%	-71.1%
55810	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	7,647	213	$	7,685	$	8,047	99%	0%	-46.1%	-45.7%
55812	5	I1	the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (R)	110.75		0	0	94.15	83.1	0	1/11/2000	$	13,954,182	135,757	$	15,842,184	$	14,861,213	86%	3%	7.4%	7.8%
55813	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	41	1	$	55	$	55	0%	100%	-19.7%	-22.4%
55814	5	I1	the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (NR)	38.4		0	0	32.65	28.8	0	1/11/2000	$	35,029	1,008	$	43,808	$	37,728	81%	5%	-36.5%	-35.0%
55816	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	64,681	632	$	73,416	$	67,839	80%	10%	-69.7%	-69.6%
55818	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	2,876	81	$	3,238	$	3,046	94%	1%	-47.0%	-46.7%
55820	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	63,621	615	$	80,018	$	66,817	60%	3%	-59.8%	-60.1%
55821	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	104	2	$	104	$	109	100%	0%	14.9%	-10.8%
55822	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	28	1	$	168	$	38	0%	100%	-69.2%	-70.8%
55823	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	18	1	$	18	$	19	100%	0%	0.0%	#DIV/0!
55824	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	8,068	87	$	9,564	$	9,222	60%	32%	-69.9%	-70.4%
55826	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,368	38	$	1,368	$	1,438	100%	0%	-44.3%	-44.3%
55828	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	31,013	308	$	33,895	$	33,269	84%	10%	-70.5%	-70.5%
55830	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	3,479	97	$	3,457	$	3,666	98%	0%	-49.0%	-48.6%
55832	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	9,742	105	$	11,953	$	11,091	58%	31%	-69.0%	-69.5%
55833	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	311	6	$	311	$	327	100%	0%	24.6%	59.1%
55834	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	608	17	$	731	$	643	94%	0%	-55.2%	-63.1%
55836	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	32,267	322	$	35,718	$	34,680	84%	7%	-71.3%	-71.4%

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55837	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	37	1	$	55	$	50	0%	100%	-12.9%	-12.0%
55838	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	3,389	91	$	3,789	$	3,409	97%	0%	-50.9%	-50.1%
55840	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	23,998	239	$	26,658	$	25,505	85%	6%	-71.3%	-71.4%
55842	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,003	28	$	1,003	$	1,055	100%	0%	-55.2%	-54.6%
55844		5	I1	structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of (R)	88.65		0	0	75.4	66.5	0	1/11/2000	$	12,994,688	157,384	$	15,170,743	$	13,829,091	86%	1%	5.1%	5.5%
55846		5	I1	structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of (NR)	38.4		0	0	32.65	28.8	0	1/11/2000	$	27,866	774	$	33,861	$	29,321	79%	1%	-18.4%	-17.7%
55848		5	I1	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	138.65		0	0	117.9	104	0	1/11/2000	$	68,319,561	537,234	$	86,907,340	$	73,551,022	68%	1%	12.6%	20.8%
55850		5	I1	Musculoskeletal ultrasound, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if:(a) the medical practitioner	183.05		0	0	155.6	137.3	0	1/11/2000	$	27,614,522	162,011	$	34,039,726	$	29,687,285	70%	1%	-5.9%	-0.2%
55851	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	145	2	$	145	$	153	100%	0%	-28.9%	-25.4%
55852		5	I1	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (R)	110.75		0	0	94.15	83.1	0	1/05/2001	$	307,545	2,951	$	371,079	$	323,695	72%	3%	7.9%	7.8%
55854		5	I1	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (NR)	38.4		0	0	32.65	28.8	0	1/05/2001	$	517	13	$	642	$	483	69%	0%	-5.2%	-2.6%
55856		5	I1	service is not performed in conjunction with a service mentioned in item 55858 (R)	110.75		0	0	94.15	83.1	0	1/05/2020	$	30,833,508	295,915	$	33,653,422	$	32,679,324	91%	0%	#DIV/0!	#DIV/0!
55857		5	I1	Hand or wrist, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55859 (NR)	38.4		0	0	32.65	28.8	0	1/05/2020	$	73,153	2,038	$	124,851	$	77,666	74%	0%	#DIV/0!	#DIV/0!
55858		5	I1	service is not performed in conjunction with a service mentioned in item 55856 (R)	122.9		0	0	104.5	92.2	0	1/05/2020	$	2,980,493	25,897	$	3,261,327	$	3,160,670	90%	0%	#DIV/0!	#DIV/0!
55859		5	I1	service is not performed in conjunction with a service mentioned in item 55857 (NR)	42.65		0	0	36.3	32	0	1/05/2020	$	26,692	666	$	31,253	$	28,456	84%	1%	#DIV/0!	#DIV/0!
55860		5	I1	service is not performed in conjunction with a service mentioned in item 55862 (R)	110.75		0	0	94.15	83.1	0	1/05/2020	$	14,060,326	135,412	$	15,247,482	$	14,909,352	91%	1%	#DIV/0!	#DIV/0!
55861		5	I1	service is not performed in conjunction with a service mentioned in item 55863 (NR)	38.4		0	0	32.65	28.8	0	1/05/2020	$	41,053	1,113	$	79,000	$	42,054	63%	0%	#DIV/0!	#DIV/0!
55862		5	I1	service is not performed in conjunction with a service mentioned in item 55860 (R)	122.9		0	0	104.5	92.2	0	1/05/2020	$	775,471	6,756	$	851,520	$	823,257	90%	0%	#DIV/0!	#DIV/0!
55863		5	I1	Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55861 (NR)	42.65		0	0	36.3	32	0	1/05/2020	$	8,843	229	$	11,750	$	9,632	63%	0%	#DIV/0!	#DIV/0!
55864		5	I1	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,	110.75		0	0	94.15	83.1	0	1/05/2020	$	59,456,639	572,301	$	65,193,519	$	63,094,356	90%	1%	#DIV/0!	#DIV/0!
55865		5	I1	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,	38.4		0	0	32.65	28.8	0	1/05/2020	$	174,271	5,005	$	392,725	$	187,522	52%	0%	#DIV/0!	#DIV/0!
55866		5	I1	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,	122.9		0	0	104.5	92.2	0	1/05/2020	$	3,737,445	32,448	$	4,093,778	$	3,967,970	89%	1%	#DIV/0!	#DIV/0!
55867		5	I1	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 fo lowing suspected or known conditions:(i) an injury to a muscle,	42.65		0	0	36.3	32	0	1/05/2020	$	24,814	630	$	36,333	$	26,559	57%	0%	#DIV/0!	#DIV/0!
55868		5	I1	is not performed in conjunction with a service mentioned in item 55870 (R)	110.75		0	0	94.15	83.1	0	1/05/2020	$	32,106,799	310,179	$	35,471,581	$	34,100,410	89%	1%	#DIV/0!	#DIV/0!
55869		5	I1	is not performed in conjunction with a service mentioned in item 55871 (NR)	38.4		0	0	32.65	28.8	0	1/05/2020	$	71,470	2,057	$	137,594	$	76,781	65%	0%	#DIV/0!	#DIV/0!
55870		5	I1	service is not performed in conjunction with a service mentioned in item 55868 (R)	122.9		0	0	104.5	92.2	0	1/05/2020	$	5,269,947	45,743	$	5,926,824	$	5,603,485	87%	1%	#DIV/0!	#DIV/0!
55871		5	I1	service is not performed in conjunction with a service mentioned in item 55869 (NR)	42.65		0	0	36.3	32	0	1/05/2020	$	16,969	432	$	25,199	$	18,122	55%	0%	#DIV/0!	#DIV/0!
55872		5	I1	scan of, if the service is not performed in conjunction with item 55874 (R)	110.75		0	0	94.15	83.1	0	1/05/2020	$	1,399,616	13,324	$	1,487,607	$	1,469,039	90%	0%	#DIV/0!	#DIV/0!
55873		5	I1	scan of, if the service is not performed in conjunction with item 55875 (NR)	38.4		0	0	32.65	28.8	0	1/05/2020	$	644	15	$	767	$	566	87%	7%	#DIV/0!	#DIV/0!

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			scan of, if the service is not performed in conjunction with item 55872 (R)																		
55874	5	I1		122.9		0	0	104.5	92.2	0	1/05/2020	$	7,883,619	66,524	$	9,542,008	$	8,162,250	73%	0%	#DIV/0!	#DIV/0!
			scan of, if the service is not performed in conjunction with item 55873 (NR)																		
55875	5	I1		42.65		0	0	36.3	32	0	1/05/2020	$	4,342	102	$	8,233	$	4,328	38%	0%	#DIV/0!	#DIV/0!
			Buttock or thigh, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55878 (R)																		
55876	5	I1		110.75		0	0	94.15	83.1	0	1/05/2020	$	5,372,223	52,163	$	5,957,678	$	5,715,272	89%	2%	#DIV/0!	#DIV/0!
			Buttock or thigh or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55879 (NR)																		
55877	5	I1		38.4		0	0	32.65	28.8	0	1/05/2020	$	29,583	831	$	60,868	$	31,523	59%	1%	#DIV/0!	#DIV/0!
			Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55876 (R)																		
55878	5	I1		122.9		0	0	104.5	92.2	0	1/05/2020	$	341,244	2,996	$	376,634	$	363,096	87%	3%	#DIV/0!	#DIV/0!
			Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55877 (NR)																		
55879	5	I1		42.65		0	0	36.3	32	0	1/05/2020	$	8,768	219	$	10,180	$	9,287	94%	0%	#DIV/0!	#DIV/0!
			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																		
55880	5	I1	known conditions:(i) abnormality of tendons or bursae about the	110.75		0	0	94.15	83.1	0	1/05/2020	$	20,459,626	196,872	$	21,939,945	$	21,688,360	92%	1%	#DIV/0!	#DIV/0!
			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																		
55881	5	I1	known conditions: (i) abnormality of tendons or bursae about the	38.4		0	0	32.65	28.8	0	1/05/2020	$	83,801	2,349	$	137,200	$	89,100	70%	0%	#DIV/0!	#DIV/0!
			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																		
55882	5	I1	known conditions:(i) abnormality of tendons or bursae about the	122.9		0	0	104.5	92.2	0	1/05/2020	$	1,265,284	11,068	$	1,346,365	$	1,340,162	93%	1%	#DIV/0!	#DIV/0!
			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																		
55883	5	I1	known conditions: (i) abnormality of tendons or bursae about the	42.65		0	0	36.3	32	0	1/05/2020	$	28,920	742	$	35,948	$	31,303	64%	0%	#DIV/0!	#DIV/0!
			Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55886 (R)																		
55884	5	I1		110.75		0	0	94.15	83.1	0	1/05/2020	$	4,909,055	47,506	$	5,461,847	$	5,225,325	88%	2%	#DIV/0!	#DIV/0!
			Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55887 (NR)																		
55885	5	I1		38.4		0	0	32.65	28.8	0	1/05/2020	$	28,493	780	$	68,690	$	29,414	57%	0%	#DIV/0!	#DIV/0!
			Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55884 (R)																		
55886	5	I1		122.9		0	0	104.5	92.2	0	1/05/2020	$	194,086	1,715	$	218,452	$	207,795	85%	4%	#DIV/0!	#DIV/0!
			Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55885 (NR)																		
55887	5	I1		42.65		0	0	36.3	32	0	1/05/2020	$	8,953	225	$	11,057	$	9,488	93%	0%	#DIV/0!	#DIV/0!
			Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55890 (R)																		
55888	5	I1		110.75		0	0	94.15	83.1	0	1/05/2020	$	24,681,830	237,368	$	26,972,350	$	26,175,063	91%	0%	#DIV/0!	#DIV/0!
			Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55891 (NR)																		
55889	5	I1		38.4		0	0	32.65	28.8	0	1/05/2020	$	108,137	3,054	$	221,667	$	115,495	65%	0%	#DIV/0!	#DIV/0!
			Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55888 (R)																		
55890	5	I1		122.9		0	0	104.5	92.2	0	1/05/2020	$	2,239,600	19,592	$	2,435,629	$	2,374,222	91%	0%	#DIV/0!	#DIV/0!
			Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55889 (NR)																		
55891	5	I1		42.65		0	0	36.3	32	0	1/05/2020	$	20,298	515	$	25,618	$	21,593	78%	0%	#DIV/0!	#DIV/0!
			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)																		
55892	5	I1		110.75		0	0	94.15	83.1	0	1/05/2020	$	15,146,017	145,893	$	16,837,169	$	16,069,627	89%	0%	#DIV/0!	#DIV/0!
			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)																		
55893	5	I1		38.4		0	0	32.65	28.8	0	1/05/2020	$	42,313	1,182	$	85,471	$	44,236	68%	0%	#DIV/0!	#DIV/0!
			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)																		
55894	5	I1		122.9		0	0	104.5	92.2	0	1/05/2020	$	1,997,359	17,461	$	2,215,530	$	2,120,661	89%	0%	#DIV/0!	#DIV/0!
			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)																		
55895	5	I1		42.65		0	0	36.3	32	0	1/05/2020	$	13,504	352	$	16,075	$	14,305	82%	0%	#DIV/0!	#DIV/0!
			contrast medium, not being a service to which item 57001 applies (R) (Anaes.)																		
56001	5	I2		198		0	0	168.3	148.5	0	1/11/1996	$	63,878,272	359,435	$	72,477,344	$	70,847,659	73%	23%	3.6%	3.9%
			Computed tomography—scan of brain with intravenous contrast medium and with any scans of the brain before intravenous																		
56007	5	I2	contrast injection, when performed, not being a service to which	253.75		0	0	215.7	190.35	0	1/11/1996	$	19,527,768	83,794	$	20,836,646	$	21,058,397	86%	10%	1.4%	1.7%
			intravenous contrast medium and with or without brain scan when performed (R) (Anaes.)																		
56010	5	I2		255.9		0	0	217.55	191.95	0	1/11/1996	$	239,081	990	$	245,247	$	252,879	96%	1%	-9.4%	-9.1%
			intravenous contrast medium and with or without brain scan when undertaken (R) (Anaes.)																		
56013	5	I2		253.75		0	0	215.7	190.35	0	1/11/1996	$	1,928,181	8,128	$	2,054,924	$	2,059,713	88%	4%	1.2%	1.5%
			planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (Anaes.)																		
56016	5	I2		294.35		0	0	250.2	220.8	0	1/11/1996	$	16,237,215	58,489	$	16,777,891	$	17,197,318	94%	1%	5.8%	6.2%
			Computed tomography—scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (Anaes.)																		
56022	5	I2		228.35		0	0	194.1	171.3	0	1/11/1996	$	45,037,653	209,715	$	47,712,751	$	47,768,844	92%	1%	5.3%	5.7%
56025	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	96	1	$	240	$	113	0%	0%	-72.2%	-72.9%

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56028		5	I2	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 both, with scan of brain, without intravenous contrast medium (R) (Anaes.)	341.85		0	0	290.6	256.4	0	1/11/1996	$ 1,857,100	5,876	$ 1,979,793	$ 2,000,416	85%	8%	7.8%	8.2%
56030		5	I2		228.35		0	0	194.1	171.3	0	1/02/2000	$ 6,938,045	32,927	$ 7,634,272	$ 7,493,842	83%	10%	5.4%	5.7%
56036		5	I2	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;	341.85		0	0	290.6	256.4	0	1/02/2000	$ 1,206,718	3,825	$ 1,310,984	$ 1,303,967	84%	10%	0.6%	0.8%
56041	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$ 1,230	16	$ 1,540	$ 1,560	19%	81%	-56.2%	-56.6%
56047	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$ 230	2	$ 230	$ 242	100%	0%	-57.1%	-56.5%
56070	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$ 170	2	$ 226	$ 226	0%	100%	-48.1%	-49.8%
56101		5	I2	Computed tomography—scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast	233.45		0	0	198.45	175.1	0	1/11/1996	$ 3,208,143	14,811	$ 3,396,969	$ 3,427,362	89%	5%	1.9%	2.3%
56107		5	I2	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	345.1		0	0	293.35	258.85	0	1/11/1996	$ 21,132,984	65,893	$ 22,178,043	$ 22,621,828	89%	6%	10.3%	10.7%
56147	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$ 125	1	$ 172	$ 167	0%	100%	-56.5%	-58.5%
56219		5	I2	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	331.1		0	0	281.45	248.35	0	1/11/1996	$ 55,570	205	$ 73,600	$ 66,494	37%	54%	5.9%	6.1%
56220		5	I2	Computed tomography—scan of spine, cervical region, without intravenous contrast medium (R) (Anaes.)	243.6		0	0	207.1	182.7	0	1/11/2001	$ 33,401,926	147,411	$ 35,394,661	$ 35,831,467	88%	7%	5.9%	6.2%
56221		5	I2	Computed tomography—scan of spine, thoracic region, without intravenous contrast medium (R) (Anaes.)	243.6		0	0	207.1	182.7	0	1/11/2001	$ 5,246,944	23,034	$ 5,478,319	$ 5,585,437	92%	4%	9.3%	9.7%
56223		5	I2	Computed tomography—scan of spine, lumbosacral region, without intravenous contrast medium (R) (Anaes.)	243.6		0	0	207.1	182.7	0	1/11/2001	$ 101,527,746	443,578	$ 105,240,826	$ 107,806,641	94%	3%	6.4%	6.7%
56224		5	I2	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	356.65		0	0	303.2	267.5	0	1/11/2001	$ 300,555	921	$ 323,477	$ 326,980	81%	14%	4.5%	4.6%
56225		5	I2	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	356.65		0	0	303.2	267.5	0	1/11/2001	$ 132,596	407	$ 142,463	$ 143,710	82%	13%	12.8%	13.3%
56226		5	I2	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	356.65		0	0	303.2	267.5	0	1/11/2001	$ 992,126	3,047	$ 1,070,039	$ 1,077,235	83%	13%	11.3%	11.5%
56227	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$ 112	1	$ 112	$ 118	100%	0%	-63.1%	-62.9%
56229	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$ 830	8	$ 916	$ 950	63%	38%	-52.9%	-53.8%
56233		5	I2	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	243.6		0	0	207.1	182.7	0	1/11/2001	$ 10,046,622	44,308	$ 10,643,123	$ 10,762,185	89%	7%	10.7%	11.1%
56234		5	I2	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 and lumbosacral, without intravenous contrast medium (R) (Anaes.)	356.65		0	0	303.2	267.5	0	1/11/2001	$ 267,128	832	$ 299,157	$ 295,034	76%	21%	11.8%	12.2%
56237		5	I2		243.6		0	0	207.1	182.7	0	1/11/2001	$ 2,311,191	10,442	$ 2,494,982	$ 2,513,198	82%	14%	32.7%	33.0%
56238		5	I2	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	356.65		0	0	303.2	267.5	0	1/11/2001	$ 125,047	389	$ 138,073	$ 137,922	76%	20%	30.2%	31.0%
56301		5	I2	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	299.4		0	0	254.5	224.55	0	1/11/1996	$ 71,876,857	256,326	$ 75,441,545	$ 76,691,350	90%	5%	11.4%	11.9%
56307		5	I2	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	406		0	0	345.1	304.5	0	1/11/1996	$ 67,572,518	178,587	$ 70,759,744	$ 72,426,989	89%	7%	5.5%	5.8%
56341	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$ 766	6	$ 843	$ 867	67%	33%	-55.9%	-56.6%
56347	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$ 1,637	9	$ 1,811	$ 1,808	78%	22%	-47.1%	-47.2%
56401		5	I2	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)	253.75		0	0	215.7	190.35	0	1/11/1996	$ 2,253,687	9,714	$ 2,519,698	$ 2,458,394	79%	15%	3.1%	3.5%
56407		5	I2	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	365.4		0	0	310.6	274.05	0	1/11/1996	$ 5,108,294	15,198	$ 5,554,253	$ 5,547,810	82%	13%	6.1%	6.5%
56409		5	I2	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)	253.75		0	0	215.7	190.35	0	1/12/1991	$ 15,992,319	68,743	$ 17,358,068	$ 17,368,601	83%	14%	21.1%	21.7%

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56412		5	I2	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	365.4		0	0	310.6	274.05	0	1/11/1996	$	18,277,012	54,200		$	18,927,169	$	19,543,366	91%	7%	34.6%	35.5%
56441	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	236	2		$	236	$	249	100%	0%	-50.2%	-50.0%
56449	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	298	3		$	359	$	365	33%	67%	-44.5%	-45.8%
56501		5	I2	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	390.75		0	0	332.15	293.1	0	1/11/1996	$	58,819,606	163,834		$	63,748,802	$	63,979,886	81%	13%	4.4%	4.8%
56507		5	I2	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	487.25		0	0	414.2	365.45	0	1/11/1996	$	243,061,338	542,420		$	261,979,864	$	264,120,294	81%	12%	7.7%	8.1%
56541	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	87	-		-$	4	$	15	-	-	-100.0%	-71.6%
56547	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	661	3		$	732	$	751	67%	33%	-65.8%	-65.4%
56553		5	I2	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	527.8		0	0	448.65	395.85	0	1/09/2015	$	2,893,816	5,999		$	3,170,367	$	3,158,657	77%	12%	8.5%	9.0%
56555	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	195	1		$	260	$	260	0%	100%	-57.0%	-59.2%
56619	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	159,080	834		$	187,273	$	181,405	60%	39%	-65.2%	-65.7%
56620		5	I2	contrast medium, not being a service to which item 56622 or 56629 applies (R) (Anaes.)	223.3		0	0	189.85	167.5	0	1/11/2018	$	9,261,016	45,002		$	9,821,445	$	9,927,784	89%	7%	#DIV/0!	#DIV/0!
56622		5	I2	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	223.3		0	0	189.85	167.5	Y	1/05/2020	$	27,188,059	131,229		$	28,847,723	$	29,113,176	89%	7%	#DIV/0!	#DIV/0!
56623		5	I2	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	339.65		0	0	288.75	254.75	Y	1/05/2020	$	5,768,885	18,367		$	5,940,175	$	6,155,449	93%	6%	#DIV/0!	#DIV/0!
56625	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	6,933	25		$	8,255	$	8,311	44%	60%	-64.7%	-65.4%
56626		5	I2	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 any one region, or more than one region, without intravenous contrast medium (R) (Anaes.) (Anaes.)	339.65		0	0	288.75	254.75	0	1/11/2018	$	381,427	1,267		$	391,759	$	405,402	95%	4%	#DIV/0!	#DIV/0!
56627		5	I2	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	223.3		0	0	189.85	167.5	Y	1/05/2020	$	19,324,114	92,876		$	20,752,178	$	20,676,469	88%	5%	#DIV/0!	#DIV/0!
56628		5	I2	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	339.65		0	0	288.75	254.75	Y	1/05/2020	$	498,479	1,696		$	527,251	$	537,088	82%	8%	#DIV/0!	#DIV/0!
56629		5	I2	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	223.3		0	0	189.85	167.5	Y	1/05/2020	$	1,222,034	5,989		$	1,288,232	$	1,312,238	88%	8%	#DIV/0!	#DIV/0!
56630		5	I2		339.65		0	0	288.75	254.75	Y	1/05/2020	$	672,154	2,134		$	686,542	$	714,373	95%	4%	#DIV/0!	#DIV/0!
56659	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	359	4		$	443	$	448	25%	75%	-58.1%	-59.2%
56660	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	102	1		$	102	$	107	100%	0%	#DIV/0!	#DIV/0!
56801		5	I2	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	473.55		0	0	402.55	355.2	0	1/11/1996	$	12,339,983	28,382		$	13,303,538	$	13,429,091	82%	14%	2.4%	2.6%
56807		5	I2	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	568.4		0	0	483.7	426.3	0	1/11/1996	$	162,401,935	306,831		$	169,810,375	$	174,251,323	88%	7%	6.1%	6.4%
56847	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	4,258	16		$	4,329	$	4,542	94%	6%	-44.4%	-44.1%
57001		5	I2	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	473.65		0	0	402.65	355.25	0	1/11/1996	$	4,594,443	10,623		$	5,002,846	$	5,021,367	80%	16%	31.2%	31.8%
57007		5	I2	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	576.25		0	0	491.55	432.2	0	1/11/1996	$	30,494,998	56,860		$	31,697,076	$	32,659,347	90%	7%	32.3%	32.8%
57201		5	I2	Computed tomography—pelvimetry (R) (Anaes.)	157.55		0	0	133.95	118.2	0	1/11/1996	$	20,074	136		$	21,312	$	21,265	89%	7%	-11.5%	-11.8%
57341		5	I2	Computed tomography, in conjunction with a surgical procedure using interventional techniques (R) (Anaes.)	477.05		0	0	405.5	357.8	0	1/11/1996	$	144,331,810	343,822		$	158,598,139	$	156,517,607	75%	7%	9.5%	9.7%
57345	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,445	7		$	1,629	$	1,671	57%	43%	-48.3%	-48.4%

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57350	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	480,379	1,179	$	633,646	$	600,560	21%	76%	-58.9%	-59.8%
57351	5	I2	Computed tomography—angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection—one or more data acquisitions, including image	517.65		0	0	440.05	388.25	Y	1/11/2001	$	2,267,586	5,127	$	2,790,005	$	2,645,992	49%	44%	-13.9%	-14.1%
57352	5	I2	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	517.65		0	0	440.05	388.25	Y	1/05/2020	$	19,528,146	42,958	$	22,451,525	$	22,220,642	60%	32%	#DIV/0!	#DIV/0!
57353	5	I2	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	517.65		0	0	440.05	388.25	Y	1/05/2020	$	35,169,941	77,125	$	40,975,338	$	39,858,596	62%	31%	#DIV/0!	#DIV/0!
57354	5	I2	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;	517.65		0	0	440.05	388.25	Y	1/05/2020	$	8,159,995	17,375	$	8,958,443	$	8,981,053	75%	17%	#DIV/0!	#DIV/0!
57355	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,044	5	$	1,308	$	1,321	20%	80%	-58.7%	-58.7%
57356	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	-$	1,155	- 6	-$	1,540	-$	1,540	-	100%	-172.0%	-171.0%
57357	5	I2	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	517.65		0	0	440.05	388.25	Y	1/11/2020	$	14,643,801	32,299	$	17,723,040	$	16,710,770	57%	33%	#DIV/0!	#DIV/0!
57360	5	I2	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) one of the	710.5		0	0	625.8	532.9	Y	1/07/2011	$	78,818,876	119,476	$	83,696,990	$	84,564,927	81%	5%	18.6%	19.0%
57362	5	I2	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	114.85		0	0	97.65	86.15	0	1/11/2014	$	6,134,624	57,887	$	9,362,074	$	6,625,409	61%	0%	8.0%	8.1%
57363	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	96	2	$	440	$	113	0%	0%	-32.2%	-33.4%
57506	5	I3	Hand, wrist, forearm, elbow or humerus (NR)	30.2		0	0	25.7	22.65	0	1/12/1991	$	507,341	18,419	$	668,446	$	541,125	82%	0%	3.2%	3.5%
57509	5	I3	Hand, wrist, forearm, elbow or humerus (R)	40.35		0	0	34.3	30.3	0	1/12/1991	$	38,269,030	1,052,846	$	42,098,547	$	40,586,003	92%	2%	2.6%	2.8%
57512	5	I3	Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR)	41.1		0	0	34.95	30.85	0	1/12/1991	$	77,778	2,089	$	98,009	$	83,019	84%	1%	-1.0%	-0.6%
57515	5	I3	Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R)	54.8		0	0	46.6	41.1	0	1/12/1991	$	6,625,301	132,360	$	7,122,474	$	7,040,559	91%	3%	5.5%	5.6%
57518	5	I3	Foot, ankle, leg or femur (NR)	33		0	0	28.05	24.75	0	1/12/1991	$	888,151	29,999	$	1,091,170	$	944,234	87%	0%	-2.6%	-2.3%
57521	5	I3	Foot, ankle, leg or femur (R)	44.05		0	0	37.45	33.05	0	1/12/1991	$	46,132,394	1,161,359	$	50,102,335	$	48,991,114	92%	3%	-9.8%	-9.4%
57522	5	I3	Knee (NR)	33		0	0	28.05	24.75	0	1/11/2018	$	415,125	14,417	$	477,498	$	439,767	91%	0%	#DIV/0!	#DIV/0!
57523	5	I3	Knee (R)	44.05		0	0	37.45	33.05	0	1/11/2018	$	39,101,152	1,004,468	$	43,570,884	$	41,851,670	89%	6%	#DIV/0!	#DIV/0!
57524	5	I3	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR)	50.15		0	0	42.65	37.65	0	1/12/1991	$	1,819,721	42,112	$	1,852,118	$	1,918,061	98%	0%	47.8%	47.3%
57527	5	I3	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R)	66.75		0	0	56.75	50.1	0	1/12/1991	$	19,980,262	331,313	$	20,833,674	$	21,196,086	93%	2%	11.8%	11.9%
57530	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	47	3	$	47	$	50	100%	0%	-64.0%	-65.2%
57533	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	20	1	$	27	$	27	0%	100%	-53.5%	-55.0%
57536	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	172	9	$	172	$	180	100%	0%	-62.5%	-62.6%
57539	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	21	1	$	28	$	28	0%	100%	-58.1%	-60.8%
57540	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	28	2	$	38	$	33	50%	50%	#DIV/0!	#DIV/0!
57541	5	I3	Fee for a service rendered using first eligible x-ray procedure carried out during attendance at residential aged care facility, where the service has been requested by a medical practitioner	74.75		0	0	63.55	56.1	0	1/11/2019	$	959,309	-	$	973,525	$	1,032,817	-	-	#DIV/0!	#DIV/0!
57700	5	I3	Shoulder or scapula (NR)	41.1		0	0	34.95	30.85	0	1/12/1991	$	310,946	8,464	$	365,815	$	330,947	85%	0%	2.3%	2.6%
57703	5	I3	Shoulder or scapula (R)	54.8		0	0	46.6	41.1	0	1/12/1991	$	24,427,460	505,830	$	26,386,018	$	26,020,856	90%	4%	3.1%	3.4%

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57705	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	21	1	$	21	$	22		100%	0%	-65.3%	-66.2%
57706	5	I3	Clavicle (NR)	33		0	0	28.05	24.75	0	1/12/1991	$	32,463	1,112	$	46,668	$	34,820		74%	0%	-0.1%	0.3%
57709	5	I3	Clavicle (R)	44.05		0	0	37.45	33.05	0	1/12/1991	$	1,671,877	42,471	$	1,889,142	$	1,782,398		89%	3%	0.7%	1.0%
57711	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	41	2	$	41	$	43		100%	0%	-42.9%	-42.4%
57712	5	I3	Hip joint (R)	47.85		0	0	40.7	35.9	0	1/12/1991	$	38,319,445	944,823	$	41,210,370	$	40,821,960		91%	5%	6.4%	6.6%
57714	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	53	3	$	53	$	56		100%	0%	-59.7%	-59.9%
57715	5	I3	Pelvic girdle (R)	61.8		0	0	52.55	46.35	0	1/12/1991	$	41,221,838	747,410	$	44,282,341	$	44,169,095		89%	7%	6.8%	7.1%
57717	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	106	4	$	106	$	112		100%	0%	-56.6%	-56.5%
57721	5	I3	Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R)	100.75		0	0	85.65	75.6	0	1/12/1991	$	169,511	1,883	$	191,015	$	188,719		73%	25%	-15.1%	-13.9%
57901	5	I3	Skull, not in association with item 57902 (R)	65.45		0	0	55.65	49.1	0	1/11/1998	$	689,583	11,601	$	748,172	$	742,106		86%	10%	-2.0%	-1.9%
57902	5	I3	Cephalometry, not in association with item 57901 (R)	65.45		0	0	55.65	49.1	0	1/11/1998	$	13,268,626	213,982	$	13,366,712	$	13,977,680		99%	0%	4.6%	4.9%
57903	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	435	10	$	447	$	468		90%	10%	-76.2%	-76.3%
57905	5	I3	Mastoids or petrous temporal bones (R)	65.45		0	0	55.65	49.1	0	1/05/2020	$	20,282	344	$	21,730	$	21,759		91%	8%	#DIV/0!	#DIV/0!
57907	5	I3	Sinuses or facial bones – orbit, maxilla or malar, any or all (R)	48		0	0	40.8	36	0	1/05/2020	$	1,074,400	24,595	$	1,124,346	$	1,135,880		96%	1%	#DIV/0!	#DIV/0!
57912	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	-$	35,645	890	-$	35,244	-$	37,409	-		-1%	-152.5%	-151.9%
57915	5	I3	Mandible, not by orthopantomography technique (R)	47.85		0	0	40.7	35.9	0	1/12/1991	$	224,816	5,373	$	240,954	$	238,915		92%	5%	-6.9%	-6.5%
57918	5	I3	Salivary calculus (R)	47.85		0	0	40.7	35.9	0	1/12/1991	$	5,327	125	$	5,764	$	5,630		96%	1%	-9.5%	-9.0%
57921	5	I3	Nose (R)	47.85		0	0	40.7	35.9	0	1/12/1991	$	405,052	9,073	$	427,797	$	426,995		96%	0%	-4.9%	-4.5%
57924	5	I3	Eye (R)	47.85		0	0	40.7	35.9	0	1/12/1991	$	368,042	8,489	$	374,767	$	389,023		96%	1%	-3.7%	-3.3%
57927	5	I3	Temporo mandibular joints (R)	50.4		0	0	42.85	37.8	0	1/12/1991	$	2,090,617	44,396	$	2,111,159	$	2,201,142		99%	0%	13.5%	14.0%
57930	5	I3	Teeth—single area (R)	33.4		0	0	28.4	25.05	0	1/12/1991	$	272,865	9,486	$	274,655	$	287,144		100%	0%	10.6%	11.5%
57933	5	I3	Teeth - full mouth(R)	79.4		0	0	67.5	59.55	0	1/12/1991	$	1,091,517	14,503	$	1,109,795	$	1,150,759		98%	0%	-8.6%	-8.3%
57939	5	I3	Palato pharyngeal studies with fluoroscopic screening (R)	65.45		0	0	55.65	49.1	0	1/12/1991	$	90,017	1,522	$	96,853	$	99,483		77%	22%	2.1%	2.3%
57942	5	I3	Palato pharyngeal studies without fluoroscopic screening (R)	50.4		0	0	42.85	37.8	0	1/12/1991	$	35,572	751	$	36,427	$	37,503		97%	0%	20.6%	20.7%
57945	5	I3	service associated with a service to which item 57939 or 57942 applies (R)	44.05		0	0	37.45	33.05	0	1/12/1991	$	549,847	13,681	$	615,073	$	583,763		90%	3%	1.0%	1.4%
57960	5	I3	trauma, infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R)	48.1		0	0	40.9	36.1	0	1/11/2002	$	3,130,217	71,187	$	3,218,648	$	3,311,563		96%	2%	0.6%	0.8%
57963	5	I3	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 missing or crowded teeth, or developmental anomalies of the teeth or jaws (R)	48.1		0	0	40.9	36.1	0	1/11/2002	$	32,034,207	715,060	$	32,447,269	$	33,757,452		99%	0%	0.5%	0.7%
57966	5	I3	Orthopantomography for diagnosis or management (or both) of temporo mandibular joint arthroses or dysfunction (R)	48.1		0	0	40.9	36.1	0	1/11/2002	$	9,283,560	213,683	$	9,373,017	$	9,780,311		99%	0%	3.9%	4.0%
57969	5	I3		48.1		0	0	40.9	36.1	0	1/11/2002	$	401,723	9,170	$	411,659	$	423,509		98%	0%	7.1%	7.4%

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58100	5	I3	Spine—cervical (R)	68.15		0	0	57.95	51.15	0	1/12/1991	$	8,580,700	135,881	$	9,086,879	$	9,122,137	92%	3%	-2.8%	-2.6%
58103	5	I3	Spine—thoracic (R)	55.95		0	0	47.6	42	0	1/12/1991	$	3,434,529	66,157	$	3,652,990	$	3,640,187	93%	2%	-0.4%	0.0%
58105	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	26	1	$	26	$	28	100%	0%	-49.7%	-48.8%
58106	5	I3	Spine—lumbosacral (R)	78.15		0	0	66.45	58.65	0	1/12/1991	$	20,182,898	277,134	$	21,123,649	$	21,439,590	93%	3%	-1.4%	-1.1%
58108	5	I3	Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R)	111.65		0	0	94.95	83.75	0	1/11/2001	$	1,872,256	17,828	$	1,920,146	$	1,982,989	96%	2%	42.8%	43.5%
58109	5	I3	Spine—sacrococcygeal (R)	47.7		0	0	40.55	35.8	0	1/12/1991	$	1,063,682	24,625	$	1,143,400	$	1,124,516	93%	1%	4.9%	5.0%
58111	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	37	1	$	37	$	39	100%	0%	-59.4%	-59.2%
58112	5	I3	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,	98.7		0	0	83.9	74.05	0	1/12/1991	$	24,785,141	266,044	$	25,279,826	$	26,192,373	97%	1%	15.9%	16.5%
58115	5	I3	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,	111.65		0	0	94.95	83.75	0	1/12/1991	$	3,439,514	32,760	$	3,540,981	$	3,642,857	95%	2%	5.2%	5.4%
58120	5	I3	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	111.65		0	0	94.95	83.75	0	1/01/2010	$	162,683	1,538	$	164,323	$	171,428	99%	0%	-38.7%	-38.5%
58121	5	I3	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,	111.65		0	0	94.95	83.75	0	1/01/2010	$	204,145	1,929	$	206,158	$	215,165	98%	0%	-54.7%	-54.5%
58123	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	46	1	$	46	$	49	100%	0%	-57.2%	-57.1%
58300	5	I3	Bone age study (R)	40.7		0	0	34.6	30.55	0	1/12/1991	$	597,823	16,256	$	644,883	$	630,833	94%	0%	3.9%	4.4%
58302	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	146	-	$	185	$	-	-	-	-100.0%	50.2%
58306	5	I3	Skeletal survey (R)	90.75		0	0	77.15	68.1	0	1/12/1991	$	156,017	1,866	$	167,636	$	167,872	86%	11%	-21.3%	-21.0%
58500	5	I3	Chest (lung fields) by direct radiography (NR)	35.9		0	0	30.55	26.95	0	1/12/1991	$	123,013	3,893	$	151,158	$	133,564	76%	10%	-6.4%	-6.0%
58502	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	12	1	$	12	$	13	100%	0%	-40.1%	-42.2%
58503	5	I3	Chest (lung fields) by direct radiography (R)	47.85		0	0	40.7	35.9	0	1/12/1991	$	68,156,850	1,630,532	$	83,538,623	$	76,592,596	66%	29%	-3.3%	-3.1%
58505	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	279	16	$	343	$	348	25%	75%	-58.6%	-60.0%
58506	5	I3	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	61.65		0	0	52.45	46.25	0	1/12/1991	$	220,181	4,812	$	364,291	$	274,347	22%	75%	-1.2%	-0.6%
58509	5	I3	Thoracic inlet or trachea (R)	40.35		0	0	34.3	30.3	0	1/12/1991	$	12,565	361	$	14,111	$	13,624	83%	12%	-15.1%	-15.0%
58521	5	I3	Left ribs, right ribs or sternum (R)	44.05		0	0	37.45	33.05	0	1/12/1991	$	4,693,949	126,627	$	4,993,608	$	4,970,211	94%	2%	2.2%	2.5%
58523	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	28	2	$	67	$	33	50%	50%	-43.6%	-45.0%
58524	5	I3	Left and right ribs, left ribs and sternum, or right ribs and sternum (R)	57.35		0	0	48.75	43.05	0	1/12/1991	$	610,664	11,535	$	642,259	$	648,632	93%	3%	8.2%	8.5%
58527	5	I3	Left ribs, right ribs and sternum (R)	70.45		0	0	59.9	52.85	0	1/12/1991	$	119,934	1,814	$	122,758	$	126,416	96%	2%	4.8%	5.2%
58700	5	I3	Plain renal only (R)	46.75		0	0	39.75	35.1	0	1/12/1991	$	434,814	10,474	$	494,912	$	465,618	87%	6%	-7.3%	-6.9%
58706	5	I3	Intravenous pyelography, with or without preliminary plain films and with or without tomography (R)	160.25		0	0	136.25	120.2	0	1/12/1991	$	25,930	176	$	26,456	$	27,377	98%	1%	-5.3%	-4.9%
58715	5	I3	plain films and with preparation and contrast injection, one side (R)	153.8		0	0	130.75	115.35	0	1/12/1991	$	811,569	7,125	$	1,295,069	$	1,074,377	3%	97%	3.1%	3.5%
58717	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	53	1	$	152	$	71	0%	100%	-12.9%	-8.7%

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			without preliminary plain films and with preparation and contrast injection (R) (Anaes.)																			
58718	5	I3		128		0	0	108.8	96	Y		1/12/1991	$ 493,661	4,264	$ 791,989	$ 539,922	48%	20%	-3.0%	-1.9%		
			Retrograde micturating cysto urethrography, with preparation and contrast injection (R) (Anaes.)																			
58721	5	I3		140.3		0	0	119.3	105.25	Y		1/12/1991	$ 205,740	1,548	$ 246,860	$ 216,436	76%	8%	-7.9%	-7.1%		
			Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (NR)																			
58900	5	I3		36.25		0	0	30.85	27.2	0		1/12/1991	$ 10,159	318	$ 11,890	$ 10,981	80%	10%	-13.5%	-13.2%		
			Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (R)																			
58903	5	I3		48.3		0	0	41.1	36.25	0		1/12/1991	$ 8,443,261	197,997	$ 9,845,695	$ 9,348,118	73%	23%	-0.6%	-0.3%		
58905	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$ 36	2	$ 48	$ 48	0%	100%	-55.8%	-56.8%		
			Barium or other opaque meal of one or more of pharynx, oesophagus, stomach or duodenum, with or without preliminary																			
58909	5	I3	plain films of pharynx, chest or duodenum, not being a service	91.3		0	0	77.65	68.5	0		1/12/1991	$ 4,376,385	55,038	$ 7,728,647	$ 4,831,147	47%	17%	-2.0%	-1.6%		
58911	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$ 34	1	$ 45	$ 45	0%	100%	-68.1%	-69.1%		
			and follow through to colon, with or without screening of chest and with or without preliminary plain film (R)																			
58912	5	I3		111.9		0	0	95.15	83.95	0		1/12/1991	$ 238,440	2,644	$ 375,518	$ 287,034	32%	57%	0.4%	0.3%		
			Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)																			
58915	5	I3		80.15		0	0	68.15	60.15	0		1/12/1991	$ 49,895	760	$ 71,913	$ 59,955	32%	63%	-6.2%	-5.7%		
			Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary																			
58916	5	I3	plain films, not being a service associated with a service to which Opaque enema, with or without air contrast study and with or without preliminary plain films (R)	140.6		0	0	119.55	105.45	Y		1/11/1997	$ 44,038	353	$ 53,351	$ 47,936	78%	12%	0.3%	0.9%		
58921	5	I3		137.3		0	0	116.75	103	0		1/12/1991	$ 269,869	2,176	$ 381,259	$ 289,435	59%	10%	-10.9%	-10.3%		
			with preparation and contrast injection, not being a service associated with a service to which item 30439 applies (R)																			
58927	5	I3		77.6		0	0	66	58.2	0		1/12/1991	$ 143,952	2,293	$ 183,120	$ 175,373	35%	65%	-4.4%	-3.8%		
			preliminary plain films and with preparation and contrast injection (R)																			
58933	5	I3		208.7		0	0	177.4	156.55	0		1/12/1991	$ 34,503	222	$ 47,672	$ 44,969	9%	91%	-5.3%	-5.0%		
			with preparation and contrast injection and with or without tomography (R)																			
58936	5	I3		198.9		0	0	169.1	149.2	0		1/12/1991	$ 281,938	1,628	$ 333,224	$ 315,946	65%	26%	-2.5%	-2.2%		
			Defaecogram (R)																			
58939	5	I3		141.4		0	0	120.2	106.05	0		1/11/1996	$ 192,927	1,469	$ 291,435	$ 200,964	62%	0%	-7.0%	-5.9%		
			Localisation of foreign body, if provided in conjunction with a service described in Subgroups 1 to 12 of Group I3 (R)																			
59103	5	I3		21.6		0	0	18.4	16.2	0		1/12/1991	$ 102,605	6,553	$ 110,494	$ 108,643	94%	2%	17.3%	17.7%		
			Mammography of both breasts if there is reason to suspect the presence of malignancy because of:(a) the past occurrence of																			
59300	5	I3	breast malignancy in the patient; or(b) significant history of breast	90.85		0	0	77.25	68.15	0		1/12/1991	$ 2,566,939	31,522	$ 3,345,532	$ 2,717,967	77%	0%	-38.1%	-37.8%		
			Three dimensional tomosynthesis of both breasts, if there is reason to suspect the presence of malignancy because of: a) the past																			
59302	5	I3	occurrence of breast malignancy in the patient; or b) significant	205.05		0	0	174.3	153.8	0		1/11/2018	$ 63,428,069	339,307	$ 79,573,706	$ 69,198,083	58%	0%	#DIV/0!	#DIV/0!		
			Mammography of one breast if: (a) the service is specifically requested for a unilateral mammogram; and(b) there is reason to																			
59303	5	I3	suspect the presence of malignancy because of:(i) the past	54.75		0	0	46.55	41.1	0		1/12/1991	$ 523,350	11,866	$ 735,456	$ 579,225	60%	20%	-25.4%	-25.9%		
59304	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$ 42	2	$ 42	$ 44	100%	0%	-53.3%	-53.6%		
			Three dimensional tomosynthesis of one breast, if there is reason to suspect the presence of malignancy because of: a) the past																			
59305	5	I3	occur ence of breast malignancy in the patient; or b) significant surgical procedure on each breast, using interventional techniques (R)	115.7		0	0	98.35	86.8	0		1/11/2018	$ 4,626,756	43,832	$ 5,939,910	$ 4,988,243	66%	2%	#DIV/0!	#DIV/0!		
59312	5	I3		88.3		0	0	75.1	66.25	0		1/11/1997	$ 8,125	109	$ 10,799	$ 8,843	63%	16%	-15.2%	-15.2%		
			Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R)																			
59314	5	I3		53.3		0	0	45.35	40	0		1/11/1997	$ 209,386	5,587	$ 448,504	$ 230,288	35%	32%	3.2%	4.0%		
			Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both																			
59318	5	I3	following pre-operative localisation in conjunction with a service	47.75		0	0	40.6	35.85	0		1/11/1997	$ 161,832	4,721	$ 312,905	$ 205,963	12%	86%	-7.1%	-7.7%		
59319	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$ 18	1	$ 18	$ 19	100%	0%	-32.2%	-30.0%		
			Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) (Anaes.)																			
59700	5	I3		98		0	0	83.3	73.5	Y		1/12/1991	$ 112,217	1,617	$ 184,690	$ 140,670	4%	67%	1.5%	0.3%		
			Dacryocystography, one side, with or without preliminary plain film and with preparation and contrast injection (R)																			
59703	5	I3		77.05		0	0	65.5	57.8	0		1/12/1991	$ 40,990	608	$ 70,547	$ 44,767	44%	1%	-6.4%	-6.1%		
			Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R)(Anaes.) (Anaes.)																			
59712	5	I3		115.4		0	0	98.1	86.55	Y		1/12/1991	$ 415,287	4,346	$ 1,221,340	$ 441,824	30%	2%	-2.7%	-2.8%		
			and with preparation and contrast injection, on a person under 16 years of age (R) (Anaes.) (Anaes.)																			
59715	5	I3		145.7		0	0	123.85	109.3	Y		1/12/1991	$ 104	1	$ 139	$ 139	0%	100%	-50.0%	-50.5%		

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59718	5	I3	Phlebography, one side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) (Anaes.)	136.65		0	0	116.2	102.5	Y	1/12/1991	$	161,325	1,540	$	233,557	$	199,273	29%	69%	4.5%	4.7%
59724	5	I3	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 being a service associated with a service to which item 57918 applies (R)	229.85		0	0	195.4	172.4	Y	1/12/1991	$	72,642	397	$	108,630	$	88,976	27%	67%	-0.6%	0.0%
59733	5	I3	preliminary plain films and with preparation and contrast injection (R)	109.3		0	0	92.95	82	0	1/12/1991	$	18,186	187	$	30,410	$	19,728	53%	1%	-11.3%	-10.7%
59739	5	I3	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 and follow-up radiography and with preparation and contrast injection (R)	74.85		0	0	63.65	56.15	0	1/12/1991	$	21,482	364	$	29,263	$	24,968	46%	48%	-8.9%	-9.0%
59751	5	I3		141.25		0	0	120.1	105.95	0	1/12/1991	$	2,020,715	16,448	$	3,049,474	$	2,218,856	48%	14%	-8.4%	-7.8%
59754	5	I3	Air insufflation during video—fluoroscopic imaging including associated consultation (R)	222.65		0	0	189.3	167	0	1/12/1991	$	2,015	12	$	3,070	$	2,627	8%	92%	24.6%	23.7%
59763	5	I3	or 61109, not being a service to which item 59912 or 59925 applies (R) (Anaes.)	135.9		0	0	115.55	101.95	0	1/11/1996	$	19,200	154	$	20,504	$	20,375	90%	4%	12.4%	14.8%
59903	5	I3	in item 59970 or 61109, not being a service to which item 59903 or 59925 applies (R) (Anaes.)	116.25		0	0	98.85	87.2	0	1/12/1991	$	22,056	255	$	33,070	$	27,546	35%	76%	-2.3%	-0.5%
59912	5	I3	a service mentioned in item 59903, 59912, 59970 or 61109 (R) (Anaes.)	309.8		0	0	263.35	232.35	0	1/12/1991	$	4,478,321	18,696	$	6,830,611	$	5,655,670	22%	80%	5.9%	7.5%
59925	5	I3		367.9		0	0	312.75	275.95	0	1/07/2001	$	20,678,213	75,018	$	33,904,834	$	26,809,642	12%	89%	1.9%	3.1%
59970	5	I3	Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition, using a mobile image intensifier, including any preliminary plain films, preparation and	170.8		0	0	145.2	128.1	0	1/11/1996	$	115,437	914	$	168,233	$	142,884	12%	71%	6.5%	6.5%
59971	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	172	4	$	214	$	229	0%	100%	-43.4%	-44.5%
59972	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	2,809	24	$	3,510	$	3,547	21%	79%	-47.1%	-46.5%
59973	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,212	9	$	1,651	$	1,616	0%	100%	-48.0%	-47.8%
59974	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	123	2	$	163	$	163	0%	100%	-49.2%	-49.3%
60000	5	I3	with or without arch aortography—1 to 3 data acquisition runs (R) (Anaes.)	572.45		0	0	487.75	429.35	0	1/11/1992	$	319,678	699	$	401,255	$	385,237	40%	60%	20.4%	22.5%
60001	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	212	1	-$	282	-$	282	-	100%	-169.9%	-169.1%
60003	5	I3	with or without arch aortography—4 to 6 data acquisition runs (R) (Anaes.)	839.5		0	0	754.8	629.65	0	1/11/1992	$	241,229	362	$	310,710	$	302,032	25%	76%	6.3%	7.1%
60006	5	I3	with or without arch aortography—7 to 9 data acquisition runs (R) (Anaes.)	1193.75		0	0	1109.05	895.35	0	1/11/1992	$	274,639	283	$	338,844	$	336,993	33%	67%	0.6%	1.6%
60009	5	I3	with or without arch aortography—10 or more data acquisition runs (R) (Anaes.)	1396.95		0	0	1312.25	1047.75	0	1/11/1992	$	4,259,135	3,802	$	5,558,017	$	5,279,468	29%	72%	6.2%	7.0%
60010	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,029	2	$	1,371	$	1,371	0%	100%	-54.3%	-55.8%
60012	5	I3	Digital subtraction angiography, examination of thorax—1 to 3 data acquisition runs (R) (Anaes.)	572.45		0	0	487.75	429.35	0	1/11/1992	$	4,910,531	11,045	$	6,792,619	$	6,190,557	22%	78%	10.2%	10.9%
60013	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	471	2	$	540	$	554	50%	50%	-50.6%	-50.7%
60015	5	I3	Digital subtraction angiography, examination of thorax—4 to 6 data acquisition runs (R) (Anaes.)	839.5		0	0	754.8	629.65	0	1/11/1992	$	333,186	523	$	473,425	$	433,645	9%	92%	3.8%	4.0%
60018	5	I3	Digital subtraction angiography, examination of thorax—7 to 9 data acquisition runs (R) (Anaes.)	1193.75		0	0	1109.05	895.35	0	1/11/1992	$	103,845	114	$	144,501	$	135,041	12%	89%	1.7%	1.9%
60021	5	I3	Digital subtraction angiography, examination of thorax—10 or more data acquisition runs (R) (Anaes.)	1396.95		0	0	1312.25	1047.75	0	1/11/1992	$	494,457	456	$	676,066	$	632,967	16%	85%	4.3%	4.7%
60024	5	I3	Digital subtraction angiography, examination of abdomen—1 to 3 data acquisition runs (R) (Anaes.)	572.45		0	0	487.75	429.35	0	1/11/1992	$	1,285,549	2,991	$	1,860,511	$	1,676,185	9%	91%	8.7%	9.3%
60025	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	268	1	$	268	$	282	100%	0%	-47.5%	-46.1%
60027	5	I3	Digital subtraction angiography, examination of abdomen—4 to 6 data acquisition runs (R) (Anaes.)	839.5		0	0	754.8	629.65	0	1/11/1992	$	572,693	888	$	821,821	$	736,863	14%	86%	0.7%	0.8%

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60030		5	I3	Digital subtraction angiography, examination of abdomen—7 to 9 data acquisition runs (R) (Anaes.)	1193.75		0	0	1109.05	895.35	0	1/11/1992	$	589,899	638	$	826,042	$	755,059	18%	85%	-2.3%	-2.3%
60033		5	I3	Digital subtraction angiography, examination of abdomen—10 or more data acquisition runs (R) (Anaes.)	1396.95		0	0	1312.25	1047.75	0	1/11/1992	$	5,920,612	5,379	$	8,157,000	$	7,464,693	21%	80%	5.0%	5.5%
60034	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	512	1	$	683	$	683	0%	100%	-59.1%	-60.2%
60036		5	I3	Digital subtraction angiography, examination of upper limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	572.45		0	0	487.75	429.35	0	1/11/1992	$	1,438,319	3,279	$	2,035,420	$	1,848,995	14%	86%	36.7%	37.5%
60039		5	I3	Digital subtraction angiography, examination of upper limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	839.5		0	0	754.8	629.65	0	1/11/1992	$	289,037	427	$	363,644	$	355,590	35%	69%	5.2%	4.9%
60040	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	388	1	$	388	$	409	100%	0%	-19.7%	-16.7%
60042		5	I3	Digital subtraction angiography, examination of upper limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1193.75		0	0	1109.05	895.35	0	1/11/1992	$	358,643	370	$	457,521	$	439,207	35%	67%	-0.1%	0.3%
60043	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	554	1	$	554	$	583	100%	0%	-27.5%	-24.7%
60045		5	I3	Digital subtraction angiography, examination of upper limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1396.95		0	0	1312.25	1047.75	0	1/11/1992	$	1,976,654	1,786	$	2,573,907	$	2,481,106	30%	77%	6.1%	6.5%
60046	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	516	1	$	852	$	688	0%	100%	-45.6%	-47.7%
60048		5	I3	Digital subtraction angiography, examination of lower limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	572.45		0	0	487.75	429.35	0	1/11/1992	$	1,924,765	4,485	$	2,867,251	$	2,530,905	6%	95%	2.0%	2.6%
60051		5	I3	Digital subtraction angiography, examination of lower limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	839.5		0	0	754.8	629.65	0	1/11/1992	$	279,530	439	$	398,350	$	365,974	8%	93%	3.8%	3.7%
60054		5	I3	Digital subtraction angiography, examination of lower limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1193.75		0	0	1109.05	895.35	0	1/11/1992	$	572,265	632	$	868,677	$	750,243	9%	94%	-1.8%	-1.8%
60057		5	I3	Digital subtraction angiography, examination of lower limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1396.95		0	0	1312.25	1047.75	0	1/11/1992	$	7,524,758	7,122	$	10,801,972	$	9,899,244	9%	95%	4.4%	4.6%
60058	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,298	2	$	1,298	$	1,366	100%	0%	-53.2%	-52.1%
60060		5	I3	Digital subtraction angiography, examination of aorta and lower limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	572.45		0	0	487.75	429.35	0	1/11/1992	$	586,802	1,355	$	840,170	$	766,596	8%	92%	14.4%	15.2%
60063		5	I3	Digital subtraction angiography, examination of aorta and lower limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	839.5		0	0	754.8	629.65	0	1/11/1992	$	100,342	156	$	147,917	$	131,210	10%	91%	-2.0%	-1.6%
60064	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	306	1	$	443	$	409	0%	100%	-30.1%	-29.9%
60066		5	I3	Digital subtraction angiography, examination of aorta and lower limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1193.75		0	0	1109.05	895.35	0	1/11/1992	$	244,885	269	$	341,585	$	319,482	14%	91%	-9.6%	-9.4%
60067	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	437	1	$	1,032	$	583	0%	100%	-34.0%	-36.1%
60069		5	I3	Digital subtraction angiography, examination of aorta and lower limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1396.95		0	0	1312.25	1047.75	0	1/11/1992	$	6,522,037	6,052	$	9,221,722	$	8,412,023	18%	87%	1.4%	1.4%
60072		5	I3	Selective arteriography or selective venography by digital subtraction angiography technique—one vessel (NR) (Anaes.)	48.8		0	0	41.5	36.6	0	1/11/1992	$	252,448	7,288	$	394,422	$	319,576	20%	80%	1.0%	1.6%
60073	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	51	3	$	55	$	57	67%	33%	-47.0%	-47.3%
60075		5	I3	Selective arteriography or selective venography by digital subtraction angiography technique—2 vessels (NR) (Anaes.)	97.55		0	0	82.95	73.2	0	1/11/1992	$	266,601	3,694	$	380,500	$	341,447	16%	85%	-0.1%	0.1%
60076	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	32	1	$	139	$	43	0%	100%	-58.3%	-59.8%
60078		5	I3	subtraction angiography technique—3 or more vessels (NR) (Anaes.)	146.4		0	0	124.45	109.8	0	1/11/1992	$	1,964,516	17,788	$	2,781,138	$	2,512,351	19%	84%	7.9%	8.1%
60079	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	114	2	$	131	$	134	50%	50%	-65.6%	-65.9%
60100	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	2,631	54	$	2,984	$	3,046	13%	2%	-82.6%	-82.7%
60500		5	I3	Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes.)	44.05		0	0	37.45	33.05	Y	1/12/1991	$	7,815	253	$	12,732	$	10,190	4%	96%	-15.3%	-15.8%

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60503		5	I3	Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R)	30.2		0	0	25.7	22.65	0	1/12/1991	$	105,777	4,487	$	158,484	$	120,900	51%	46%	-6.4%	-6.5%
60506		5	I3	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this Group	64.7		0	0	55	48.55	0	1/11/1992	$	5,409,127	114,450	$	10,399,426	$	7,162,419	4%	98%	4.2%	4.5%
60507	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A		#N/A									
60509		5	I3	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this Group	100.4		0	0	85.35	75.3	0	1/11/1992	$	5,513,648	74,028	$	10,552,144	$	7,326,305	2%	99%	5.0%	5.4%
60510	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	37	1	$	62	$	49	0%	100%	-57.8%	-57.8%
60918		5	I3	Arteriography (peripheral) or phlebography—one vessel, when used in association with a service to which item 59903, 59912, 59925 or 59970 applies, not being a service associated with a	47.85		0	0	40.7	35.9	Y	1/12/1991	$	3,233	92	$	4,092	$	3,932	48%	64%	59.2%	63.0%
61109		5	I3	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	262.8		0	0	223.4	197.1	0	1/11/1992	$	11,703,391	58,982	$	18,532,706	$	14,946,126	16%	83%	4.6%	5.2%
61110	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	1,083	10	$	1,030	$	1,245	60%	40%	-53.0%	-53.2%
61302	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	2,069	5	$	2,135	$	2,224	80%	0%	-42.1%	-42.2%
61303	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	514,235	981	$	531,276	$	551,239	90%	7%	-33.1%	-33.1%
61306	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	3,606	6	$	4,127	$	4,243	50%	50%	-42.2%	-43.4%
61307	#N/A	#N/A		#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	5,014,527	6,429	$	5,140,415	$	5,336,412	92%	5%	-38.0%	-38.0%
61310		5	I4	Myocardial infarct avid study (R)	367.3		0	0	312.25	275.5	0	1/11/1996	$	178,764	529	$	197,755	$	194,182	80%	13%	65.2%	64.5%
61313		5	I4	Gated cardiac blood pool study, (equilibrium) (R)	303.35		0	0	257.85	227.55	0	1/11/1996	$	1,815,431	6,409	$	1,914,976	$	1,943,455	88%	7%	-9.8%	-9.8%
61314		5	I4	Gated cardiac blood pool study, with or without intervention, and first pass blood flow or cardiac shunt study (R)	420		0	0	357	315	0	1/11/1996	$	556,250	1,414	$	568,549	$	593,260	93%	5%	2.2%	2.3%
61321		5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.2 Single rest myocardial perfusion study for the assessment of	329		0	0	279.65	246.75	0	1/08/2020	$	204,779	675	$	216,351	$	221,860	86%	13%	#DIV/0!	#DIV/0!
61324		5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon	653.05		0	0	568.35	489.8	0	1/08/2020	$	1,235,732	2,011	$	1,260,095	$	1,312,997	94%	4%	#DIV/0!	#DIV/0!
61325		5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.2 Single rest myocardial perfusion study for the assessment of	329		0	0	279.65	246.75	0	1/08/2020	$	79,428	260	$	82,671	$	85,305	90%	9%	#DIV/0!	#DIV/0!
61328		5	I4	Lung perfusion study (R)	227.65		0	0	193.55	170.75	0	1/11/1996	$	287,663	1,387	$	321,882	$	315,176	77%	18%	26.1%	26.3%
61329		5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and	982.05		0	0	897.35	736.55	0	1/08/2020	$	12,860,209	13,799	$	12,908,131	$	13,548,816	98%	0%	#DIV/0!	#DIV/0!
61332		5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and	982.05		0	0	897.35	736.55	0	14/09/2019	$	933	1	$	933	$	982	100%	0%	#DIV/0!	#DIV/0!
61336		5	I4	Cerebral perfusion study, with PET (R) Item 61336 was available from 1 December 2020 until 28 February 2021, during a national shortage of technetium. See the Health Insurance (Section 3C	605.05		0	0	520.35	453.8	0	14/09/2019	$	323,610	569	$	329,657	$	343,423	95%	3%	#DIV/0!	#DIV/0!
61340		5	I4	Lung ventilation study using aerosol, technegas or xenon gas (R)	253		0	0	215.05	189.75	0	1/11/1996	$	29,756	127	$	31,834	$	32,016	85%	12%	-0.5%	-0.1%
61341		5	I4	Bone study—whole body and PET, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) Item 61341 was available from 1 December 2020 until 28 February	600.7		0	0	516	450.55	0	14/09/2019	$	12,942	22	$	12,555	$	13,215	100%	0%	#DIV/0!	#DIV/0!
61344		5	I4	Computed tomography performed at the same time and covering the same body area as positron emission tomography covered by items 61311, 61332, 61333, 61336, 61337and 61341, for the	100		0	0	85	75	0	14/09/2019	$	22,349	249	$	22,472	$	23,655	96%	1%	#DIV/0!	#DIV/0!
61345		5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and	982.05		0	0	897.35	736.55	0	1/08/2020	$	31,094,181	33,700	$	31,877,390	$	33,078,204	92%	4%	#DIV/0!	#DIV/0!
61348		5	I4	Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas (R)	443.35		0	0	376.85	332.55	0	1/11/1996	$	7,828,032	19,397	$	8,649,301	$	8,598,485	76%	18%	-0.7%	-0.6%
61349		5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Repeat combined stress and rest, stress and re-injection or	982.05		0	0	897.35	736.55	0	1/08/2020	$	169,001	186	$	174,885	$	182,221	89%	11%	#DIV/0!	#DIV/0!
61353		5	I4	Liver and spleen study (colloid) (R)	386.6		0	0	328.65	289.95	0	1/11/1996	$	34,603	96	$	36,201	$	37,114	89%	6%	-15.6%	-15.4%

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61356	5	I4	Red blood cell spleen or liver study (R)	392.8	0	0	333.9	294.6	0	1/11/1996	$	72,691	199	$	76,808	$	78,122	87%	7%	-5.1%	-5.2%
61357	5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon	653.05	0	0	568.35	489.8	0	1/08/2020	$	190,912	309	$	194,971	$	201,887	95%	0%	#DIV/0!	#DIV/0!
61360	5	I4	Hepatobiliary study, including morphine administration or pre-treatment with a cholagogue when performed (R)	403.35	0	0	342.85	302.55	0	1/11/1996	$	659,410	1,769	$	714,388	$	713,431	82%	9%	-2.2%	-2.0%
61361	5	I4	Hepatobiliary study with formal quantification following baseline imaging, using a cholagogue (R)	461.4	0	0	392.2	346.05	0	1/11/1996	$	1,814,034	4,235	$	1,967,135	$	1,953,109	82%	6%	2.0%	2.1%
61364	5	I4	Bowel haemorrhage study (R)	496.95	0	0	422.45	372.75	0	1/11/1996	$	93,847	235	$	127,562	$	116,738	24%	72%	-0.2%	0.1%
61368	5	I4	Meckel's diverticulum study (R)	223.1	0	0	189.65	167.35	0	1/11/1996	$	73,470	358	$	81,241	$	79,855	81%	13%	3.1%	3.2%
61372	5	I4	Salivary study (R)	223.1	0	0	189.65	167.35	0	1/11/1996	$	21,861	104	$	25,462	$	22,882	77%	2%	-9.6%	-8.8%
61373	5	I4	Gastro-oesophageal reflux study, including delayed imaging on a separate occasion when performed (R)	489.7	0	0	416.25	367.3	0	1/11/1996	$	1,384,474	3,005	$	1,396,860	$	1,461,484	97%	1%	18.9%	18.8%
61376	5	I4	Oesophageal clearance study (R)	143.35	0	0	121.85	107.55	0	1/11/1996	$	72,655	541	$	80,144	$	75,897	90%	2%	6.1%	6.4%
61381	5	I4	Gastric emptying study, using single tracer (R)	574.35	0	0	489.65	430.8	0	1/11/1996	$	4,443,773	8,257	$	4,619,943	$	4,741,483	89%	4%	13.5%	13.7%
61383	5	I4	Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R)	624.95	0	0	540.25	468.75	0	1/11/1996	$	504,096	869	$	551,733	$	543,037	73%	3%	1.6%	1.4%
61384	5	I4	Radionuclide colonic transit study (R)	687.7	0	0	603	515.8	0	1/11/1996	$	1,065,358	1,642	$	1,092,849	$	1,129,148	91%	1%	4.3%	4.3%
61386	5	I4	Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R)	332.5	0	0	282.65	249.4	0	1/11/1996	$	1,103,438	3,620	$	1,189,328	$	1,197,195	82%	12%	-2.6%	-2.5%
61387	5	I4	Renal cortical study, with single photon emission tomography and planar quantification (R)	430.75	0	0	366.15	323.1	0	1/11/1996	$	597,761	1,478	$	618,375	$	636,324	92%	4%	0.2%	0.2%
61389	5	I4	Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R)	370.55	0	0	315	277.95	0	1/11/1996	$	356,267	1,022	$	376,191	$	378,647	92%	4%	-1.2%	-1.0%
61390	5	I4	Renal study with diuretic administration after a baseline study (R)	409.95	0	0	348.5	307.5	0	1/11/1996	$	2,208,829	5,776	$	2,361,441	$	2,366,656	85%	4%	2.0%	2.0%
61393	5	I4	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	605.5	0	0	520.8	454.15	0	1/11/1996	$	44,192	77	$	44,192	$	46,574	99%	0%	-16.4%	-16.2%
61394	5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon	653.05	0	0	568.35	489.8	0	15/09/2020	$	5,480	9	$	5,580	$	5,877	78%	0%	#DIV/0!	#DIV/0!
61397	5	I4	Cystoureterogram (R)	246.85	0	0	209.85	185.15	0	1/11/1996	$	39,972	175	$	41,760	$	42,349	95%	1%	-0.1%	-0.2%
61398	5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R)	982.05	0	0	897.35	736.55	0	15/09/2020	$	1,057,519	1,134	$	1,058,393	$	1,113,625	99%	0%	#DIV/0!	#DIV/0!
61402	5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note:	605.05	0	0	520.35	453.8	0	1/11/1996	$	3,554,662	6,298	$	3,705,803	$	3,810,810	89%	8%	1.7%	1.7%
61406	5	I4	IR.4.1 Combined stress and rest, stress and re-injection or rest and Cerebro spinal fluid transport study, with imaging on 2 or more separate occasions (R)	982.05	0	0	897.35	736.55	0	15/09/2020	$	1,105,922	1,188	$	1,110,621	$	1,166,670	95%	0%	#DIV/0!	#DIV/0!
61409	5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note:	873.5	0	0	788.8	655.15	0	1/11/1996	$	52,108	73	$	69,555	$	63,656	34%	66%	-3.4%	-3.3%
61410	5	I4	IR.4.1 Repeat combined stress and rest, stress and re-injection or	982.05	0	0	897.35	736.55	0	15/09/2020	$	2,799	3	$	2,799	$	2,946	100%	0%	#DIV/0!	#DIV/0!
61413	5	I4	Cerebro spinal fluid shunt patency study (R)	225.95	0	0	192.1	169.5	0	1/11/1996	$	34,925	181	$	45,459	$	40,567	51%	42%	0.6%	0.1%
61414	5	I4	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon	653.05	0	0	568.35	489.8	0	15/09/2020	$	4,963	8	$	4,963	$	5,224	100%	0%	#DIV/0!	#DIV/0!
61421	5	I4	Bone study—whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	479.8	0	0	407.85	359.85	0	1/11/1996	$	6,579,306	14,747	$	6,962,566	$	7,070,176	85%	6%	-12.4%	-12.3%
61425	5	I4	with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	600.7	0	0	516	450.55	0	1/11/1996	$	58,897,990	104,943	$	61,222,300	$	63,022,859	89%	6%	2.3%	2.3%
61426	5	I4	Whole body study using iodine (R)	554.8	0	0	471.6	416.1	0	1/11/1996	$	632,545	1,241	$	660,858	$	686,357	84%	13%	-7.5%	-7.5%

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61429	5	I4	Whole body study using gallium (R)	543	0	0	461.55	407.25	0	1/11/1996	$	52,191	110	$	59,497	$	59,680	61%	36%	-9.3%	-9.2%
61430	5	I4	Whole body study using gallium, with single photon emission tomography (R)	659.45	0	0	574.75	494.6	0	1/11/1996	$	473,932	830	$	562,048	$	547,194	56%	41%	2.0%	2.0%
61433	5	I4	Whole body study using cells labelled with technetium (R)	496.95	0	0	422.45	372.75	0	1/11/1996	$	41,250	94	$	48,084	$	46,673	66%	33%	-5.2%	-5.3%
61434	5	I4	Whole body study using cells labelled with technetium, with single photon emission tomography (R)	615.4	0	0	530.7	461.55	0	1/11/1996	$	400,314	730	$	457,551	$	449,402	59%	23%	9.0%	9.4%
61438	5	I4	Whole body study using thallium (R)	672.95	0	0	588.25	504.75	0	1/11/1996	$	245,029	384	$	247,778	$	260,184	89%	1%	-12.2%	-12.3%
61441	5	I4	Bone marrow study—whole body using technetium labelled bone marrow agents (R)	489.7	0	0	416.25	367.3	0	1/11/1996	$	66,983	152	$	76,574	$	74,254	70%	20%	-18.0%	-18.2%
61442	5	I4	Whole body study, using gallium—with single photon emission tomography of 2 or more body regions acquired separately (R)	752.35	0	0	667.65	564.3	0	1/11/1997	$	284,769	448	$	357,971	$	337,003	46%	52%	-1.0%	-1.5%
61445	5	I4	Bone marrow study—localised using technetium labelled agent (R)	286.8	0	0	243.8	215.1	0	1/11/1999	$	33,074	123	$	34,090	$	35,061	90%	6%	-15.4%	-15.3%
61446	5	I4	agent,including when undertaken, blood flow imaging, blood pool imagingand repeat imaging on a separate occasion (R)	333.55	0	0	283.55	250.2	0	1/11/1996	$	460,930	1,482	$	490,805	$	494,156	88%	6%	-24.2%	-24.2%
61449	5	I4	Regional scintigraphic study, using an approved bone scanning agentand single photon emission tomography, including when undertaken, blood flow imaging, blood pool imagingand repeat	456.2	0	0	387.8	342.15	0	1/11/1996	$	16,627,421	38,949	$	17,479,798	$	17,761,374	88%	3%	0.0%	0.1%
61450	5	I4	Localised study using gallium (R)	397.55	0	0	337.95	298.2	0	1/11/1996	$	31,859	87	$	33,941	$	34,572	82%	13%	-15.9%	-15.9%
61453	5	I4	Localised study using gallium, with single photon emission tomography (R)	514.7	0	0	437.5	386.05	0	1/11/1996	$	504,426	1,072	$	550,892	$	551,658	79%	16%	1.1%	1.1%
61454	5	I4	Localised study using cells labelled with technetium (R)	348.1	0	0	295.9	261.1	0	1/11/1996	$	26,056	83	$	28,375	$	28,892	76%	24%	-17.9%	-18.5%
61457	5	I4	Localised study using cells labelled with technetium, with single photon emission tomography (R)	470.45	0	0	399.9	352.85	0	1/11/1996	$	157,788	386	$	168,817	$	172,160	82%	16%	-6.1%	-6.3%
61461	5	I4	Localised study using thallium (R)	527.85	0	0	448.7	395.9	0	1/11/1996	$	11,319	23	$	11,987	$	12,136	87%	4%	-8.6%	-8.6%
61462	5	I4	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	129	0	0	109.65	96.75	0	1/11/1996	$	483,235	4,329	$	558,095	$	537,256	58%	16%	4.1%	4.2%
61469	5	I4	Lymphoscintigraphy (R)	348.1	0	0	295.9	261.1	0	1/11/1996	$	5,191,977	16,882	$	6,329,764	$	5,864,502	60%	30%	3.5%	3.6%
61473	5	I4	Thyroid study (R)	175.4	0	0	149.1	131.55	0	1/11/1996	$	3,119,646	19,018	$	3,495,597	$	3,320,098	87%	2%	-4.8%	-4.7%
61480	5	I4	Parathyroid study (R)	386.85	0	0	328.85	290.15	0	1/11/1996	$	2,722,504	7,516	$	2,869,853	$	2,906,111	88%	3%	1.4%	1.4%
61485	5	I4	Adrenal study, with single photon emission tomography (R)	999.2	0	0	914.5	749.4	0	1/11/1996	$	183,050	200	$	191,544	$	199,835	83%	17%	-11.6%	-11.8%
61495	5	I4	Tear duct study (R)	223.1	0	0	189.65	167.35	0	1/11/1996	$	90,104	436	$	108,262	$	97,112	72%	0%	-0.2%	-0.2%
61499	5	I4	Particle perfusion study (infra arterial) or Le Veen shunt study (R)	253	0	0	215.05	189.75	0	1/11/1996	$	83,486	417	$	128,876	$	105,281	25%	78%	-5.4%	-5.3%
61505	5	I4	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	100	0	0	85	75	0	1/05/2007	$	31,749,827	357,493	$	32,954,996	$	33,953,180	90%	6%	10.3%	10.3%
61523	5	I4	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 advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy (R) (Anaes.)	953	0	0	868.3	714.75	0	1/10/2001	$	14,276,852	15,932	$	14,597,924	$	15,181,956	94%	5%	12.0%	12.0%
61524	5	I4		953	0	0	868.3	714.75	Y	1/11/2019	$	3,977,198	4,416	$	4,031,504	$	4,207,623	95%	2%	#DIV/0!	#DIV/0!
61525	5	I4	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 non-small cell lung cancer, where curative surgery or radiotherapy is planned (R)	953	0	0	868.3	714.75	Y	1/11/2019	$	8,167,697	9,084	$	8,296,424	$	8,654,607	95%	3%	#DIV/0!	#DIV/0!
61529	5	I4		953	0	0	868.3	714.75	0	1/10/2001	$	9,501,615	10,581	$	9,659,882	$	10,083,245	96%	4%	13.7%	13.7%
61538	5	I4	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) evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy (R)	901	0	0	816.3	675.75	0	1/10/2001	$	250,272	300	$	261,530	$	270,235	87%	12%	-2.9%	-3.1%
61541	5	I4		953	0	0	868.3	714.75	0	1/10/2001	$	12,370,864	13,752	$	12,548,321	$	13,104,296	96%	3%	10.8%	10.8%

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61553	5	I4	the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy (R)	999		0	0	914.3	749.25	0	1/10/2001	$	21,604,036	22,840	$	21,772,411	$	22,815,610	98%	1%	21.0%	21.0%
61559	5	I4	FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery (R)	918		0	0	833.3	688.5	0	1/10/2001	$	346,959	403	$	353,047	$	369,899	94%	6%	-5.3%	-5.4%
61565	5	I4	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	953		0	0	868.3	714.75	0	1/10/2001	$	3,391,688	3,781	$	3,465,652	$	3,602,513	94%	4%	13.2%	13.2%
61571	5	I4	Whole body FDG PET study, for the further primary staging ofpatients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior	953		0	0	868.3	714.75	0	1/10/2001	$	859,011	955	$	872,302	$	910,000	95%	3%	8.0%	8.0%
61575	5	I4	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 oesophageal or GEJ carcinoma, in patients considered suitable for active therapy (R).	953		0	0	868.3	714.75	0	1/07/2011	$	1,023,604	1,135	$	1,035,358	$	1,081,535	97%	2%	16.6%	16.6%
61577	5	I4	Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer (R).	953		0	0	868.3	714.75	0	1/10/2001	$	3,480,132	3,882	$	3,551,164	$	3,699,351	95%	5%	9.6%	9.6%
61598	5	I4	patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy (R).	953		0	0	868.3	714.75	0	14/01/2002	$	5,738,093	6,362	$	5,784,074	$	6,062,241	97%	2%	9.4%	9.4%
61604	5	I4	metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R).	953		0	0	868.3	714.75	0	14/01/2002	$	7,062,126	7,816	$	7,092,520	$	7,448,513	98%	1%	14.9%	14.9%
61610	5	I4	diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R)	953		0	0	868.3	714.75	0	14/01/2002	$	980,489	1,090	$	994,612	$	1,038,715	96%	3%	9.0%	9.0%
61620	5	I4	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	953		0	0	868.3	714.75	0	1/07/2011	$	6,967,757	7,841	$	7,223,589	$	7,471,663	90%	8%	13.9%	13.8%
61622	5	I4	Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R)	953		0	0	868.3	714.75	0	14/01/2002	$	7,637,556	8,489	$	7,743,250	$	8,089,802	96%	3%	9.6%	9.5%
61628	5	I4	chemotherapy ifhaemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R)	953		0	0	868.3	714.75	0	14/01/2002	$	5,526,194	6,182	$	5,657,981	$	5,890,196	93%	6%	9.7%	9.7%
61632	5	I4	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	953		0	0	868.3	714.75	0	1/07/2011	$	1,355,972	1,516	$	1,391,056	$	1,444,713	92%	6%	7.8%	7.7%
61640	5	I4	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	999		0	0	914.3	749.25	0	14/01/2002	$	1,729,925	1,836	$	1,754,314	$	1,834,014	96%	3%	8.9%	8.9%
61646	5	I4	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	999		0	0	914.3	749.25	0	14/01/2002	$	3,245,982	3,432	$	3,268,225	$	3,428,183	98%	2%	10.1%	10.1%
61647	5	I4	LeukoScan study of the long bones and feet for suspected osteomyelitis, if:(a) the patient does not have access to ex vivo	953		0	0	868.3	714.75	0	1/05/2018	$	4,683,840	5,195	$	4,724,210	$	4,949,120	98%	2%	#DIV/0!	#DIV/0!
61650	5	I4	white blood cell scanning; and(b) the patient is not being	878.7		0	0	794	659.05	0	1/06/2004	$	5,798	7	$	6,299	$	6,146	86%	0%	-50.1%	-49.9%
61654	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,493	4	$	1,598	$	1,660	75%	25%	0.0%	-1.1%
61656	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	139	1	$	139	$	147	100%	0%	-64.3%	-64.3%
61663	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	377	2	$	432	$	443	50%	50%	-47.3%	-47.8%
61668	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	219	1	$	219	$	231	100%	0%	-54.3%	-54.2%
61675	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	819	3	$	819	$	862	100%	0%	-45.1%	-44.9%
61678	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	1,575	10	$	1,575	$	1,658	100%	0%	-38.3%	-38.1%
61681	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	3,854	20	$	3,905	$	4,100	95%	5%	-9.5%	-9.6%
61690	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	228	1	$	228	$	240	100%	0%	-57.7%	-57.2%
61691	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	285	1	$	285	$	300	100%	0%	-30.1%	-30.4%
61719	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	43	1	$	43	$	45	100%	0%	-55.0%	-54.6%
63001	5	I5	MRI—scan of head (including MRA, if performed) for tumour of the brain or meninges (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	53,727,820	136,691	$	57,034,110	$	55,236,720	85%	7%	12.9%	13.2%
63004	5	I5	MRI—scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	2,201,749	5,692	$	2,385,424	$	2,304,168	79%	14%	2.9%	2.8%

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63007	5	IS	MRI—scan of head (including MRA, if performed) for skull base or orbital tumour (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	16,722,844	42,551	$	17,597,904	$	17,048,593	87%	2%	10.3%	10.4%
63010	5	IS	MRI—scan of head (including MRA, if performed) for stereotactic scan of brain, with fiducials in place, for the sole purpose of allowing planning for stereotactic neurosurgery (R) (Anaes.)	336		0	0	285.6	252	Y	1/08/2004	$	778,395	2,664	$	1,023,503	$	893,129	46%	50%	-0.2%	0.1%
63040	5	IS	MRI—scan of head (including MRA, if performed) for acoustic neuroma (R) (Anaes.) (Contrast) (Anaes.)	336		0	0	285.6	252	Y	1/08/2004	$	10,578,533	32,243	$	11,157,251	$	10,740,286	89%	1%	7.0%	7.0%
63043	5	IS	MRI—scan of head (including MRA, if performed) for pituitary tumour (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	5,625,914	16,067	$	6,026,203	$	5,739,311	86%	3%	4.6%	4.7%
63046	5	IS	metabolic or ischaemic encephalopathy (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	10,145,211	26,032	$	10,960,530	$	10,478,430	84%	11%	10.2%	10.3%
63049	5	IS	MRI—scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	10,593,048	26,923	$	11,062,147	$	10,793,603	89%	3%	4.6%	4.7%
63052	5	IS	malformation of the brain or meninges (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	1,653,637	4,233	$	1,722,097	$	1,701,851	87%	10%	-1.1%	-1.1%
63055	5	IS	MRI—scan of head (including MRA, if performed) for venous sinus thrombosis (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	2,048,441	5,366	$	2,205,184	$	2,126,313	81%	11%	22.2%	22.4%
63058	5	IS	MRI—scan of head (including MRA, if performed) for head trauma (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	740,153	1,919	$	809,020	$	771,554	79%	12%	3.7%	3.8%
63061	5	IS	MRI—scan of head (including MRA, if performed) for epilepsy (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	4,280,347	10,910	$	4,527,692	$	4,393,804	87%	8%	2.2%	2.3%
63064	5	IS	MRI—scan of head (including MRA, if performed) for stroke (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	12,482,463	33,680	$	14,388,945	$	13,554,813	66%	29%	5.3%	5.3%
63067	5	IS	MRI—scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	435,051	1,163	$	492,168	$	460,383	73%	18%	11.2%	11.4%
63070	5	IS	MRI—scan of head (including MRA, if performed) for intracranial aneurysm (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	3,587,431	9,045	$	3,722,685	$	3,634,704	91%	2%	6.6%	6.6%
63073	5	IS	MRI—scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	748,552	1,904	$	784,448	$	764,794	87%	5%	6.9%	6.9%
63082	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	-$	197	- 1	-$	197	-$	197	-	0%	-136.2%	-136.8%
63084	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	-$	147	- 1	-$	399	-$	197	-	100%	-148.1%	-145.2%
63101	5	IS	both)—scan of head and neck vessels for stroke (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	3,770,218	8,167	$	4,279,589	$	4,029,668	71%	22%	0.7%	0.9%
63104	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	185	1	$	246	$	246	0%	100%	-51.9%	-53.9%
63111	5	IS	performed) for tumour of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	940,458	1,956	$	988,414	$	965,187	86%	7%	1.0%	1.3%
63114	5	IS	performed) for inflammation of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	141,973	302	$	154,229	$	148,791	77%	13%	-3.1%	-3.1%
63125	5	IS	performed) for demyelinating disease of the central nervous system (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	3,621,131	7,463	$	3,746,673	$	3,683,269	89%	2%	7.1%	7.6%
63128	5	IS	performed) for congenital malformation of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	129,216	272	$	137,320	$	134,012	82%	9%	-1.2%	-1.3%
63131	5	IS	performed) for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	58,190	120	$	59,812	$	59,126	92%	3%	-3.7%	-3.2%
63151	5	IS	MRI—scan of one region or 2 contiguous regions of the spine for infection (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	2,066,807	6,085	$	2,282,717	$	2,173,318	78%	17%	11.7%	12.2%
63154	5	IS	MRI—scan of one region or 2 contiguous regions of the spine for tumour (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	3,268,866	9,435	$	3,529,948	$	3,369,148	83%	9%	6.7%	6.9%
63161	5	IS	MRI—scan of one region or 2 contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	4,111,822	11,831	$	4,296,434	$	4,188,462	89%	3%	9.7%	10.1%
63164	5	IS	congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	390,332	1,126	$	412,230	$	400,923	86%	7%	7.0%	7.0%
63167	5	IS	MRI—scan of one region or 2 contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	3,720,850	10,724	$	3,954,806	$	3,820,850	86%	7%	6.3%	6.2%
63170	5	IS	MRI—scan of one region or 2 contiguous regions of the spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	342,116	976	$	358,102	$	347,715	90%	2%	6.3%	6.5%

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63173	5	I5	MRI—scan of one region or 2 contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	12,944,892	37,134	$	13,732,968	$	13,214,955	87%	4%	6.6%	6.7%
63176	5	I5	MRI—scan of one region or 2 contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	25,409,549	73,136	$	27,405,786	$	26,109,027	85%	6%	6.9%	7.0%
63179	5	I5	MRI—scan of one region or 2 contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	8,515,446	24,390	$	9,039,323	$	8,710,369	88%	6%	4.7%	4.9%
63182	5	I5	MRI—scan of one region or 2 contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	4,253,745	12,334	$	4,719,586	$	4,409,611	80%	11%	-0.1%	0.1%
63185	5	I5	MRI—scan of one region or 2 contiguous regions of the spine for trauma (R) (Anaes.) (Anaes.)	358.4		0	0	304.65	268.8	Y	1/08/2004	$	1,450,375	4,319	$	1,643,019	$	1,542,531	72%	20%	6.9%	7.2%
63201	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for infection (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	849,461	2,053	$	958,144	$	919,319	68%	28%	10.5%	10.8%
63204	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for tumour (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	3,691,110	8,641	$	4,012,689	$	3,870,128	78%	16%	3.6%	3.7%
63219	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	4,764,510	10,848	$	4,996,490	$	4,883,930	87%	5%	8.3%	8.6%
63222	5	I5	spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	941,402	2,149	$	979,989	$	962,517	88%	5%	1.8%	2.0%
63225	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	2,279,942	5,273	$	2,452,738	$	2,362,116	82%	10%	8.4%	8.4%
63228	5	I5	spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	384,674	881	$	404,455	$	395,046	85%	6%	4.8%	4.8%
63231	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	760,058	1,748	$	806,862	$	783,763	84%	8%	6.4%	6.5%
63234	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	1,358,125	3,141	$	1,476,272	$	1,407,402	80%	7%	4.7%	4.9%
63237	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	2,287,837	5,290	$	2,447,958	$	2,368,357	83%	11%	5.1%	5.4%
63240	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	367,271	843	$	389,574	$	377,259	85%	7%	3.8%	4.0%
63243	5	I5	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for trauma (R) (Anaes.) (Anaes.)	448		0	0	380.8	336	Y	1/08/2004	$	296,511	730	$	439,482	$	326,650	60%	33%	3.9%	3.9%
63257	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	190	1	$	300	$	224	0%	0%	-66.8%	-67.8%
63271	5	I5	MRI—scan of cervical spine and brachial plexus for tumour (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	452,922	943	$	478,588	$	464,540	86%	6%	0.9%	1.0%
63274	5	I5	MRI—scan of cervical spine and brachial plexus for trauma (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	189,839	399	$	204,252	$	196,627	81%	9%	4.1%	4.2%
63277	5	I5	MRI—scan of cervical spine and brachial plexus for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	967,314	2,015	$	1,033,176	$	993,432	84%	5%	4.0%	4.2%
63280	5	I5	MRI—scan of cervical spine and brachial plexus for previous surgery (R) (Anaes.) (Contrast) (Anaes.)	492.8		0	0	418.9	369.6	Y	1/08/2004	$	57,921	122	$	62,886	$	60,052	80%	10%	14.5%	14.5%
63301	5	I5	musculoskeletal system, excluding tumours arising in breast, prostate or rectum (R) (Anaes.) (Contrast) (Anaes.)	380.8		0	0	323.7	285.6	Y	1/08/2004	$	10,828,787	29,102	$	11,358,216	$	11,016,107	89%	3%	13.4%	13.7%
63304	5	I5	or musculoskeletal system, excluding infection arising in breast, prostate or rectum (R) (Anaes.) (Contrast) (Anaes.)	380.8		0	0	323.7	285.6	Y	1/08/2004	$	7,098,649	19,331	$	7,511,829	$	7,300,552	85%	8%	16.8%	17.0%
63307	5	I5	MRI—scan of musculoskeletal system for osteonecrosis (R) (Anaes.) (Contrast) (Anaes.)	380.8		0	0	323.7	285.6	Y	1/08/2004	$	459,830	1,232	$	471,353	$	466,011	94%	4%	8.0%	8.1%
63311	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	143	1	$	190	$	190	0%	100%	-58.3%	-60.5%
63322	5	I5	MRI—scan of musculoskeletal system for derangement of hip or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	17,133,529	44,887	$	18,114,688	$	17,476,954	88%	4%	9.3%	9.4%
63325	5	I5	MRI—scan of musculoskeletal system for derangement of shoulder or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	23,786,146	60,900	$	24,847,462	$	24,115,159	90%	1%	9.0%	9.3%
63328	5	I5	MRI—scan of musculoskeletal system for derangement of knee or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	37,192,104	97,163	$	38,875,485	$	37,726,212	90%	1%	5.3%	5.5%
63331	5	I5	foot (or both) or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	19,535,890	51,740	$	20,549,066	$	19,880,823	89%	2%	9.8%	9.8%

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			both temporomandibular joints or their supporting structures (R) (Anaes.) (Contrast) (Anaes.)																			
63334	5	I5		336		0	0	285.6	252	Y	1/08/2004	$	1,484,183	4,519	$	1,588,537	$	1,505,509	89%	0%	21.5%	21.9%
			hand (or both) or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)																			
63337	5	I5		448		0	0	380.8	336	Y	1/08/2004	$	12,876,069	29,732	$	13,380,031	$	13,044,725	91%	1%	11.8%	11.9%
			MRI—scan of musculoskeletal system for derangement of elbow or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)																			
63340	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	3,179,170	8,623	$	3,314,111	$	3,220,786	90%	1%	13.3%	13.4%
63341	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	202	1	$	202	$	202	100%	0%	-53.9%	-53.5%
63345	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	-	2	$	-	$	-	0%	100%	-52.3%	-100.0%
63347	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	403	2	$	523	$	538	0%	100%	-49.7%	-50.4%
			MRI—scan of musculoskeletal system for Gaucher disease (R) (Anaes.) (Anaes.)																			
63361	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	26,864	74	$	27,175	$	27,186	95%	3%	5.0%	3.6%
			MRI—scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (Anaes.) (Contrast) (Anaes.)																			
63385	5	I5		448		0	0	380.8	336	Y	1/08/2004	$	631,144	1,467	$	768,417	$	657,895	67%	5%	-1.6%	-1.4%
			MRI—scan of cardiovascular system for tumour of the heart or a great vessel (R) (Anaes.) (Contrast) (Anaes.)																			
63388	5	I5		448		0	0	380.8	336	Y	1/08/2004	$	105,897	249	$	136,526	$	111,646	55%	12%	-5.2%	-5.2%
			MRI—scan of cardiovascular system for abnormality of thoracic aorta (R) (Anaes.) (Contrast) (Anaes.)																			
63391	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	253,685	653	$	290,898	$	262,626	73%	3%	3.3%	3.6%
			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;																			
63395	5	I5	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;	855.2		0	0	770.5	641.4	Y	1/05/2018	$	1,077,829	1,293	$	1,172,920	$	1,106,127	79%	6%	#DIV/0!	#DIV/0!
63397	5	I5		855.2		0	0	770.5	641.4	Y	1/05/2018	$	93,018	113	$	104,122	$	96,638	75%	17%	#DIV/0!	#DIV/0!
			MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for vascular																			
63401	5	I5	abnormality in a patient with a previous anaphylactic reaction to	403.2		0	0	342.75	302.4	Y	1/08/2004	$	26,297	67	$	28,192	$	26,909	85%	10%	0.9%	1.2%
			MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for																			
63404	5	I5	obstruction of the superior vena cava, inferior vena cava or a major limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome (R) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/08/2004	$	170,900	435	$	179,458	$	174,788	87%	4%	30.3%	30.8%
63416	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	1,205	3	$	1,205	$	1,205	100%	0%	-9.7%	-9.2%
			MRI—scan of person under the age of 16 for post inflammatory or post traumatic physeal fusion (R) (Anaes.)																			
63425	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	1,100	3	$	1,205	$	1,200	67%	33%	-9.7%	-11.4%
			MRI—scan of person under the age of 16 for Gaucher disease (R) (Anaes.)																			
63428	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	403	1	$	403	$	403	100%	0%	#DIV/0!	#DIV/0!
			MRI—scan of person under the age of 16 for pelvic or abdominal mass (R) (Contrast) (Anaes.)																			
63440	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	188,998	486	$	195,763	$	195,350	87%	13%	2.8%	2.6%
			MRI—scan of person under the age of 16 for mediastinal mass (R) (Contrast) (Anaes.)																			
63443	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	18,578	48	$	19,251	$	19,239	85%	13%	0.0%	-0.5%
			MRI—scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (Contrast) (Anaes.)																			
63446	5	I5		403.2		0	0	342.75	302.4	Y	1/08/2004	$	18,011	46	$	18,512	$	18,512	89%	11%	-2.8%	-2.7%
			MRI – scan of the pelvis or abdomen, if: (a) the pregnancy is at, or after, 18 weeks gestation; and(b) fetal central nervous system																			
63454	5	I5	abnormality is suspected; and(c) an ultrasound has been	1200		0	0	1115.3	900	Y	1/05/2019	$	750,985	625	$	751,470	$	749,995	100%	0%	#DIV/0!	#DIV/0!
			MRI—scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (Anaes.)																			
63461	5	I5		358.4		0	0	304.65	268.8	Y	1/08/2004	$	150,065	426	$	157,429	$	152,498	91%	3%	2.6%	3.0%
			MRI—scan of both breasts for the detection of cancer, if a dedicated breast coil is used, the request for the scan identifies																			
63464	5	I5	that the person is asymptomatic and is younger than 50 years of	690		0	0	605.3	517.5	Y	1/02/2009	$	3,752,688	5,545	$	3,885,122	$	3,823,950	84%	0%	6.5%	6.7%
			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																			
63467	5	I5	abnormality detected as a result of a service mentioned in item	690		0	0	605.3	517.5	Y	1/02/2009	$	208,032	306	$	213,372	$	211,015	87%	0%	3.7%	3.7%
			MRI—scan of the pelvis for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan																			
63470	5	I5	identifies that: (a) a histological diagnosis of carcinoma of the	403.2		0	0	342.75	302.4	Y	1/08/2004	$	201,126	509	$	212,663	$	204,934	87%	4%	5.3%	5.4%
			MRI—scan of the pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical																			
63473	5	I5	cancer at FIGO stage 1B or greater, if the request for the scan	627.2		0	0	542.5	470.4	Y	1/08/2004	$	89,067	149	$	96,565	$	93,493	74%	8%	-4.0%	-3.7%
			MRI—scan of the pelvis for the initial staging of rectal cancer, if: (a) a phased array body coil is used; and(b) the request for the scan																			
63476	5	I5	identifies that the indication is for the initial staging of rectal	403.2		0	0	342.75	302.4	Y	1/07/2009	$	1,162,259	2,963	$	1,239,189	$	1,191,987	86%	5%	2.4%	2.5%
			MRI—scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R) (Anaes.)																			
63482	5	I5		403.2		0	0	342.75	302.4	Y	1/01/2006	$	13,231,531	34,227	$	14,578,455	$	13,796,421	79%	12%	13.1%	13.4%
63486	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	295	2	$	547	$	393	0%	100%	-63.2%	-65.3%

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63487	5	I5	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	690		0	0	605.3	517.5	0	1/11/2016	$	71,001	105		$	73,255	$	72,435		85%	3%	#DIV/0!	#DIV/0!
63489	5	I5	MRI—guided biopsy, if:(a) the request for the scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and(b) an ultrasound scan of the affected	1440		0	0	1355.3	1080	0	1/11/2016	$	473,958	338		$	508,633	$	483,854		56%	1%	#DIV/0!	#DIV/0!
63491	5	I5	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	44.8		0	0	38.1	33.6	0	1/08/2004	$	10,166,728	-		$	11,072,265	$	10,413,446	-	-		#DIV/0!	6.1%
63494	5	I5	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	44.8		0	0	38.1	33.6	0	1/08/2004	$	154,454	-		$	190,371	$	158,861	-	-		#DIV/0!	-11.3%
63496	5	I5	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	250		0	0	212.5	187.5	0	1/05/2019	$	828,196	-		$	850,293	$	843,205	-	-		#DIV/0!	#DIV/0!
63497	5	I5	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	156.8		0	0	133.3	117.6	0	1/08/2004	$	288,630	-		$	347,529	$	333,984	-	-		#DIV/0!	-7.1%
63501	5	I5	MRI – scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that the patient: (i) has or is	500		0	0	425	375	0	12/03/2012	$	59,639	121		$	62,741	$	60,500		88%	0%	11.6%	11.9%
63502	5	I5	MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is	500		0	0	425	375	0	12/03/2012	$	13,850	28		$	14,206	$	14,000		93%	0%	-8.6%	-8.7%
63504	5	I5	MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is	500		0	0	425	375	0	12/03/2012	$	47,725	96		$	48,500	$	48,000		97%	1%	23.1%	23.1%
63505	5	I5	MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is	500		0	0	425	375	0	12/03/2012	$	18,350	37		$	18,880	$	18,500		95%	0%	10.0%	10.1%
63507	5	I5	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	403.2		0	0	342.75	302.4	Y	1/11/2012	$	4,561,557	11,368		$	4,629,015	$	4,582,538		97%	0%	5.6%	5.6%
63510	5	I5	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	448		0	0	380.8	336	Y	1/11/2012	$	1,099,098	2,463		$	1,110,390	$	1,102,864		97%	0%	1.3%	1.4%
63513	5	I5	MRI—scan of knee for internal joint derangement for a patient under 16 years (R) (Contrast) (Anaes.)	403.2		0	0	342.75	302.4	Y	1/11/2012	$	5,740,339	14,304		$	5,818,293	$	5,765,433		97%	0%	2.5%	2.5%
63516	5	I5	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	403.2		0	0	342.75	302.4	Y	1/11/2012	$	250,213	624		$	253,209	$	251,197		97%	0%	-4.3%	-4.2%
63519	5	I5	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	403.2		0	0	342.75	302.4	Y	1/11/2012	$	146,932	366		$	148,594	$	147,476		98%	0%	-5.9%	-5.9%
63522	5	I5	patient under 16 years if a scaphoid fracture is suspected (R) (Contrast) (Anaes.)	448		0	0	380.8	336	Y	1/11/2012	$	781,886	1,752		$	789,902	$	784,776		98%	0%	3.4%	3.5%
63531	5	I5	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	690		0	0	605.3	517.5	Y	1/11/2019	$	1,713,080	2,538		$	1,784,518	$	1,750,510		81%	0%	#DIV/0!	#DIV/0!
63533	5	I5	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	690		0	0	605.3	517.5	Y	1/11/2019	$	2,928,168	4,332		$	3,047,527	$	2,987,595		82%	0%	#DIV/0!	#DIV/0!
63541	5	I5	Multiparametric Magnetic Resonance Imaging scan of the prostate for the detection of cancer, if the patient is referred by an urologist, radiation oncologist, or medical oncologist and the	450		0	0	382.5	337.5	Y	1/07/2018	$	15,592,341	35,942		$	17,544,145	$	16,162,135		74%	0%	#DIV/0!	#DIV/0!
63543	5	I5	Multiparametric Magnetic Resonance Imaging scan of the prostate for the assessment of cancer, if the patient is referred by an urologist, radiation oncologist, or medical oncologist and: the	450		0	0	382.5	337.5	Y	1/07/2018	$	3,588,253	8,214		$	3,935,570	$	3,692,690		79%	0%	#DIV/0!	#DIV/0!
63545	5	I5	MRI – multiphase scans of liver (including delayed imaging, if performed) with a contrast agent, for characterisation or intervention planning, if:(a) the patient has: (i) known colorectal	550		0	0	467.5	412.5	Y	1/05/2019	$	1,130,067	2,095		$	1,173,072	$	1,153,275		89%	5%	#DIV/0!	#DIV/0!
63546	5	I5	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;	550		0	0	467.5	412.5	Y	1/05/2019	$	1,528,160	2,833		$	1,589,964	$	1,558,035		89%	4%	#DIV/0!	#DIV/0!
63547	5	I5	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)	690		0	0	605.3	517.5	Y	1/05/2018	$	32,989	48		$	33,351	$	33,165		96%	0%	#DIV/0!	#DIV/0!
63551	5	I5	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)	403.2		0	0	342.75	302.4	Y	1/11/2013	$	62,858,298	157,100		$	64,243,309	$	63,331,028		95%	0%	11.3%	11.4%
63554	5	I5	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)	358.4		0	0	304.65	268.8	Y	1/11/2013	$	31,509,801	88,634		$	32,213,203	$	31,724,337		95%	0%	10.3%	10.4%
63557	5	I5	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)	492.8		0	0	418.9	369.6	Y	1/11/2013	$	1,748,358	3,577		$	1,778,458	$	1,762,336		95%	0%	-1.9%	-1.8%
63560	5	I5	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	403.2		0	0	342.75	302.4	Y	1/11/2013	$	40,576,871	101,608		$	41,667,815	$	40,956,413		94%	0%	-8.4%	-8.2%
63740	5	I5	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	457.2		0	0	388.65	342.9	0	1/11/2014	$	4,883,895	10,952		$	5,204,302	$	5,007,468		84%	3%	14.4%	14.7%
63741	5	I5	MRI—scan with enteroclysis for Crohn's disease if the service is related to item 63740 (R)	265.25		0	0	225.5	198.95	0	1/11/2014	$	49,970	195		$	51,035	$	50,228		95%	1%	-20.7%	-20.7%

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63743	5	I5	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)	403.2	0	0	342.75	302.4	0	1/11/2014	$	998,230	2,533	$	1,061,307	$	1,021,148	86%	3%	17.7%	18.0%
64990	5	I6	A diagnostic imaging service to which an item in this table (other than this item or item 64991) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who	7.15	0	0	6.1	0	0	1/02/2004	$	67,889	-	$	67,889	$	79,585	-	-	#DIV/0!	3.6%
64991	5	I6	A diagnostic imaging service to which an item in this table (other than this item or item 64990) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who	10.8	0	0	9.2	0	0	1/05/2004	$	51,330	-	$	51,330	$	60,243	-	-	#DIV/0!	-5.3%
65060	6	P1	Haemoglobin, erythrocyte sedimentation rate, blood viscosity - 1 or more tests	7.85	0	0	6.7	5.9	0	1/11/1998	$	1,009,906	153,490	$	1,108,470	$	1,204,897	84%	16%	-3.6%	-3.6%
65066	6	P1	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	10.4	0	0	8.85	7.8	0	1/11/1998	$	26,062	3,044	$	28,841	$	31,647	72%	27%	-16.5%	-16.8%
65070	6	P1	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	16.95	0	0	14.45	12.75	0	1/11/2000	$	186,857,001	13,237,687	$	207,371,642	$	224,372,500	80%	20%	2.2%	2.1%
65072	6	P1	Examination for reticulocytes including a reticulocyte count by any method - 1 or more tests	10.2	0	0	8.7	7.65	0	1/11/1998	$	53,249	6,408	$	65,006	$	65,362	62%	37%	6.3%	6.1%
65075	6	P1	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;	51.95	0	0	44.2	39	0	1/11/1998	$	578,983	13,169	$	651,092	$	684,130	84%	15%	8.1%	7.9%
65078	6	P1	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	90.2	0	0	76.7	67.65	0	1/11/1998	$	6,980,027	90,024	$	6,926,612	$	8,117,494	99%	0%	-2.0%	-2.1%
65079	6	P1	Tests described in item 65078 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	90.2	0	0	76.7	67.65	0	1/05/2007	$	239,952	3,139	$	240,245	$	283,138	99%	0%	17.5%	17.5%
65081	6	P1	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	96.6	0	0	82.15	72.45	0	1/11/1998	$	3,434,654	40,898	$	3,366,974	$	3,949,433	100%	0%	45.8%	46.3%
65082	6	P1	Tests described in item 65081 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	96.6	0	0	82.15	72.45	0	1/05/2007	$	167,750	2,042	$	167,750	$	197,257	100%	0%	27.0%	27.0%
65084	6	P1	Bone marrow trephine biopsy - histopathological examination of sections of bone marrow and examination of aspirated material (including clot sections where necessary), including (if performed):	165.85	0	0	141	124.4	0	1/11/1998	$	2,162,102	16,391	$	2,855,309	$	2,700,266	50%	51%	1.3%	1.3%
65087	6	P1	sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070	83.1	0	0	70.65	62.35	0	1/11/1998	$	222,705	3,340	$	246,144	$	271,567	69%	31%	5.6%	5.3%
65090	6	P1	Blood grouping (including back-grouping if performed) - ABO and Rh (D antigen)	11.15	0	0	9.5	8.4	0	1/11/1998	$	715,780	75,648	$	846,671	$	843,475	76%	21%	-1.5%	-2.2%
65093	6	P1	N factors or any other blood group system - 1 or more systems, including item 65090 (if performed)	22	0	0	18.7	16.5	0	1/11/1998	$	168,124	9,263	$	189,700	$	203,775	73%	27%	13.3%	13.5%
65096	6	P1	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	41	0	0	34.85	30.75	0	1/11/1998	$	32,488,477	948,460	$	35,544,691	$	38,798,106	82%	18%	2.2%	2.1%
65099	6	P1	Compatibility tests by crossmatch - all tests performed on any1 day for up to 6 units, including: (a)direct testing of donor red cells from each unit against the serum of the patient by one or more	108.9	0	0	92.6	81.7	0	1/11/1998	$	2,252,660	26,000	$	2,970,163	$	2,812,416	51%	50%	-4.8%	-5.0%
65102	6	P1	Compatibility tests by crossmatch - all tests performed on any1 day in excess of 6 units, including: (a) direct testing of donor red cells from each unit against serum of the patient by one or more	164.6	0	0	139.95	123.45	0	1/11/1998	$	109,183	803	$	119,000	$	131,695	78%	22%	22.8%	23.9%
65105	6	P1	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;	108.9	0	0	92.6	81.7	0	1/11/1998	$	12,707,838	149,240	$	17,489,881	$	16,135,843	36%	64%	4.1%	3.9%
65108	6	P1	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	164.6	0	0	139.95	123.45	0	1/11/1998	$	229,702	1,823	$	324,834	$	295,482	26%	74%	0.0%	-0.1%
65109	6	P1	Release of fresh frozen plasma or cryoprecipitate for the use in a patient for the correction of a coagulopathy - 1 release.	12.9	0	0	11	9.7	0	1/05/2007	$	87,550	8,921	$	136,192	$	115,081	9%	91%	-14.0%	-14.1%
65110	6	P1	platelet support as prophylaxis to minimize bleeding or during active bleeding - 1 release.	12.9	0	0	11	9.7	0	1/05/2007	$	424,743	42,503	$	619,084	$	548,289	23%	78%	13.3%	13.3%
65111	6	P1	identification and, if necessary, quantitation of any antibodies detected)	23.2	0	0	19.75	17.4	0	1/11/1998	$	1,813,985	93,217	$	1,960,979	$	2,162,634	85%	15%	-4.3%	-4.6%
65114	6	P1	test; (b)qualitative or quantitative test for cold agglutinins or heterophil antibodies	9.1	0	0	7.75	6.85	0	1/11/1998	$	439,614	57,156	$	529,917	$	520,120	68%	28%	0.2%	-0.7%
65117	6	P1	blood for chemically altered haemoglobins; (b)detection of methaemalbumin (Schumm's test)	20.25	0	0	17.25	15.2	0	1/11/1998	$	87,387	5,373	$	130,180	$	108,803	32%	66%	6.5%	6.6%
65120	6	P1	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),	13.7	0	0	11.65	10.3	0	1/11/1998	$	17,580,397	1,531,956	$	18,875,431	$	20,987,742	87%	13%	-11.9%	-11.9%
65123	6	P1	2 tests described in item 65120	20.35	0	0	17.3	15.3	0	1/11/1998	$	5,918,998	368,187	$	7,373,831	$	7,489,396	38%	62%	-0.9%	-0.9%
65126	6	P1	3 tests described in item 65120	27.85	0	0	23.7	20.9	0	1/11/1998	$	5,505,060	246,496	$	7,065,784	$	6,863,727	50%	50%	-1.7%	-1.6%

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65129	6	P1	4 or more tests described in item 65120	35.5	0	0	30.2	26.65	0	1/11/1998	$ 15,084,523	517,725	$ 18,304,943	$ 18,373,364	68%	32%	7.4%	7.6%
65137	6	P1	associated with any service to which items 65175, 65176, 65177, 65178 and 65179 apply	25.35	0	0	21.55	19.05	0	1/05/2000	$ 863,428	40,254	$ 888,028	$ 1,020,439	94%	5%	3.9%	3.9%
65142	6	P1	result from a test described in item 65175, by testing a specimen collected on a different day - 1 or more tests	25.35	0	0	21.55	19.05	0	1/05/2000	$ 5,779	270	$ 5,952	$ 6,845	94%	6%	-3.2%	-3.3%
65144	6	P1	or other substances; or heparin, low molecular weight heparins, heparinoid or other drugs - 1 or more tests	56.55	0	0	48.1	42.45	0	1/11/1998	$ 622,391	13,067	$ 663,919	$ 738,939	88%	12%	-1.9%	-2.0%
65147	6	P1	patient receiving a low molecular weight heparin or heparinoid - 1 test	37.9	0	0	32.25	28.45	0	1/11/1998	$ 379,802	12,613	$ 478,856	$ 478,033	42%	58%	4.6%	4.4%
65150	6	P1	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,	70.9	0	0	60.3	53.2	0	1/11/1998	$ 643,179	10,794	$ 678,135	$ 765,295	83%	17%	18.8%	18.8%
65153	6	P1	2 tests described in item 65150 (Item is subject to rule 6)	141.85	0	0	120.6	106.4	0	1/11/1998	$ 254,915	1,956	$ 243,896	$ 277,317	86%	14%	7.4%	9.4%
65156	6	P1	3 or more tests described in item 65150 (Item is subject to rule 6)	212.75	0	0	180.85	159.6	0	1/11/1998	$ 5,102,241	28,138	$ 5,183,023	$ 5,983,665	96%	4%	9.3%	9.4%
65157	6	P1	where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	70.9	0	0	60.3	53.2	0	1/05/2007	$ 33,732	564	$ 34,423	$ 39,988	93%	7%	-14.3%	-14.4%
65158	6	P1	if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	70.9	0	0	60.3	53.2	0	1/05/2007	$ 41,820	696	$ 42,191	$ 49,346	97%	3%	-18.6%	-18.6%
65159	6	P1	Quantitation of circulating coagulation factor inhibitors by Bethesda assay - 1 test	70.9	0	0	60.3	53.2	0	1/11/1998	$ 47,531	795	$ 48,704	$ 56,366	92%	8%	5.2%	4.9%
65162	6	P1	Examination of a maternal blood film for the presence of fetal red blood cells (Kleihauer test)	10.45	0	0	8.9	7.85	0	1/11/1998	$ 92,261	10,947	$ 119,274	$ 114,396	54%	46%	12.0%	12.5%
65165	6	P1	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 A test described in item 65165 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	34.45	0	0	29.3	25.85	0	1/11/1998	$ 164,609	5,923	$ 211,976	$ 203,409	58%	43%	6.2%	7.0%
65166	6	P1	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	34.45	0	0	29.3	25.85	0	1/05/2007	$ 3,678	134	$ 4,308	$ 4,616	46%	54%	0.6%	-0.5%
65171	6	P1	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	25.35	0	0	21.55	19.05	0	1/05/2000	$ 20,207	936	$ 20,392	$ 23,728	96%	4%	0.9%	0.8%
65175	6	P1	2 tests described in item 65175 (Item is subject to rule 6)	25.35	0	0	21.55	19.05	0	1/05/2007	$ 156,543	7,344	$ 163,598	$ 186,170	86%	13%	4.3%	4.4%
65176	6	P1	3 tests described in item 65175 (Item is subject to rule 6)	48.65	0	0	41.4	36.5	0	1/05/2007	$ 112,266	2,711	$ 115,676	$ 131,603	91%	8%	-0.6%	-0.6%
65177	6	P1	4 tests described in item 65175 (Item is subject to rule 6)	71.95	0	0	61.2	54	0	1/05/2007	$ 274,275	4,499	$ 288,224	$ 322,977	86%	13%	2.1%	2.3%
65178	6	P1	5 tests described in item 65175 (Item is subject to rule 6)	95.2	0	0	80.95	71.4	0	1/05/2007	$ 595,154	7,382	$ 626,031	$ 702,217	86%	13%	-0.5%	-0.5%
65179	6	P1	where no tests in the item have been rendered by the referring APA - 1 test (Item is subject to rule6 and 18)	118.5	0	0	100.75	88.9	0	1/05/2007	$ 1,097,604	10,939	$ 1,162,855	$ 1,296,221	89%	10%	0.3%	0.2%
65180	6	P1	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)	25.35	0	0	21.55	19.05	0	1/05/2007	$ 3,876	181	$ 3,939	$ 4,588	94%	6%	-28.8%	-28.8%
65181	6	P1	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,	23.3	0	0	19.85	17.5	0	1/05/2007	$ 4,419	225	$ 4,535	$ 5,243	91%	9%	-35.3%	-35.3%
66500	6	P2	2 tests described in item 66500	9.7	0	0	8.25	7.3	0	1/11/1998	$ 6,701,865	823,076	$ 7,184,972	$ 7,983,804	87%	13%	0.3%	0.2%
66503	6	P2	3 tests described in item 66500	11.65	0	0	9.95	8.75	0	1/11/1998	$ 4,265,333	433,518	$ 4,566,250	$ 5,048,952	89%	10%	0.8%	0.7%
66506	6	P2	4 tests described in item 66500	13.65	0	0	11.65	10.25	0	1/11/1998	$ 2,509,495	217,685	$ 2,631,805	$ 2,970,407	91%	9%	-2.9%	-3.0%
66509	6	P2	5 or more tests described in item 66500	15.65	0	0	13.35	11.75	0	1/11/1998	$ 922,255	70,661	$ 1,006,320	$ 1,105,115	80%	19%	-0.1%	-0.2%
66512	6	P2	Quantitation of bile acids in blood in pregnancy. Applicable not more than 3 times in a pregnancy.	17.7	0	0	15.05	13.3	0	1/11/1998	$ 243,981,194	16,550,601	$ 267,803,957	$ 292,892,407	82%	18%	1.9%	1.8%
66517	6	P2	measurement of creatine kinase isoenzymes, troponin or myoglobin in blood - testing on 1 specimen in a 24 hour period	19.65	0	0	16.75	14.75	0	1/11/2007	$ 192,901	11,490	$ 196,445	$ 225,779	96%	3%	2.1%	1.9%
66518	6	P2		20.05	0	0	17.05	15.05	0	1/11/1998	$ 6,454,150	399,153	$ 8,250,149	$ 8,002,937	53%	47%	-0.3%	-0.2%

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66519	6	P2	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	40.15		0	0	34.15	30.15	0	1/11/2001	$	1,978,179	63,446		$	2,782,006	$	2,544,229	23%	76%	1.9%	1.9%
66536	6	P2	Quantitation of HDL cholesterol	11.05		0	0	9.4	8.3	0	1/11/1998	$	15,565,809	1,661,436		$	15,841,193	$	18,358,792	97%	3%	-0.2%	-0.2%
66539	6	P2	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	30.6		0	0	26.05	22.95	0	1/11/1998	$	16,724	644		$	17,241	$	19,706	87%	12%	-8.8%	-9.9%
66542	6	P2	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	18.95		0	0	16.15	14.25	0	1/11/1998	$	2,671,661	165,301		$	2,675,252	$	3,132,454	100%	0%	-8.0%	-8.0%
66545	6	P2	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	15.8		0	0	13.45	11.85	0	1/11/1998	$	37,829	2,802		$	38,159	$	44,272	99%	0%	-32.0%	-32.3%
66548	6	P2	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	19.9		0	0	16.95	14.95	0	1/11/1998	$	3,283,179	193,330		$	3,290,487	$	3,847,096	100%	0%	1.2%	1.0%
66551	6	P2	Quantitation of glycated haemoglobin performed in the management of established diabetes - (Item is subject to rule 25)	16.8		0	0	14.3	12.6	0	1/11/1998	$	17,059,438	1,194,828		$	17,312,154	$	20,073,026	97%	3%	-0.1%	-0.1%
66554	6	P2	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 established diabetes - each test to a maximum of 4 tests in a 12 month period	16.8		0	0	14.3	12.6	0	1/11/1998	$	279,168	19,511		$	280,385	$	327,768	99%	1%	9.7%	9.7%
66557	6	P2	Microalbumin - quantitation in urine	9.7		0	0	8.25	7.3	0	1/11/1998	$	174,143	21,171		$	177,013	$	205,359	97%	3%	6.7%	6.8%
66560	6	P2	Osmolality, estimation by osmometer, in serum or in urine - 1 or more tests	20.1		0	0	17.1	15.1	0	1/11/1998	$	28,231,708	1,649,049		$	28,296,846	$	33,145,724	99%	1%	4.3%	4.4%
66563	6	P2	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	24.7		0	0	21	18.55	0	1/11/1998	$	990,302	49,363		$	1,179,161	$	1,219,266	59%	41%	4.5%	4.6%
66566	6	P2	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 2 specimens performed within any 1 day	33.7		0	0	28.65	25.3	0	1/11/1998	$	6,848,832	263,330		$	9,803,287	$	8,873,913	18%	82%	9.1%	9.2%
66569	6	P2	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 3 specimens performed within any 1 day	42.6		0	0	36.25	31.95	0	1/11/1998	$	2,101,724	64,983		$	3,252,285	$	2,748,028	4%	94%	2.7%	2.3%
66572	6	P2	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 4 specimens performed within any 1 day	51.55		0	0	43.85	38.7	0	1/11/1998	$	1,191,500	30,926		$	1,840,642	$	1,582,109	2%	98%	2.3%	2.3%
66575	6	P2	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 5 specimens performed within any 1 day	60.45		0	0	51.4	45.35	0	1/11/1998	$	978,353	21,697		$	1,512,167	$	1,301,697	1%	99%	1.4%	1.5%
66578	6	P2	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 6 or more specimens performed within any 1 day	69.35		0	0	58.95	52.05	0	1/11/1998	$	806,964	15,606		$	1,247,756	$	1,073,974	1%	99%	-1.2%	-1.2%
66581	6	P2	Quantitation of ionised calcium (except if performed as part of item 66566) - 1 test	78.25		0	0	66.55	58.7	0	1/11/1998	$	2,122,306	36,335		$	3,262,371	$	2,826,812	1%	99%	-3.1%	-3.2%
66584	6	P2	including the administration of an acid load, and pH measurements on 4 or more urine specimens and at least 1 blood specimen	9.7		0	0	8.25	7.3	0	1/11/1998	$	351,124	43,315		$	380,792	$	420,156	85%	15%	5.5%	5.5%
66587	6	P2	Calculus, analysis of 1 or more	47.55		0	0	40.45	35.7	0	1/11/1998	$	40	1		$	40	$	48	100%	0%	-34.0%	-33.6%
66590	6	P2	Ferritin - quantitation, except if requested as part of iron studies	30.6		0	0	26.05	22.95	0	1/11/1998	$	308,690	12,762		$	458,199	$	390,517	38%	62%	3.0%	2.9%
66593	6	P2	Iron studies, consisting of quantitation of: (a)serum iron; and (b)transferrin or iron binding capacity; and (c)ferritin	18		0	0	15.3	13.5	0	1/11/1998	$	14,449,922	944,389		$	14,521,942	$	16,998,948	99%	1%	9.9%	9.8%
66596	6	P2		32.55		0	0	27.7	24.45	0	1/11/1998	$	239,334,044	8,625,026		$	241,033,892	$	280,740,996	98%	2%	9.8%	9.8%
66599	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	38	2		$	62	$	47	0%	50%	-72.5%	-72.4%
66602	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	105	3		$	235	$	129	0%	33%	-72.2%	-72.1%
66605	6	P2	Vitamins - quantitation of vitamins B1, B2, B3, B6 or Cin blood, urine or other body fluid - 1 or more tests	30.6		0	0	26.05	22.95	0	1/11/1998	$	2,275,219	87,416		$	2,312,655	$	2,674,868	95%	3%	23.6%	23.6%
66606	6	P2	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		0	0	26.05	22.95	0	1/05/2007	$	162,721	6,256		$	163,333	$	191,434	99%	1%	9.4%	9.5%
66607	6	P2	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		0	0	64.4	56.85	0	1/05/2009	$	4,375,793	67,619		$	4,396,572	$	5,122,139	96%	3%	30.5%	30.5%
66608	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	359	9		$	414	$	351	0%	22%	-70.9%	-69.6%
66610	6	P2	A test described in item 66607 if rendered by a receiving APP - 1 or more tests	75.75		0	0	64.4	56.85	0	1/07/2011	$	144,757	2,251		$	145,116	$	170,438	99%	1%	14.8%	14.8%

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66623	6	P2	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	41.5	0	0	35.3	31.15	0	1/11/1998	$ 4,064,110	116,512	$ 4,328,257	$ 4,829,957	88%	12%	0.9%	0.8%
66626	6	P2	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	24.1	0	0	20.5	18.1	0	1/11/1998	$ 1,585,899	78,035	$ 1,661,281	$ 1,880,644	92%	8%	-8.8%	-8.8%
66629	6	P2	Beta-2-microglobulin - quantitation in serum, urine or other body fluids - 1 or more tests	20.1	0	0	17.1	15.1	0	1/11/1998	$ 1,569,891	92,866	$ 1,660,715	$ 1,866,607	91%	10%	5.7%	5.7%
66632	6	P2	Caeruloplasmin, haptoglobins, or prealbumin - quantitation in serum, urine or other body fluids - 1 or more tests	20.1	0	0	17.1	15.1	0	1/11/1998	$ 1,423,491	84,965	$ 1,547,551	$ 1,707,797	81%	18%	6.9%	6.8%
66635	6	P2	Alpha-1-antitrypsin - quantitation in serum, urine or other body fluid - 1 or more tests	20.1	0	0	17.1	15.1	0	1/11/1998	$ 433,186	25,627	$ 455,887	$ 515,103	89%	11%	4.2%	4.2%
66638	6	P2	Isoelectric focussing or similar methods for determination of alpha-1-antitrypsin phenotype in serum - 1 or more tests	49.05	0	0	41.7	36.8	0	1/11/1998	$ 76,590	1,837	$ 78,081	$ 90,105	92%	6%	1.4%	1.5%
66639	6	P2	A test described in item 66638 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	29.2	0	0	24.85	21.9	0	1/05/2007	$ 13,813	558	$ 13,945	$ 16,294	97%	3%	-5.6%	-5.6%
66641	6	P2	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	29.2	0	0	24.85	21.9	0	1/11/1998	$ 169,942	6,808	$ 170,872	$ 198,794	98%	2%	5.3%	5.2%
66642	6	P2	A test described in item 66641 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	29.2	0	0	24.85	21.9	0	1/05/2007	$ 7,987	322	$ 8,029	$ 9,402	98%	2%	-7.9%	-7.9%
66644	6	P2	C-1 esterase inhibitor - quantitation	20.15	0	0	17.15	15.15	0	1/11/1998	$ 44,406	2,606	$ 46,170	$ 52,511	88%	7%	0.6%	0.6%
66647	6	P2	C-1 esterase inhibitor - functional assay	45.1	0	0	38.35	33.85	0	1/11/1998	$ 100,797	2,605	$ 102,258	$ 117,486	92%	7%	-2.3%	-2.3%
66650	6	P2	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 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	0	0	20.7	18.3	0	1/11/1998	$ 11,137,276	539,859	$ 11,412,156	$ 13,145,396	96%	4%	0.2%	0.2%
66651	6	P2	other than that described in 66651, if rendered by a receiving APP, 1 test (Item is subject to rule 6 and 18)	24.35	0	0	20.7	18.3	0	1/05/2007	$ 103,852	5,036	$ 104,894	$ 122,627	97%	3%	-7.7%	-7.7%
66652	6	P2	2 or more tests described in item 66650 (Item is subject to rule 6)	20.3	0	0	17.3	15.25	0	1/05/2007	$ 26,714	1,547	$ 26,833	$ 31,404	98%	2%	-16.0%	-16.0%
66653	6	P2	Prostate specific antigen - quantitation - 1 of this item in a 12 month period (Item is subject to rule 25)	44.6	0	0	37.95	33.45	0	1/11/1998	$ 12,237,294	323,602	$ 12,629,498	$ 14,429,757	94%	6%	3.6%	3.6%
66655	6	P2	previously diagnosed prostatic disease (including a test described in item 66655)	20.15	0	0	17.15	15.15	0	1/05/2001	$ 12,119,052	706,088	$ 12,157,414	$ 14,227,613	99%	1%	0.8%	0.8%
66656	6	P2	Prostate specific antigen - quantitation of 2 or more fractions of PSA and any derived index including (if performed) a test described	20.15	0	0	17.15	15.15	0	1/11/1998	$ 13,684,898	797,626	$ 13,762,404	$ 16,072,103	99%	1%	-0.1%	-0.1%
66659	6	P2	in item 66656, in the follow up of a PSA result that lies at or above	37.3	0	0	31.75	28	0	1/11/1998	$ 4,975,644	156,321	$ 4,970,244	$ 5,829,907	100%	0%	6.7%	6.7%
66660	6	P2	Prostate specific antigen - quantitation of 2 or more fractions of PSA and any derived index including (if performed) a test described in item 66656, in the follow up of a PSA result that lies at or above ovarian carcinoma or a metastasis from a breast or ovarian carcinoma or a subsequent lesion in the breast - 1 or more tests	37.3	0	0	31.75	28	0	1/05/2009	$ 2,460,586	77,320	$ 2,461,069	$ 2,883,504	100%	0%	6.6%	6.6%
66662	6	P2	A test described in item 66662 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	79.95	0	0	68	60	0	1/11/1998	$ 68	1	$ 68	$ 80	100%	0%	#DIV/0!	#DIV/0!
66663	6	P2	health screening purposes) to a maximum of 3 tests in a 6 month period - each test	79.95	0	0	68	60	0	1/05/2007	$ 20	1	$ 20	$ 80	0%	100%	-19.7%	-34.0%
66665	6	P2	A test described in item 66665 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	30.6	0	0	26.05	22.95	0	1/11/1998	$ 498,958	19,107	$ 502,404	$ 584,674	97%	2%	6.0%	6.0%
66666	6	P2	Quantitation of serum zinc in a patient receiving intravenous alimentation - each test	30.6	0	0	26.05	22.95	0	1/05/2007	$ 42,844	1,646	$ 42,932	$ 50,368	99%	1%	10.5%	10.5%
66667	6	P2	Quantitation of serum aluminium in a patient in a renal dialysis program - each test	30.6	0	0	26.05	22.95	0	1/11/2000	$ 154,030	5,864	$ 153,254	$ 179,438	99%	1%	20.8%	20.9%
66671	6	P2	Quantitation of: (a)faecal fat; or (b)breath hydrogen in response to loading with disaccharides; 1 or more tests within a 28 day period	36.9	0	0	31.4	27.7	0	1/11/1998	$ 18,071	628	$ 23,552	$ 23,173	26%	73%	-6.5%	-6.7%
66674	6	P2	Test for tryptic activity in faeces in the investigation of diarrhoea of longer than 4 weeks duration in children under 6 years old	39.95	0	0	34	30	0	1/11/1998	$ 56,650	1,579	$ 80,226	$ 63,081	74%	2%	-17.8%	-17.9%
66677	6	P2	Quantitation of disaccharidases and other enzymes in intestinal tissue - 1 or more tests	11.15	0	0	9.5	8.4	0	1/11/1998	$ 76	8	$ 76	$ 89	100%	0%	-30.7%	-30.7%
66680	6	P2	Enzymes - quantitation in solid tissue or tissues other than blood elements or intestinal tissue - 1 or more tests	74.45	0	0	63.3	55.85	0	1/11/1998	$ 3,995,332	70,121	$ 6,083,955	$ 5,220,508	28%	85%	6.8%	6.9%
66683	6	P2		74.45	0	0	63.3	55.85	0	1/11/1998	$ 2,215	39	$ 2,838	$ 2,904	10%	87%	13.2%	13.9%

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66686	6	P2	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;	50.65	0	0	43.1	38	0	1/11/1998	$ 308,081	7,119	$ 311,582	$ 360,577	96%	3%	8.4%	8.4%
66695	6	P2	Quantitation in blood or urine of hormones and hormone binding proteins - ACTH, aldosterone, androstenedione, C-peptide, calcitonin, cortisol, DHEAS, 11-deoxycortisol, dihydrotestosterone, where no tests in the item have been rendered by the referring APP (Item is subject to rule 6 and 18)	30.5	0	0	25.95	22.9	0	1/11/1998	$ 22,002,138	852,209	$ 22,706,228	$ 25,981,283	94%	6%	6.2%	6.2%
66696	6	P2	if rendered by a receiving APP - each test to a maximum of 4 tests (Item is subject to rule 6 and 18)	30.5	0	0	25.95	22.9	0	1/05/2007	$ 249,845	9,726	$ 251,306	$ 294,193	98%	2%	-3.3%	-3.4%
66697	6	P2	2 tests described in item 66695 (Item is subject to rule 6)	13.2	0	0	11.25	9.9	0	1/05/2007	$ 129,998	11,577	$ 130,588	$ 152,816	98%	2%	-14.6%	-14.6%
66698	6	P2	3 tests described in item 66695 (Item is subject to rule 6)	43.7	0	0	37.15	32.8	0	1/11/1998	$ 8,468,700	228,202	$ 8,575,761	$ 9,960,051	97%	2%	4.8%	4.8%
66701	6	P2	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	56.9	0	0	48.4	42.7	0	1/11/1998	$ 10,774,457	222,474	$ 10,869,167	$ 12,646,470	98%	1%	3.6%	3.5%
66704	6	P2	5 or more tests described in item 66695 (Item is subject to rule 6)	70.15	0	0	59.65	52.65	0	1/11/1998	$ 9,611,162	160,921	$ 9,643,919	$ 11,277,060	99%	1%	3.3%	3.3%
66707	6	P2	Cushing's syndrome; or (b)the management of children with congenital adrenal hyperplasia (Item is subject to rule 6)	83.35	0	0	70.85	62.55	0	1/11/1998	$ 15,369,935	216,485	$ 15,415,375	$ 18,015,523	99%	1%	5.1%	5.1%
66711	6	P2	Two tests described in item 66711 (Item is subject to rule 6)	30.15	0	0	25.65	22.65	0	1/11/2005	$ 96,641	3,773	$ 98,670	$ 113,756	97%	3%	-5.3%	-5.4%
66712	6	P2	where no tests in the item have been rendered by the referring APP (Item is subject to rule 6 and 18)	43.05	0	0	36.6	32.3	0	1/11/2005	$ 13,174	362	$ 13,238	$ 15,494	98%	1%	6.5%	6.4%
66714	6	P2	if rendered by a receiving APP, each test to a maximum of 1 test (Item is subject to rule 6 and 18)	30.15	0	0	25.65	22.65	0	1/05/2007	$ 4,688	183	$ 4,703	$ 5,517	99%	1%	-8.8%	-8.8%
66715	6	P2	TSH quantitation	12.85	0	0	10.95	9.65	0	1/05/2007	$ 104	10	$ 346	$ 129	20%	40%	-41.4%	-44.0%
66716	6	P2	Thyroid function tests (comprising the service described in item 66716 and either or bothof a test for free thyroxine and a test for	25.05	0	0	21.3	18.8	0	1/11/1998	$ 117,127,397	5,489,837	$ 117,835,289	$ 137,519,958	98%	2%	2.2%	2.2%
66719	6	P2	free T3) for a patient, if: (a)the patient has a level of TSH that is TSH quantitation described in item 66716 and 1 test described in item 66695 (This fee applies where 1 laboratory, or more than 1	34.8	0	0	29.6	26.1	0	1/11/1998	$ 89,820,328	3,038,289	$ 91,618,878	$ 105,714,555	96%	4%	4.8%	4.8%
66722	6	P2	laboratory belonging to the same APA, performs the only 2 tests Tests described in item 66722, that is, TSH quantitation and 1 test described in 66695, if rendered by a receiving APP, where no tests	37.9	0	0	32.25	28.45	0	1/11/1998	$ 13,476,615	417,506	$ 13,585,536	$ 15,815,681	98%	2%	8.8%	8.8%
66723	6	P2	in the item have been rendered by the referring APP - 1 test (Item TSH quantitation described in item 66716 and 2 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1	37.9	0	0	32.25	28.45	0	1/05/2007	$ 398	13	$ 398	$ 468	100%	0%	-5.2%	-7.3%
66725	6	P2	laboratory belonging to the same APA, performs the only 3 tests TSH quantitation described in item 66716 and 3 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1	51.05	0	0	43.4	38.3	0	1/11/1998	$ 6,502,083	149,397	$ 6,505,584	$ 7,623,324	99%	1%	5.8%	5.8%
66728	6	P2	laboratory belonging to the same APA, performs the only 4 tests TSH quantitation described in item 66716 and 4 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1	64.2	0	0	54.6	48.15	0	1/11/1998	$ 6,264,931	114,360	$ 6,259,422	$ 7,338,655	99%	0%	4.7%	4.7%
66731	6	P2	laboratory belonging to the same APA, performs the only 5 tests TSH quantitation described in item 66716 and 5 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1	77.4	0	0	65.8	58.05	0	1/11/1998	$ 8,578,191	129,862	$ 8,556,708	$ 10,046,909	100%	0%	4.1%	4.1%
66734	6	P2	laboratory belong ng to the same APA, performs 6 or more tests during pregnancy except if requested as part of items 66750 or 66751	90.55	0	0	77	67.95	0	1/11/1998	$ 17,867,456	230,934	$ 17,805,741	$ 20,896,872	100%	0%	5.8%	5.9%
66743	6	P2	Amniotic fluid, spectrophotometric examination of, and quantitation of: (a)lecithin/sphingomyelin ratio; or (b)palmitic acid,	20.1	0	0	17.1	15.1	0	1/11/1998	$ 19,781	1,156	$ 20,124	$ 23,216	98%	1%	-6.8%	-7.2%
66749	6	P2	phosphatidylglycerol or lamellar body phospholipid; or (c)bilirubin, Quantitation, in pregnancy, of any2 of the following to detect foetal abnormality- total human chorionic gonadotrophin (total	32.95	0	0	28.05	24.75	0	1/11/1998	$ 261	10	$ 310	$ 330	40%	60%	-41.1%	-42.0%
66750	6	P2	HCG), free alpha human chorionic gonadotrophin (free alpha HCG), Quantitation, in pregnancy, of any three or more tests described in 66750 (Item is subject to rule 25)	39.75	0	0	33.8	29.85	0	1/05/2003	$ 2,518,226	73,893	$ 2,619,311	$ 2,934,996	98%	0%	-6.0%	-6.6%
66751	6	P2	Quantitation of acetoacetate, beta-hydroxybutyrate, citrate, oxalate, total free fatty acids, cysteine, homocysteine, cystine,	55.25	0	0	47	41.45	0	1/05/2003	$ 2,656,870	55,506	$ 2,785,428	$ 3,065,866	94%	0%	5.1%	4.8%
66752	6	P2	lactate, pyruvate or other amino acids and hydroxyproline (except 2 or more tests described in item 66752	24.7	0	0	21	18.55	0	1/11/1998	$ 2,227,270	107,215	$ 2,363,709	$ 2,648,018	88%	11%	-0.4%	-0.3%
66755	6	P2	errors of metabolism - up to 4 tests in a 12 month period on specimens of plasma, CSF and urine.	38.85	0	0	33.05	29.15	0	1/11/1998	$ 243,953	7,513	$ 257,304	$ 289,163	88%	11%	4.4%	4.9%
66756	6	P2	Quantitation of 10 or more amino acids for monitoring of previously diagnosed inborn errors of metabolism in 1 tissue type.	98.3	0	0	83.6	73.75	0	1/05/2007	$ 819,977	9,739	$ 844,604	$ 957,344	91%	5%	19.5%	18.7%
66757	6	P2	Quantitation of angiotensin converting enzyme, or cholinesterase - 1 or more tests	98.3	0	0	83.6	73.75	0	1/05/2007	$ 77,581	925	$ 77,384	$ 90,928	99%	1%	11.4%	11.5%
66758	6	P2		24.7	0	0	21	18.55	0	1/11/1998	$ 1,153,786	55,307	$ 1,209,237	$ 1,366,083	89%	8%	5.7%	5.6%

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66761	6	P2	Test for reducing substances in faeces by any method (except reagent strip or dipstick)	13.15	0	0	11.2	9.9	0	1/11/1998	$	46,789	4,178	$	47,412	$	54,941	98%	2%	-12.6%	-12.6%
66764	6	P2	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 2 examinations described in item 66764 performed on separately collected and identified specimens	8.9	0	0	7.6	6.7	0	1/11/1998	$	459,478	60,938	$	477,094	$	542,339	93%	7%	4.0%	4.0%
66767	6	P2	3 examinations described in item 66764 performed on separately collected and identified specimens	17.85	0	0	15.2	13.4	0	1/11/1998	$	1,238,170	81,142	$	1,240,387	$	1,448,376	99%	1%	-0.6%	-0.6%
66770	6	P2	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	26.7	0	0	22.7	20.05	0	1/11/1998	$	5,599,311	242,746	$	5,530,787	$	6,481,283	100%	0%	3.0%	3.0%
66773	6	P2	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	24.65	0	0	21	18.5	0	1/11/1998	$	1,248,757	59,436	$	1,260,123	$	1,465,097	98%	1%	5.9%	5.8%
66776	6	P2	Adrenaline, noradrenaline, dopamine, histamine, hydroxyindoleacetic acid (5HIAA), hydroxymethoxymandelic acid (HMMA), homovanillic acid (HVA), metanephrines, A test described in item 66779 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	24.65	0	0	21	18.5	0	1/11/1998	$	497,436	23,593	$	497,559	$	581,567	99%	1%	-3.2%	-3.4%
66779	6	P2		39.95	0	0	34	30	0	1/11/1998	$	2,092,795	60,990	$	2,132,217	$	2,436,551	95%	5%	7.7%	7.7%
66780	6	P2	Porphyrins or porphyrins precursors - detection in plasma, red cells, urine or faeces - 1 or more tests	39.95	0	0	34	30	0	1/05/2007	$	371,888	10,990	$	376,330	$	439,051	96%	4%	-11.6%	-11.6%
66782	6	P2	A test described in item 66782 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	13.15	0	0	11.2	9.9	0	1/11/1998	$	6,455	595	$	7,112	$	7,824	72%	28%	-6.2%	-6.3%
66783	6	P2	Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 1 test (Item is subject to rule 6)	13.15	0	0	11.2	9.9	0	1/05/2007	$	2,754	246	$	2,757	$	3,235	98%	0%	-17.0%	-16.8%
66785	6	P2	Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 2 or more tests (Item is subject to rule 6)	39.95	0	0	34	30	0	1/11/1998	$	42,444	1,247	$	43,893	$	49,818	89%	11%	0.5%	0.5%
66788	6	P2	where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	65.85	0	0	56	49.4	0	1/11/1998	$	55,358	988	$	56,805	$	64,820	88%	12%	3.8%	3.9%
66789	6	P2	if rendered by a receiving APP - to a maximum of 1 test (Item is subject to rule 6 and 18)	39.95	0	0	34	30	0	1/05/2007	$	28,734	847	$	28,893	$	33,838	98%	2%	5.7%	5.7%
66790	6	P2	Porphyrin biosynthetic enzymes - measurement of activity in blood cells or other tissues - 1 or more tests	25.9	0	0	22.05	19.45	0	1/05/2007	$	12,242	556	$	12,287	$	14,400	99%	1%	-7.9%	-7.8%
66791	6	P2	A test described in item 66791 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	74.45	0	0	63.3	55.85	0	1/11/1998	$	299	5	$	352	$	372	20%	20%	-3.6%	-1.8%
66792	6	P2	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	74.45	0	0	63.3	55.85	0	1/05/2007	$	856	14	$	931	$	1,042	71%	29%	22.9%	22.0%
66800	6	P2	2 tests described in item 66800 (Item is subject to rule 6)	18.15	0	0	15.45	13.65	0	1/11/2003	$	3,916,445	262,332	$	4,542,424	$	4,761,308	70%	30%	-3.9%	-3.9%
66803	6	P2	where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	30.5	0	0	25.95	22.9	0	1/11/2003	$	331,221	13,064	$	361,730	$	398,195	79%	21%	-6.7%	-6.6%
66804	6	P2	if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	18.15	0	0	15.45	13.65	0	1/05/2007	$	8,396	554	$	8,818	$	10,055	83%	16%	-16.9%	-17.0%
66805	6	P2	3 tests described in item 66800 (Item is subject to rule 6)	12.35	0	0	10.5	9.3	0	1/05/2007	$	2,241	215	$	2,283	$	2,655	94%	7%	-8.8%	-8.6%
66806	6	P2	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	41.85	0	0	35.6	31.4	0	1/11/2003	$	15,136	450	$	18,356	$	18,778	54%	46%	-11.3%	-11.3%
66812	6	P2	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	34.8	0	0	29.6	26.1	0	1/11/2003	$	5,864,455	199,932	$	6,092,139	$	6,957,615	89%	10%	5.1%	5.1%
66815	6	P2	where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	59.55	0	0	50.65	44.7	0	1/11/2003	$	984,400	19,756	$	1,022,750	$	1,168,771	87%	13%	14.4%	14.5%
66816	6	P2	if rendered by a receiving APP - to a maximum of 1 test (Item is subject to rule 6 and 18)	34.8	0	0	29.6	26.1	0	1/05/2007	$	811,457	27,582	$	824,134	$	959,854	95%	5%	-0.5%	-0.5%
66817	6	P2	item 66667 applies), in blood, urine or other body fluid - 1 test. (Item is subject to rule 6, 22 and 25)	24.75	0	0	21.05	18.6	0	1/05/2007	$	55,692	2,669	$	56,990	$	66,058	93%	7%	-12.4%	-12.5%
66819	6	P2	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	0	0	26.05	22.95	0	1/05/2007	$	5,282,748	202,167	$	5,319,247	$	6,186,218	97%	2%	13.4%	13.5%
66820	6	P2	if rendered by a receiving APP to a maximum of 1 test (Item is subject to rule 6, 18,22 and 25)	30.6	0	0	26.05	22.95	0	1/05/2007	$	212,325	8,188	$	214,899	$	250,553	96%	4%	0.5%	0.5%
66821	6	P2	item 66667 applies), in blood, urine or other body fluid - 2 or more tests. (Item is subject to rule 6, 22 and 25)	21.8	0	0	18.55	16.35	0	1/05/2007	$	24,026	1,304	$	24,430	$	28,427	94%	6%	-13.2%	-13.3%
66822	6	P2		52.45	0	0	44.6	39.35	0	1/05/2007	$	3,768,420	83,909	$	3,774,729	$	4,398,980	97%	2%	18.9%	18.9%

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66825	6	P2	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 where no tests have been rendered by the referring APP - 1 test (Item is subject to rules 6, 18, 22 and 25)	30.6	0	0	26.05	22.95	0	1/05/2007	$ 250,173	9,671	$ 263,595	$ 295,953	91%	9%	-1.2%	-1.2%
66826	6	P2	if rendered by a receiving APP to a maximum of 1 test (Item is subject to rules 6, 18, 22 and 25)	30.6	0	0	26.05	22.95	0	1/05/2007	$ 5,567	215	$ 5,651	$ 6,579	95%	5%	-27.6%	-27.6%
66827	6	P2	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 failure in patients presenting with dyspnoea to a hospital Emergency Department (Item is subject to rule 25)	21.8	0	0	18.55	16.35	0	1/05/2007	$ 18,846	1,017	$ 18,895	$ 22,171	99%	1%	3.1%	3.1%
66828	6	P2		52.45	0	0	44.6	39.35	0	1/05/2007	$ 207,751	4,624	$ 208,463	$ 242,498	96%	2%	11.0%	10.9%
66830	6	P2	Quantitation of copper or iron in liver tissue biopsy	58.5	0	0	49.75	43.9	0	1/07/2008	$ 1,680,895	35,429	$ 2,131,562	$ 2,072,597	54%	46%	25.2%	25.2%
66831	6	P2	A test described in item 66831 if rendered by a receiving APP (Item is subject to rule 18A and 22)	30.95	0	0	26.35	23.25	0	1/11/2008	$ 2,406	94	$ 2,613	$ 2,909	72%	28%	12.1%	12.2%
66832	6	P2	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 A test described in item 66833 if rendered by a receiving APP (Item is subject to Rule 18)	30.95	0	0	26.35	23.25	0	1/11/2008	$ 1,649	64	$ 1,726	$ 1,981	83%	17%	15.6%	15.7%
66833	6	P2		30.05	0	0	25.55	22.55	0	1/11/2014	$ 131,051,285	5,120,922	$ 132,263,527	$ 153,883,551	98%	2%	12.0%	12.0%
66834	6	P2	for the test is made by, or on advice of, the specialist or consultant physician managing the treatment of the patient	30.05	0	0	25.55	22.55	0	1/11/2014	$ 12,345	493	$ 13,168	$ 14,815	79%	21%	-20.3%	-20.5%
66835	6	P2	has hypercalcaemia; and (b)the request for the test is made by a general practitioner managing the treatment of the patient	39.05	0	0	33.2	29.3	0	1/11/2014	$ 646,982	19,507	$ 655,573	$ 761,748	96%	4%	15.2%	15.2%
66836	6	P2	A test described in item 66835 or 66836 if rendered by a receiving APP (Item is subject to Rule 18)	39.05	0	0	33.2	29.3	0	1/11/2014	$ 6,054	168	$ 6,035	$ 6,560	71%	26%	3.1%	5.3%
66837	6	P2	Serum vitamin B12 test (Item is subject to Rule 25)	39.05	0	0	33.2	29.3	0	1/11/2014	$ 104,141	3,151	$ 105,317	$ 123,047	96%	4%	9.0%	9.0%
66838	6	P2	or methylmalonic acid, where initial serum vitamin B12 result is low or equivocal	23.6	0	0	20.1	17.7	0	1/11/2014	$ 28,451,598	1,416,846	$ 29,171,775	$ 33,437,448	94%	6%	3.1%	3.1%
66839	6	P2	at risk of folate deficiency, including patients with malabsorption conditions, macrocytic anaemia or coeliac disease	42.95	0	0	36.55	32.25	0	1/11/2014	$ 114,819,188	3,129,106	$ 115,373,965	$ 134,394,982	98%	2%	17.0%	17.1%
66840	6	P2	diagnosis of diabetes in asymptomatic patients at high risk.(Item is subject to rule 25)	23.6	0	0	20.1	17.7	0	1/11/2014	$ 25,356,907	1,270,529	$ 26,500,270	$ 29,984,414	91%	9%	11.4%	11.5%
66841	6	P2	CARBON-LABELLED UREA BREATH TEST using oral C-13 or C-14 urea, including the measurement of exhaled 13CO2 or 14CO2	16.8	0	0	14.3	12.6	0	1/11/2014	$ 8,595,992	604,070	$ 8,826,016	$ 10,148,309	95%	5%	19.4%	19.4%
66900	6	P2	(except if item 12533 applies) for either:- (a)the confirmation of Microscopy of wet film material other than blood, from 1 or more sites, obtained directly from a patient (not cultures) including:	77.65	0	0	66.05	58.25	0	1/05/2009	$ 21,757,019	329,255	$ 22,041,626	$ 25,566,573	98%	0%	7.9%	7.9%
69300	6	P3	(a)differential cell count (if performed); or (b)examination for Culture and (if performed) microscopy to detect pathogenic micro-organisms from nasal swabs, throat swabs, eye swabs and ear	12.5	0	0	10.65	9.4	0	1/11/1998	$ 324,106	31,002	$ 342,554	$ 387,502	84%	16%	6.8%	6.9%
69303	6	P3	swabs (excluding swabs taken for epidemiological surveillance), Microscopy and culture to detect pathogenic micro-organisms from skin or other superficial sites, including (if performed):	22	0	0	18.7	16.5	0	1/11/1998	$ 5,577,492	299,027	$ 5,717,909	$ 6,578,503	96%	4%	-5.0%	-5.0%
69306	6	P3	(a)pathogen identification and antibiotic susceptibility testing; or Microscopy and culture to detect dermatophytes and other fungi causing cutaneous disease from skin scrapings, skin biopsies, hair	33.75	0	0	28.7	25.35	0	1/11/1998	$ 16,752,846	593,112	$ 18,107,237	$ 20,016,276	85%	15%	0.2%	0.2%
69309	6	P3	and nails (excluding swab specimens) and including (if performed): Microscopy and culture to detect pathogenic micro-organisms from urethra, vagina, cervix or rectum (except for faecal	48.15	0	0	40.95	36.15	0	1/11/1998	$ 8,080,889	196,510	$ 8,226,813	$ 9,455,819	96%	4%	-2.5%	-2.4%
69312	6	P3	pathogens), including (if performed): (a)pathogen identification Detection of Chlamydia trachomatis by any method - 1 test (Item is subject to rule 26)	33.75	0	0	28.7	25.35	0	1/11/1998	$ 23,087,286	803,367	$ 23,302,978	$ 27,112,940	98%	2%	-0.9%	-1.0%
69316	6	P3	1 test described in item 69494 and a test described in 69316.(Item is subject to rule 26)	28.65	0	0	24.4	21.5	0	1/05/2007	$ 2,864,993	117,327	$ 2,868,532	$ 3,361,518	99%	2%	2.6%	2.5%
69317	6	P3	Microscopy and culture to detect pathogenic micro-organisms from specimens of sputum (except when part of items 69324,	35.85	0	0	30.5	26.9	0	1/05/2007	$ 25,183,992	822,615	$ 25,160,067	$ 29,478,972	99%	0%	-0.8%	-0.8%
69318	6	P3	69327 and 69330), including (if performed): (a) pathogen 2 tests described in item 69494 and a test described in 69316. (Item is subject to rule 26)	33.75	0	0	28.7	25.35	0	1/11/1998	$ 3,925,001	139,648	$ 4,322,968	$ 4,712,405	79%	21%	-6.8%	-6.8%
69319	6	P3	Microscopy and culture of post-operative wounds, aspirates of body cavities, synovial fluid, CSF or operative or biopsy specimens,	42.95	0	0	36.55	32.25	0	1/05/2007	$ 19,462,852	530,283	$ 19,399,648	$ 22,771,319	100%	0%	7.7%	7.7%
69321	6	P3	for the presence of pathogenic micro-organisms involving aerobic Microscopy (with appropriate stains) and culture for mycobacteria - 1 specimen of sputum, urine, or other body fluid or 1 operative or	48.15	0	0	40.95	36.15	0	1/11/1998	$ 13,113,295	331,898	$ 15,531,408	$ 15,963,588	69%	31%	1.3%	1.3%
69324	6	P3	biopsy specimen, including (if performed): (a)microscopy and A test described in item 69324 if rendered by a receiving APP (Item is subject to rule 18)	43	0	0	36.55	32.25	0	1/11/1998	$ 1,190,177	33,877	$ 1,430,613	$ 1,456,187	63%	36%	0.6%	0.6%
69325	6	P3		43	0	0	36.55	32.25	0	1/05/2007	$ 151,248	4,238	$ 160,141	$ 182,121	79%	20%	4.8%	5.1%

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69327	6	P3	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 A test described in item 69327 if rendered by a receiving APP (Item is subject to rule 18)	85	0	0	72.25	63.75	0	1/11/1998	$ 422,731	6,125	$ 529,334	$ 519,029	57%	43%	5.2%	5.2%
69328	6	P3		85	0	0	72.25	63.75	0	1/05/2007	$ 13,014	194	$ 15,534	$ 16,490	37%	61%	-11.9%	-12.2%
69330	6	P3	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 A test described in item 69330 if rendered by a receiving APP (Item is subject to rule 18)	128	0	0	108.8	96	0	1/11/1998	$ 987,390	9,181	$ 1,098,232	$ 1,174,623	81%	18%	2.6%	2.5%
69331	6	P3		128	0	0	108.8	96	0	1/05/2007	$ 9,856	94	$ 10,528	$ 12,032	68%	24%	-18.1%	-18.3%
69333	6	P3	Urine examination (including serial examinations) by any means other than simple culture by dip slide, including: (a)cell count; and (b)culture; and (c)colony count; and (d)(if performed) stained	20.55	0	0	17.5	15.45	0	1/11/1998	$ 80,008,299	4,603,459	$ 83,000,402	$ 94,600,835	93%	7%	0.3%	0.3%
69336	6	P3	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	33.45	0	0	28.45	25.1	0	1/11/1998	$ 9,705,434	339,680	$ 10,016,144	$ 11,362,296	93%	8%	-5.4%	-5.5%
69339	6	P3	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	19.1	0	0	16.25	14.35	0	1/11/1998	$ 199,354	12,761	$ 232,269	$ 243,735	70%	35%	-15.3%	-15.7%
69345	6	P3	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	52.9	0	0	45	39.7	0	1/11/1998	$ 23,327,628	515,898	$ 24,123,458	$ 27,287,045	91%	9%	-3.0%	-3.0%
69354	6	P3	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	30.75	0	0	26.15	23.1	0	1/11/1998	$ 4,478,005	188,448	$ 6,361,066	$ 5,794,653	20%	80%	0.1%	0.0%
69357	6	P3	2 sets of cultures described in item 69354	61.45	0	0	52.25	46.1	0	1/11/1998	$ 2,031,144	43,299	$ 3,004,774	$ 2,652,060	14%	86%	4.0%	3.9%
69360	6	P3	3 sets of cultures described in item 69354	92.2	0	0	78.4	69.15	0	1/11/1998	$ 671,519	9,626	$ 1,004,472	$ 884,658	8%	92%	3.7%	3.6%
69363	6	P3	(except if a service described in item 69345 has been performed) - one or more tests	28.65	0	0	24.4	21.5	0	1/11/1998	$ 510,526	22,377	$ 629,381	$ 641,101	41%	59%	6.0%	5.9%
69378	6	P3	monitoring of a HIV sero-positive patient not on antiretroviral therapy - 1 or more tests	180.25	0	0	153.25	135.2	0	1/11/1998	$ 1,721,200	11,071	$ 1,698,540	$ 1,995,548	100%	0%	0.1%	0.1%
69379	6	P3	A test described in item 69378 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	180.25	0	0	153.25	135.2	0	1/05/2007	$ 13,180	86	$ 13,180	$ 15,502	100%	0%	-10.4%	-10.4%
69380	6	P3	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	770.3	0	0	685.6	577.75	0	1/07/2011	$ 205,100	260	$ 179,263	$ 200,278	96%	3%	-15.2%	-15.8%
69381	6	P3	monitoring of antiretroviral therapy in a HIV sero-positive patient - 1 or more tests on 1 or more specimens	180.25	0	0	153.25	135.2	0	1/11/1998	$ 2,308,534	14,457	$ 2,220,459	$ 2,605,962	99%	1%	-1.7%	-3.1%
69382	6	P3	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	0	0	153.25	135.2	0	1/03/1999	$ 1,172	8	$ 1,379	$ 1,442	63%	38%	21.7%	21.5%
69383	6	P3	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	0	0	153.25	135.2	0	1/05/2007	$ 536,605	3,504	$ 536,605	$ 631,596	100%	0%	25.0%	25.0%
69384	6	P3	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 2 tests described in item 69384 (This fee applies where 1	15.65	0	0	13.35	11.75	0	1/11/1998	$ 3,828,236	289,149	$ 3,993,686	$ 4,525,182	92%	8%	-2.6%	-2.7%
69387	6	P3	laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 estimations specified on the request form or 3 tests described in item 69384 (This fee applies where 1	29	0	0	24.65	21.75	0	1/11/1998	$ 13,889,390	562,585	$ 13,984,674	$ 16,312,203	98%	2%	-1.7%	-1.7%
69390	6	P3	laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 estimations specified on the request form or 4 tests described in item 69384 (This fee applies where 1	42.35	0	0	36	31.8	0	1/11/1998	$ 6,742,326	185,883	$ 6,751,330	$ 7,868,630	98%	2%	4.1%	4.1%
69393	6	P3	laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 estimations specified on the request form or 5 or more tests described in item 69384 (This fee applies where 1	55.7	0	0	47.35	41.8	0	1/11/1998	$ 14,357,483	301,415	$ 14,352,900	$ 16,784,853	99%	1%	0.5%	0.5%
69396	6	P3	laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 estimations specified on the request form or where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rules 6 and 18)	69.1	0	0	58.75	51.85	0	1/11/1998	$ 11,364,922	192,848	$ 11,531,497	$ 13,315,462	96%	4%	-0.5%	-0.5%
69400	6	P3		15.65	0	0	13.35	11.75	0	1/05/2007	$ 181,073	13,605	$ 182,467	$ 212,918	96%	3%	-14.4%	-14.4%
69401	6	P3	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	0	0	11.35	10.05	0	1/05/2007	$ 805,225	71,096	$ 812,075	$ 949,132	97%	2%	-9.7%	-9.7%
69405	6	P3	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	15.65	0	0	13.35	11.75	0	1/11/1998	$ 335,984	25,161	$ 337,169	$ 393,770	99%	0%	5.7%	5.6%
69408	6	P3	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	29	0	0	24.65	21.75	0	1/11/1998	$ 186,730	7,536	$ 186,527	$ 218,513	99%	0%	-4.5%	-4.6%
69411	6	P3	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	42.35	0	0	36	31.8	0	1/11/1998	$ 380,755	10,490	$ 378,738	$ 444,223	99%	1%	-6.7%	-6.7%
69413	6	P3	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	55.7	0	0	47.35	41.8	0	1/11/2003	$ 1,647,038	34,148	$ 1,619,423	$ 1,901,728	100%	0%	-7.8%	-7.7%

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69415	6	P3	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	69.1		0	0	58.75	51.85	0	1/11/2005	$	13,684,811	230,352		$	13,549,017	$	15,916,718	100%	0%	2.9%	3.0%
69418	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	311	5		$	547	$	318	0%	0%	-83.5%	-83.1%
69445	6	P3	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 A test described in item 69445 if rendered by a receiving APP - 1 test. (Item is subject to rule 18 and 25)	92.2		0	0	78.4	69.15	0	1/11/2000	$	451,032	5,623		$	442,360	$	518,441	99%	1%	-4.7%	-4.7%
69451	6	P3		92.2		0	0	78.4	69.15	0	1/05/2007	$	3,186	39		$	3,058	$	3,596	100%	0%	-28.0%	-29.8%
69471	6	P3	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	34.9		0	0	29.7	26.2	0	1/11/1998	$	1,419,557	47,773		$	1,490,285	$	1,667,278	90%	5%	5.9%	5.9%
69472	6	P3	Detection of antibodies to Epstein Barr Virus using specific serology - 1 test	15.65		0	0	13.35	11.75	0	1/11/2001	$	88,877	6,814		$	94,066	$	106,639	80%	20%	4.9%	4.8%
69474	6	P3	Detection of antibodies to Epstein Barr Virus using specific serology - 2 or more tests	28.65		0	0	24.4	21.5	0	1/11/2001	$	4,133,762	169,734		$	4,237,187	$	4,862,695	94%	6%	-5.8%	-5.8%
69475	6	P3	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	15.65		0	0	13.35	11.75	0	1/11/2002	$	1,622,910	121,729		$	1,639,573	$	1,905,059	98%	1%	-3.3%	-3.3%
69476	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	242,573	-		$	243,699	$	285,324	-	-	#DIV/0!	#DIV/0!
69477	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	90,909	-		$	94,943	$	107,659	-	-	#DIV/0!	#DIV/0!
69478	6	P3	2 tests described in 69475 (Item subject to rule 11)	29.25		0	0	24.9	21.95	0	1/11/2002	$	11,136,339	446,926		$	11,273,577	$	13,070,568	97%	3%	-5.6%	-5.6%
69479	6	P3	Detection of a SARS-CoV-2 nucleic acid 1 or more tests if: (a) the person is a private patient in a recognised hospital; or (b) the person receives the service from a prescribed laboratory as service is not covered by item 69479 Where the service is bulk billed	50		0	0	42.5	37.5	0	1/04/2020	$	35,603,375	839,276		$	35,775,087	$	41,963,700	99%	2%	#DIV/0!	#DIV/0!
69480	6	P3		100		0	0	85	75	0	1/04/2020	$	573,976,782	6,757,620		$	576,042,680	$	675,761,266	99%	1%	#DIV/0!	#DIV/0!
69481	6	P3	Investigation of infectious causes of acute or chronic hepatitis - 3 tests for hepatitis antibodies or antigens, (Item subject to rule 11)	40.55		0	0	34.5	30.45	0	1/11/2002	$	28,328,804	818,348		$	28,599,663	$	33,178,633	97%	3%	5.9%	5.9%
69482	6	P3	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		0	0	129.3	114.1	0	1/07/2008	$	3,353,824	25,315		$	3,286,796	$	3,850,436	99%	1%	1.4%	1.6%
69483	6	P3	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		0	0	129.3	114.1	0	1/07/2008	$	4,316,138	32,889		$	4,261,334	$	5,002,417	99%	0%	4.4%	4.3%
69484	6	P3	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		0	0	14.55	12.85	0	1/11/2002	$	695,361	47,867		$	700,480	$	818,509	98%	1%	-1.5%	-1.5%
69485	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	353,107	14,512		$	356,729	$	415,769	98%	2%	#DIV/0!	#DIV/0!
69488	6	P3	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 A test described in item 69488 if rendered by a receiving APP (Item is subject to rule 18 and 25)	180.25		0	0	153.25	135.2	0	1/05/2007	$	2,206,167	13,927		$	2,144,024	$	2,509,881	98%	2%	-15.8%	-15.5%
69489	6	P3		180.25		0	0	153.25	135.2	0	1/05/2007	$	74,718	488		$	74,718	$	87,962	100%	0%	-24.8%	-24.7%
69491	6	P3	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 A test described in item 69491 if rendered by a receiving APP - 1 test(Item is subject to rule 18 and 25)	204.8		0	0	174.1	153.6	0	1/05/2007	$	904,740	4,854		$	846,202	$	994,099	100%	0%	-21.1%	-20.3%
69492	6	P3		204.8		0	0	174.1	153.6	0	1/05/2007	$	52,230	300		$	52,230	$	61,440	100%	0%	-27.8%	-27.8%
69494	6	P3	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		0	0	24.4	21.5	0	1/05/2007	$	11,574,598	475,649		$	11,807,942	$	13,626,981	95%	5%	10.4%	10.5%
69495	6	P3	2 tests described in 69494 (Item is subject to rule 6 and 26)	35.85		0	0	30.5	26.9	0	1/05/2007	$	2,879,185	96,069		$	3,155,184	$	3,440,228	82%	17%	-16.7%	-16.9%
69496	6	P3	3 or more tests described in 69494 (Item is subject to rule 6 and 26)	43.05		0	0	36.6	32.3	0	1/05/2007	$	94,676,032	2,587,350		$	95,721,976	$	111,358,180	97%	3%	20.0%	20.1%
69497	6	P3	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		0	0	24.4	21.5	0	1/05/2007	$	784,276	32,254		$	790,548	$	923,848	97%	3%	11.5%	11.6%
69498	6	P3	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		0	0	6.15	5.4	0	1/05/2007	$	150,552	24,584		$	152,241	$	177,005	96%	3%	-21.5%	-21.5%
69499	6	P3	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 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		0	0	78.4	69.15	0	1/05/2007	$	1,103,462	13,847		$	1,091,524	$	1,276,693	98%	2%	-6.5%	-6.4%
69500	6	P3		92.2		0	0	78.4	69.15	0	1/05/2007	$	22,030	281		$	22,030	$	25,908	100%	0%	-27.0%	-27.0%

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69501	6	P3	Detection of a SARS-CoV-2 nucleic acid 1 or more tests if: (a) the person is employed, hired, retained or contracted; (i) by an approved provider, or works in an aged care service, in Victoria; or	110	0	0	93.5	0	0	28/07/2020	$ 12,904,391	138,015	$ 12,904,391	$ 15,181,636	100%	0%	#DIV/0!	#DIV/0!
71057	6	P4	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 Examination as described in item 71057 of 2 or more specimen types	32.9	0	0	28	24.7	0	1/11/1998	$ 10,670,638	383,075	$ 11,089,169	$ 12,603,106	92%	7%	6.6%	6.6%
71058	6	P4		50.5	0	0	42.95	37.9	0	1/11/1998	$ 2,451,404	57,073	$ 2,485,430	$ 2,881,479	96%	4%	3.5%	3.5%
71059	6	P4	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 Examination as described in item 71059 of 2 or more specimen types	35.65	0	0	30.35	26.75	0	1/11/1998	$ 7,350,955	243,636	$ 7,687,518	$ 8,685,623	91%	9%	10.3%	10.2%
71060	6	P4		44.05	0	0	37.45	33.05	0	1/11/1998	$ 1,410,326	37,782	$ 1,448,373	$ 1,662,909	95%	5%	11.4%	11.3%
71062	6	P4	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 Detection and quantitation of cryoglobulins or cryofibrinogen - 1 or more tests	44.05	0	0	37.45	33.05	0	1/11/1998	$ 180,056	4,889	$ 200,304	$ 215,360	69%	30%	12.3%	12.6%
71064	6	P4		20.75	0	0	17.65	15.6	0	1/11/1998	$ 171,435	9,875	$ 183,326	$ 204,906	81%	15%	5.8%	5.9%
71066	6	P4	Quantitation of total immunoglobulin A by any method in serum, urine or other body fluid - 1 test	14.55	0	0	12.4	10.95	0	1/11/2002	$ 76,530	6,225	$ 79,421	$ 90,574	91%	8%	0.7%	0.6%
71068	6	P4	Quantitation of total immunoglobulin G by any method in serum, urine or other body fluid - 1 test	14.55	0	0	12.4	10.95	0	1/11/2002	$ 367,747	30,313	$ 400,445	$ 441,040	80%	19%	7.8%	7.8%
71069	6	P4	2 tests described in items 71066, 71068, 71072 or 71074	22.75	0	0	19.35	17.1	0	1/09/1992	$ 186,356	9,747	$ 196,747	$ 221,538	89%	10%	0.6%	0.5%
71071	6	P4	3 or more tests described in items 71066, 71068, 71072 or 71074	30.95	0	0	26.35	23.25	0	1/09/1992	$ 7,260,173	277,666	$ 7,578,967	$ 8,592,681	92%	8%	7.9%	7.9%
71072	6	P4	Quantitation of total immunoglobulin M by any method in serum, urine or other body fluid - 1 test	14.55	0	0	12.4	10.95	0	1/11/2002	$ 17,875	1,455	$ 18,635	$ 21,170	91%	8%	6.2%	6.2%
71073	6	P4	Quantitation of all 4 immunoglobulin G subclasses	106.15	0	0	90.25	79.65	0	1/09/1992	$ 3,154,168	35,355	$ 3,395,152	$ 3,752,933	84%	15%	9.8%	9.8%
71074	6	P4	Quantitation of total immunoglobulin D by any method in serum, urine or other body fluid - 1 test	14.55	0	0	12.4	10.95	0	1/11/2002	$ 2,601	212	$ 2,763	$ 3,085	90%	9%	1.4%	1.3%
71075	6	P4	Quantitation of immunoglobulin E (total), 1 test. (Item is subject to rule 25)	23	0	0	19.55	17.25	0	1/09/1992	$ 3,269,786	167,624	$ 3,375,327	$ 3,855,358	94%	3%	4.0%	4.0%
71076	6	P4	A test described in item 71073 if rendered by a receiving APP - 1 test (Item is subject to rule 18)	106.15	0	0	90.25	79.65	0	1/05/2007	$ 14,579	168	$ 15,427	$ 17,833	79%	19%	-39.0%	-39.4%
71077	6	P4	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	27.05	0	0	23	20.3	0	1/09/1992	$ 314	14	$ 358	$ 379	79%	21%	#DIV/0!	-358.9%
71079	6	P4	Detection of specific immunoglobulin E antibodies to single or multiple potential allergens, 1 test (Item is subject to rule 25)	26.8	0	0	22.8	20.1	0	1/09/1992	$ 5,857,952	256,854	$ 5,989,069	$ 6,883,687	96%	2%	4.7%	4.7%
71081	6	P4	Quantitation of total haemolytic complement	40.55	0	0	34.5	30.45	0	1/09/1992	$ 102,111	2,972	$ 105,349	$ 120,515	89%	10%	-1.7%	-1.7%
71083	6	P4	Quantitation of complement components C3 and C4 or properdin factor B - 1 test	20.15	0	0	17.15	15.15	0	1/09/1992	$ 86,703	5,061	$ 87,516	$ 101,979	96%	4%	0.1%	0.1%
71085	6	P4	2 tests described in item 71083	28.95	0	0	24.65	21.75	0	1/09/1992	$ 3,367,209	137,365	$ 3,479,096	$ 3,976,432	92%	7%	6.6%	6.6%
71087	6	P4	3 or more tests described in item 71083	37.7	0	0	32.05	28.3	0	1/09/1992	$ 5,424	175	$ 5,886	$ 6,540	74%	25%	12.1%	12.5%
71089	6	P4	of complement proteins not elsewhere described in an item in this Schedule - 1 test (Item is subject to rule 6)	29.15	0	0	24.8	21.9	0	1/09/1992	$ 29,372	1,207	$ 31,350	$ 35,184	78%	20%	14.8%	14.5%
71090	6	P4	where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	29.15	0	0	24.8	21.9	0	1/05/2007	$ 46,285	1,873	$ 46,690	$ 54,598	91%	3%	34.4%	34.3%
71091	6	P4	2 tests described in item 71089 (Item is subject to rule 6)	52.85	0	0	44.95	39.65	0	1/09/1992	$ 7,501	169	$ 7,810	$ 8,932	82%	16%	7.4%	7.5%
71092	6	P4	if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	23.7	0	0	20.15	17.8	0	1/05/2007	$ 19,615	985	$ 20,205	$ 23,345	90%	10%	-3.7%	-3.9%
71093	6	P4	3 or more tests described in item 71089 (Item is subject to rule 6)	76.45	0	0	65	57.35	0	1/09/1992	$ 839	13	$ 879	$ 965	77%	23%	-8.3%	-10.5%
71095	6	P4	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 A test described in item 71095 if rendered by a receiving APP. (Item is subject to rule 18)	40.55	0	0	34.5	30.45	0	1/11/1997	$ 3,030	88	$ 3,197	$ 3,568	77%	11%	-5.5%	-4.4%
71096	6	P4		40.55	0	0	34.5	30.45	0	1/05/2007	$ 207	6	$ 207	$ 243	100%	0%	-26.5%	-26.5%

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71097	6	P4	Antinuclear antibodies - detection in serum or other body fluids, including quantitation if required	24.45	0	0	20.8	18.35	0	1/09/1992	$ 12,472,505	600,890	$ 12,753,102	$ 14,691,712	95%	4%	1.8%	1.8%
71099	6	P4	Double-stranded DNA antibodies - quantitation by 1 or more methods other than the Crithidia method	26.5	0	0	22.55	19.9	0	1/09/1992	$ 5,859,565	260,269	$ 5,982,100	$ 6,897,112	95%	4%	4.6%	4.6%
71101	6	P4	Antibodies to 1 or more extractable nuclear antigens - detection in serum or other body fluids	17.4	0	0	14.8	13.05	0	1/09/1992	$ 2,917,245	198,479	$ 3,044,155	$ 3,453,517	91%	7%	5.2%	5.2%
71103	6	P4	Characterisation of an antibody detected in a service described in item 71101 (including that service)	52.05	0	0	44.25	39.05	0	1/09/1992	$ 2,657,360	59,975	$ 2,695,824	$ 3,120,621	96%	3%	6.0%	6.0%
71106	6	P4	Rheumatoid factor - detection by any technique in serum or other body fluids, including quantitation if required	11.3	0	0	9.65	8.5	0	1/07/1994	$ 1,561,221	162,874	$ 1,617,267	$ 1,840,476	92%	6%	1.8%	1.7%
71119	6	P4	Antibodies to tissue antigens not elsewhere specified in this Table - detection, including quantitation if required, of 1 antibody	17.35	0	0	14.75	13.05	0	1/09/1992	$ 2,811,027	191,127	$ 2,877,302	$ 3,316,001	95%	4%	4.4%	4.4%
71121	6	P4	Detection of 2 antibodies specified in item 71119	20.8	0	0	17.7	15.6	0	1/09/1992	$ 442,272	25,168	$ 458,078	$ 523,109	92%	8%	4.3%	4.3%
71123	6	P4	Detection of 3 antibodies specified in item 71119	24.25	0	0	20.65	18.2	0	1/09/1992	$ 404,241	19,797	$ 423,816	$ 479,612	87%	10%	4.5%	4.4%
71125	6	P4	Detection of 4 or more antibodies specified in item 71119	27.65	0	0	23.55	20.75	0	1/09/1992	$ 277,116	11,870	$ 290,086	$ 327,848	89%	8%	8.6%	8.6%
71127	6	P4	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	176.35	0	0	149.9	132.3	0	1/09/1992	$ 34,248	221	$ 33,547	$ 38,838	90%	10%	-1.5%	-1.5%
71129	6	P4	2 tests described in item 71127	217.85	0	0	185.2	163.4	0	1/09/1992	$ 6,758	34	$ 6,248	$ 7,407	91%	6%	-26.5%	-25.9%
71131	6	P4	3 or more tests described in item 71127	259.35	0	0	220.45	194.55	0	1/09/1992	$ 2,179	10	$ 2,243	$ 2,594	80%	10%	0.0%	0.0%
71133	6	P4	the presence of defects in oxidative pathways in neutrophils by the nitroblue tetrazolium (NBT) reduction test	10.4	0	0	8.85	7.8	0	1/11/2002	$ 134	16	$ 152	$ 166	56%	44%	-7.8%	-8.3%
71134	6	P4	oxidative pathways by flow cytometric techniques, including a test described in 71133 (if performed)	104.05	0	0	88.45	78.05	0	1/11/2002	$ 19,665	225	$ 20,447	$ 23,411	84%	16%	6.0%	6.0%
71135	6	P4	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,	207.95	0	0	176.8	156	0	1/09/1992	$ 119,330	677	$ 122,296	$ 140,630	93%	7%	-6.4%	-6.4%
71139	6	P4	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations, including a total lymphocyte	104.05	0	0	88.45	78.05	0	1/09/1992	$ 5,322,719	59,804	$ 5,405,019	$ 6,222,657	95%	5%	3.0%	2.6%
71141	6	P4	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	197.35	0	0	167.75	148.05	0	1/09/1992	$ 234,071	1,446	$ 277,351	$ 285,368	64%	33%	0.0%	0.0%
71143	6	P4	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	260	0	0	221	195	0	1/09/1992	$ 23,314,318	106,974	$ 25,354,660	$ 27,809,702	83%	17%	8.3%	8.4%
71145	6	P4	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 directed allogeneic haemopoietic stem cell transplantation, including a total white cell count on the pherisis collection	424.5	0	0	360.85	318.4	0	1/09/1992	$ 1,955,918	5,796	$ 2,742,455	$ 2,457,222	44%	55%	8.0%	8.1%
71146	6	P4	HLA-B27 typing (Item is subject to rule 27)	104.05	0	0	88.45	78.05	0	1/05/2004	$ 156,976	1,875	$ 197,123	$ 195,094	54%	46%	-7.7%	-7.9%
71147	6	P4	A test described in item 71147 if rendered by a receiving APP. (Item is subject to rule 18 and 27)	40.55	0	0	34.5	30.45	0	1/09/1992	$ 2,290,867	66,136	$ 2,293,883	$ 2,681,815	99%	1%	3.1%	3.1%
71148	6	P4	(including any separation of leucocytes), including (if performed) a service described in item 71147	40.55	0	0	34.5	30.45	0	1/05/2007	$ 13,792	400	$ 13,812	$ 16,220	100%	1%	-35.6%	-35.6%
71149	6	P4	(including any separation of leucocytes) - phenotyping or genotyping of 2 or more antigens	108.25	0	0	92.05	81.2	0	1/09/1992	$ 342,557	3,683	$ 341,230	$ 398,685	96%	4%	1.2%	1.3%
71151	6	P4	Investigations in the assessment or diagnosis of systemic inflammatory disease or vasculitis - antineutrophil cytoplasmic antibody immunofluorescence (ANCA test), antineutrophil where no tests in the item have been rendered by the referring APP - 1 test. (Item is subject to rule 6, 18 and 23)	118.85	0	0	101.05	89.15	0	1/09/1992	$ 6,240,917	59,965	$ 6,085,421	$ 7,126,840	99%	1%	8.8%	8.7%
71153	6	P4	Detection of 2 antibodies described in item 71153 (Item is subject to rule 6 and 23)	34.55	0	0	29.4	25.95	0	1/05/2001	$ 3,997,412	136,621	$ 4,163,232	$ 4,720,256	90%	8%	7.9%	7.9%
71154	6	P4	if rendered by a receiving APP - each test to a maximum of 3 tests (Item is subject to rule 6, 18 and 23)	34.55	0	0	29.4	25.95	0	1/05/2007	$ 63,193	2,156	$ 63,648	$ 74,490	94%	3%	-5.4%	-5.1%
71155	6	P4	Detection of 3 antibodies described in item 71153 (Item is subject to rule 6 and 23)	47.45	0	0	40.35	35.6	0	1/05/2001	$ 403,212	10,794	$ 434,079	$ 476,969	86%	14%	7.2%	5.9%
71156	6	P4		12.85	0	0	10.95	9.65	0	1/05/2007	$ 24,217	2,244	$ 25,229	$ 28,835	88%	12%	-13.1%	-13.1%
71157	6	P4		60.3	0	0	51.3	45.25	0	1/05/2001	$ 2,927,380	57,112	$ 3,007,471	$ 3,443,037	92%	7%	9.1%	9.1%

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71159	6	P4	Detection of 4 or more antibodies described in item 71153 (Item is subject to rule 6 and 23)	73.15	0	0	62.2	54.9	0	1/05/2001	$ 164,581	2,705	$ 178,591	$ 197,668	77%	23%	4.8%	4.8%
71163	6	P4	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	24.75	0	0	21.05	18.6	0	1/11/2003	$ 1,026,046	48,822	$ 1,040,876	$ 1,208,053	96%	4%	1.2%	1.2%
71164	6	P4	Two or more tests described in 71163 and including a service described in 71066 (if performed)	39.9	0	0	33.95	29.95	0	1/11/2003	$ 21,792,201	637,945	$ 21,772,434	$ 25,452,603	99%	1%	8.5%	8.5%
71165	6	P4	Antibodies to tissue antigens (acetylcholine receptor, adrenal cortex, heart, histone, insulin, insulin receptor, intrinsic factor, islet cell, lymphocyte, neuron, ovary, parathyroid, platelet, salivary	34.55	0	0	29.4	25.95	0	1/05/2007	$ 5,793,493	196,262	$ 5,837,891	$ 6,780,705	97%	2%	5.7%	5.7%
71166	6	P4	Detection of 2 antibodies described in item 71165 (Item is subject to rule 6)	47.45	0	0	40.35	35.6	0	1/05/2007	$ 14,855,412	366,419	$ 14,861,300	$ 17,379,117	99%	1%	4.5%	4.5%
71167	6	P4	Detection of 3 antibodies described in item 71165 (Item is subject to rule 6)	60.3	0	0	51.3	45.25	0	1/05/2007	$ 4,582,234	88,964	$ 4,595,147	$ 5,360,936	98%	1%	12.6%	12.6%
71168	6	P4	Detection of 4 or more antibodies described in item 71165 (Item is subject to rule 6)	73.15	0	0	62.2	54.9	0	1/05/2007	$ 1,493,753	24,139	$ 1,566,275	$ 1,761,247	82%	8%	25.8%	25.9%
71169	6	P4	where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	34.55	0	0	29.4	25.95	0	1/05/2007	$ 286,973	9,804	$ 290,117	$ 338,694	96%	4%	-9.6%	-9.6%
71170	6	P4	if rendered by a receiving APP - each test to a maximum of 3 tests (Item is subject to rule 6 and 18)	12.85	0	0	10.95	9.65	0	1/05/2007	$ 50,677	4,660	$ 51,533	$ 59,868	95%	6%	-16.1%	-16.1%
71180	6	P4	including quantitation if required; one antibody specificity (IgG or IgM)	34.55	0	0	29.4	25.95	0	1/11/2007	$ 381,277	12,957	$ 389,102	$ 447,664	93%	7%	1.8%	1.8%
71183	6	P4	Detection of two antibodies described in item 71180	47.45	0	0	40.35	35.6	0	1/11/2007	$ 1,521,969	37,853	$ 1,568,647	$ 1,793,996	92%	7%	0.2%	0.2%
71186	6	P4	Detection of three or more antibodies described in item 71180	60.3	0	0	51.3	45.25	0	1/11/2007	$ 2,201,309	43,062	$ 2,265,766	$ 2,596,272	93%	6%	9.5%	9.4%
71189	6	P4	Detection of specific IgG antibodies to 1 or more respiratory disease allergens not elsewhere specified.	15.5	0	0	13.2	11.65	0	1/11/2007	$ 38,034	2,915	$ 39,327	$ 45,183	90%	10%	6.3%	6.2%
71192	6	P4	2 items described in item 71189.	28.35	0	0	24.1	21.3	0	1/11/2007	$ 19,107	797	$ 19,484	$ 22,579	92%	7%	16.3%	16.4%
71195	6	P4	3 or more items described in item 71189.	40.05	0	0	34.05	30.05	0	1/11/2007	$ 9,501	281	$ 9,674	$ 11,239	94%	6%	7.3%	7.0%
71198	6	P4	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, light chains in serum for the diagnosis or monitoring of amyloidosis, myeloma or plasma cell dyscrasias.	40.55	0	0	34.5	30.45	0	1/11/2007	$ 829,165	24,173	$ 875,814	$ 980,215	86%	11%	13.8%	13.7%
71200	6	P4		59.6	0	0	50.7	44.7	0	1/11/2007	$ 13,403,108	265,543	$ 13,923,983	$ 15,826,303	92%	8%	16.5%	16.6%
72813	6	P5	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	71.5	0	0	60.8	53.65	0	20/03/1997	$ 655,644	11,490	$ 906,429	$ 821,535	49%	53%	-1.3%	-1.4%
72814	6	P5	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	74.5	0	0	63.35	55.9	0	1/11/2018	$ 257,881	4,279	$ 326,920	$ 318,786	56%	43%	#DIV/0!	#DIV/0!
72816	6	P5	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	86.35	0	0	73.4	64.8	0	20/03/1997	$ 107,203,174	1,468,544	$ 112,102,422	$ 126,808,380	93%	7%	0.9%	0.9%
72817	6	P5	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	96.8	0	0	82.3	72.6	0	20/03/1997	$ 36,558,210	445,476	$ 37,753,687	$ 43,118,931	95%	4%	3.8%	3.8%
72818	6	P5	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	107.05	0	0	91	80.3	0	1/11/2002	$ 2,413,042	26,780	$ 2,583,112	$ 2,866,411	89%	10%	4.9%	5.0%
72823	6	P5	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	97.15	0	0	82.6	72.9	0	20/03/1997	$ 68,810,922	870,233	$ 86,506,213	$ 84,516,216	63%	38%	3.9%	4.0%
72824	6	P5	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	141.35	0	0	120.15	106.05	0	20/03/1997	$ 61,281,830	554,502	$ 86,640,915	$ 78,359,568	38%	69%	4.9%	4.9%
72825	6	P5	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	180.25	0	0	153.25	135.2	0	20/03/1997	$ 15,579,910	112,748	$ 23,458,730	$ 20,320,053	26%	84%	9.4%	9.2%
72826	6	P5	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	194.6	0	0	165.45	145.95	0	1/11/2002	$ 4,174,034	27,974	$ 6,372,403	$ 5,442,739	25%	83%	8.9%	8.9%
72827	6	P5	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	208.95	0	0	177.65	156.75	0	1/11/2008	$ 1,121,187	7,035	$ 1,880,970	$ 1,469,396	18%	88%	7.8%	7.7%
72828	6	P5	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	223.3	0	0	189.85	167.5	0	1/11/2008	$ 444,358	2,638	$ 917,736	$ 588,673	7%	95%	-6.7%	-7.1%
72830	6	P5	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	274.15	0	0	233.05	205.65	0	20/03/1997	$ 27,826,928	125,362	$ 35,144,736	$ 34,346,742	58%	41%	5.1%	5.2%

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72836	6	P5	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	417.2		0	0	354.65	312.9	0	20/03/1997	$	7,484,925	23,784	$	12,482,400	$	9,918,296	5%	95%	0.4%	0.4%
72838	6	P5	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	466.85		0	0	396.85	350.15	0	1/11/2007	$	5,710,700	16,254	$	10,423,242	$	7,586,605	4%	97%	3.4%	3.4%
72844	6	P5	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	30.75		0	0	26.15	23.1	0	1/11/1998	$	16,108	647	$	18,936	$	19,895	59%	41%	20.1%	19.5%
72846	6	P5	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per	59.6		0	0	50.7	44.7	0	20/03/1997	$	15,216,914	314,302	$	18,609,731	$	18,731,717	64%	40%	17.5%	17.3%
72847	6	P5	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per	89.4		0	0	76	67.05	0	20/03/1997	$	6,722,553	92,281	$	8,397,096	$	8,244,470	62%	38%	10.9%	11.1%
72848	6	P5	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per	74.5		0	0	63.35	55.9	0	1/11/2003	$	617,244	9,912	$	693,415	$	738,163	80%	18%	12.7%	13.1%
72849	6	P5	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per	104.3		0	0	88.7	78.25	0	1/11/2008	$	3,019,739	35,875	$	3,907,939	$	3,735,367	54%	45%	11.4%	11.6%
72850	6	P5	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per	119.2		0	0	101.35	89.4	0	1/11/2008	$	2,416,832	25,484	$	3,313,531	$	3,029,164	45%	54%	15.8%	15.9%
72851	6	P5	Electron microscopic examination of biopsy material - 1 separately identified specimen (Item is subject to rule 13)	565		0	0	480.3	423.75	0	20/03/1997	$	987,291	2,121	$	1,074,889	$	1,196,462	75%	26%	9.7%	37.3%
72852	6	P5	Electron microscopic examination of biopsy material - 2 or more separately identified specimens (Item is subject to rule 13)	753		0	0	668.3	564.75	0	20/03/1997	$	95,707	156	$	109,742	$	115,773	54%	44%	8.2%	36.2%
72855	6	P5	frozen section or tissue imprint or smear - 1 separately identified specimen (Item is subject to rule 13)	184.35		0	0	156.7	138.3	0	20/03/1997	$	777,908	5,590	$	1,258,661	$	1,030,517	5%	96%	-4.7%	-4.8%
72856	6	P5	frozen section or tissue imprint or smear - 2 to 4 separately identified specimens (Item is subject to rule 13)	245.8		0	0	208.95	184.35	0	20/03/1997	$	353,248	1,902	$	577,350	$	467,512	6%	95%	-5.3%	-5.4%
72857	6	P5	frozen section or tissue imprint or smear - 5 or more separately identified specimens (Item is subject to rule 13)	286.75		0	0	243.75	215.1	0	1/11/2003	$	108,913	494	$	167,476	$	141,655	19%	80%	-5.0%	-5.2%
72858	6	P5	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	180		0	0	153	135	0	1/11/2015	$	534,815	3,497	$	536,498	$	629,460	98%	1%	50.7%	50.7%
72859	6	P5	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	370		0	0	314.5	277.5	0	1/11/2015	$	1,017,134	3,240	$	1,030,309	$	1,198,800	95%	4%	60.6%	60.7%
72860	6	P5	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 smears from skin, lip, mouth, nose or anus for detection of precancerous or cancerous changes1 or more tests	85		0	0	72.25	63.75	0	1/05/2019	$	188,196	2,701	$	226,572	$	228,361	71%	28%	#DIV/0!	#DIV/0!
73043	6	P6	Cytology (including serial examinations) for malignancy (other than an examination mentioned in item 73076); and including any	22.85		0	0	19.45	17.15	0	1/12/1991	$	33,911	1,745	$	36,487	$	39,873	92%	4%	-4.4%	-4.6%
73045	6	P6	Group P5 service, if performed on: (a)specimens resulting from Cytology of a series of 3 sputum or urine specimens for malignant cells	48.6		0	0	41.35	36.45	0	1/12/1991	$	4,431,690	110,480	$	5,187,759	$	5,369,328	70%	30%	0.3%	0.3%
73047	6	P6	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues - 1 identified site	94.7		0	0	80.5	71.05	0	1/12/1991	$	5,877,576	72,190	$	5,861,922	$	6,836,393	98%	1%	5.4%	5.5%
73049	6	P6	Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue or tissues if a	68.15		0	0	57.95	51.15	0	1/12/1991	$	3,597,435	61,906	$	3,885,036	$	4,218,894	92%	3%	0.7%	0.5%
73051	6	P6	recognized pathologist: (a)performs the aspiration; or (b)attends	170.35		0	0	144.8	127.8	0	1/12/1991	$	888,337	6,125	$	980,982	$	1,043,394	82%	8%	-4.8%	-5.0%
73053	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	882	40	$	1,627	$	812	0%	3%	-88.0%	-87.3%
73055	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	211	10	$	329	$	195	0%	0%	-86.4%	-85.8%
73057	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	$	52	3	$	87	$	58	0%	0%	-84.1%	-83.9%
73059	6	P6	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	43		0	0	36.55	32.25	0	1/11/1997	$	77,017	2,180	$	92,955	$	93,740	65%	32%	3.7%	3.6%
73060	6	P6	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067for the characterisation of a malignancy by	57.35		0	0	48.75	43.05	0	1/11/1997	$	101,548	2,194	$	129,705	$	125,826	53%	45%	-0.2%	-0.3%
73061	6	P6	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisat on of a malignancy	51.2		0	0	43.55	38.4	0	1/11/2003	$	3,686	87	$	4,308	$	4,411	69%	26%	1.2%	0.9%
73062	6	P6	needle aspiration of solid tissue or tissues - 2 or more separately identified sites.	89		0	0	75.65	66.75	0	1/05/2009	$	533,210	7,037	$	579,399	$	626,293	90%	4%	-3.2%	-3.4%
73063	6	P6	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	99.35		0	0	84.45	74.55	0	1/05/2009	$	1,720,841	20,512	$	1,870,901	$	2,037,782	86%	10%	2.6%	2.5%

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73064	6	P6	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	71.7		0	0	60.95	53.8	0	1/05/2009	$	83,356	1,446	$	107,632	$	103,399	50%	48%	2.2%	2.1%
73065	6	P6	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	86		0	0	73.1	64.5	0	1/05/2009	$	58,905	857	$	76,819	$	73,279	50%	50%	5.6%	5.2%
73066	6	P6	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	221.45		0	0	188.25	166.1	0	1/07/2011	$	355,152	1,876	$	382,849	$	415,440	86%	5%	-4.7%	-4.7%
73067	6	P6	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	129.15		0	0	109.8	96.9	0	1/07/2011	$	385,569	3,544	$	442,027	$	457,598	78%	17%	2.7%	2.5%
73069	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A	$	364	10	$	560	$	360	0%	0%	#DIV/0!	#DIV/0!
73070	6	P6	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)	35		0	0	29.75	26.25	0	1/12/2017	$	12,977,877	436,262	$	13,058,789	$	15,269,170	99%	0%	#DIV/0!	#DIV/0!
73071	6	P6	73071 A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre-cancer or cancer: (a) performed on a self-collected vaginal specimen; and (b)	35		0	0	29.75	26.25	0	1/12/2017	$	61,255	2,059	$	61,381	$	72,065	100%	0%	#DIV/0!	#DIV/0!
73072	6	P6	A test, including partial genotyping, for oncogenic human papillomavirus, performed on a liquid based cervical specimen: (a) for the investigation of a patient in a specific population that	35		0	0	29.75	26.25	0	1/12/2017	$	10,634,658	357,585	$	10,728,893	$	12,515,475	99%	1%	#DIV/0!	#DIV/0!
73073	6	P6	A test, including partial genotyping, for oncogenic human papillomavirus: (a) performed on a self-collected vaginal specimen; and (b) for the follow-up management of a patient with oncogenic	35		0	0	29.75	26.25	0	1/12/2017	$	572	18	$	658	$	630	89%	0%	#DIV/0!	#DIV/0!
73074	6	P6	A test, including partial genotyping, for oncogenic human papillomavirus: (a) performed on a liquid based vaginal vault specimen; and (b) for the investigation of a patient following a	35		0	0	29.75	26.25	0	1/12/2017	$	454,386	15,265	$	458,282	$	534,275	99%	0%	#DIV/0!	#DIV/0!
73075	6	P6	A test, including partial genotyping, for oncogenic human papillomavirus, if: (a) the test is a repeat of a test to which item73070, 73071, 73072, 73073, 73074 or this item applies; and	35		0	0	29.75	26.25	0	1/12/2017	$	28,922	973	$	29,115	$	34,055	99%	1%	#DIV/0!	#DIV/0!
73076	6	P6	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)	46		0	0	39.1	34.5	0	1/12/2017	$	16,916,077	432,763	$	17,047,312	$	19,907,098	99%	1%	#DIV/0!	#DIV/0!
73287	6	P7	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	394.55		0	0	335.4	295.95	0	1/07/1993	$	3,672,386	11,249	$	4,410,290	$	4,438,293	65%	30%	-0.7%	-0.6%
73289	6	P7	other techniques, performed on blood (including a service mentioned in item 73293, if performed) - 1 or more tests	358.95		0	0	305.15	269.25	0	1/07/1993	$	20,350,565	65,889	$	20,132,832	$	23,650,857	99%	0%	6.4%	6.5%
73290	6	P7	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	394.55		0	0	335.4	295.95	0	1/05/2010	$	3,666,871	11,526	$	4,602,889	$	4,547,583	54%	46%	6.7%	6.6%
73291	6	P7	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,	230.95		0	0	196.35	173.25	0	1/05/2010	$	187,427	954	$	189,582	$	220,326	93%	4%	-4.7%	-4.7%
73292	6	P7	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	589.9		0	0	505.2	442.45	0	1/05/2010	$	9,996,760	19,601	$	9,961,355	$	11,558,517	96%	2%	6.1%	5.8%
73293	6	P7	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	230.95		0	0	196.35	173.25	0	1/05/2010	$	30,196	168	$	36,929	$	38,800	27%	73%	-11.2%	-11.1%
73294	6	P7	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	230.95		0	0	196.35	173.25	0	1/05/2010	$	35,962	186	$	35,381	$	42,957	95%	4%	21.9%	21.5%
73295	6	P7	Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, in a patient with advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube	1200		0	0	1115.3	900	0	1/02/2017	$	162,298	147	$	163,884	$	176,400	96%	4%	#DIV/0!	#DIV/0!
73296	6	P7	Characterisation of germline gene variants: (a) including copy number variation in: (i) BRCA1 genes; and (ii) BRCA2 genes; and (iii) one or more of the genes STK11, PTEN, CDH1, PALB2 and TP53;	1200		0	0	1115.3	900	0	1/11/2017	$	3,153,957	2,831	$	3,163,888	$	3,397,200	99%	1%	#DIV/0!	#DIV/0!
73297	6	P7	Characterisation of germline gene variations: (a) including copy number variation in: (i) BRCA1 genes; and (ii) BRCA2 genes; and (iii) one or more of the genes STK11, PTEN, CDH1, PALB2 and TP53;	400		0	0	340	300	0	1/11/2017	$	597,680	1,758	$	597,780	$	703,200	100%	0%	#DIV/0!	#DIV/0!
73298	6	P7	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	1200		0	0	1115.3	900	0	1/05/2019	$	126,246	128	$	125,146	$	153,600	88%	0%	#DIV/0!	#DIV/0!
73299	6	P7	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	400		0	0	340	300	0	1/05/2019	$	9,520	28	$	9,520	$	11,200	100%	0%	#DIV/0!	#DIV/0!
73300	6	P7	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)	101.3		0	0	86.15	76	0	1/05/2003	$	1,182,985	13,543	$	1,169,976	$	1,371,906	98%	0%	8.4%	8.3%
73301	6	P7	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	1200		0	0	1115.3	900	0	1/08/2020	$	520,811	465	$	518,615	$	558,000	100%	0%	#DIV/0!	#DIV/0!
73302	6	P7	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	400		0	0	340	300	0	1/08/2020	$	1,360	4	$	1,360	$	1,600	100%	0%	#DIV/0!	#DIV/0!
73305	6	P7	Detection of mutation of the FMR1 gene by Southern Blot analysis where the results in item 73300 are inconclusive	202.65		0	0	172.3	152	0	1/05/2003	$	78,660	447	$	77,432	$	90,585	98%	0%	-1.0%	-1.1%
73308	6	P7	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	36.45		0	0	31	27.35	0	1/05/2006	$	780,909	25,126	$	805,154	$	915,843	90%	9%	-0.4%	-0.3%

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73309	6	P7	A test described in item 73308, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	36.45	0	0	31	27.35	0	1/05/2007	$ 19,411	627	$ 19,475	$ 22,854	99%	1%	-13.9%	-13.8%
73311	6	P7	relative of a person who has proven to have 1 or more abnormal genotypes under item 73308 - 1 or more tests	36.45	0	0	31	27.35	0	1/05/2006	$ 146,022	4,671	$ 145,396	$ 170,258	99%	1%	-6.5%	-6.5%
73312	6	P7	A test described in item 73311, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	36.45	0	0	31	27.35	0	1/05/2007	$ 2,108	68	$ 2,108	$ 2,479	100%	0%	4.7%	4.7%
73314	6	P7	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	230.95	0	0	196.35	173.25	0	1/05/2006	$ 4,206,383	21,495	$ 4,295,740	$ 4,964,270	94%	6%	13.0%	13.0%
73315	6	P7	A test described in item 73314, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	230.95	0	0	196.35	173.25	0	1/05/2007	$ 862,427	4,403	$ 867,643	$ 1,016,873	98%	2%	-4.4%	-4.3%
73317	6	P7	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	36.45	0	0	31	27.35	0	1/05/2006	$ 2,216,251	70,921	$ 2,208,817	$ 2,585,070	99%	1%	4.9%	4.9%
73318	6	P7	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	0	0	31	27.35	0	1/05/2007	$ 64,848	2,092	$ 64,857	$ 76,253	100%	0%	1.4%	1.4%
73320	6	P7	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	40.55	0	0	34.5	30.45	0	1/05/2006	$ 1,963,319	55,433	$ 1,919,510	$ 2,247,808	99%	0%	21.1%	21.7%
73321	6	P7	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	0	0	34.5	30.45	0	1/05/2007	$ 4,347	126	$ 4,347	$ 5,109	98%	0%	0.8%	0.8%
73323	6	P7	to the initiation of Abacavir therapy including item 71203 if performed.	40.55	0	0	34.5	30.45	0	1/11/2007	$ 19,551	559	$ 19,420	$ 22,667	96%	3%	-9.8%	-10.2%
73324	6	P7	A test described in item 73323 if rendered by a receiving APP 1 or more tests (Item is subject to Rule 18)	40.95	0	0	34.85	30.75	0	1/11/2008	$ 763	22	$ 773	$ 901	95%	5%	-24.7%	-24.8%
73325	6	P7	Characterisation of mutations in: (a) the JAK2 gene; or (b) the MPL gene; or (c) both genes; in the diagnostic work-up, by, or on behalf of, the specialist or consultant physician, of a patient with clinical	74.5	0	0	63.35	55.9	0	1/07/2011	$ 1,277,826	20,197	$ 1,316,355	$ 1,504,677	93%	7%	13.7%	13.7%
73326	6	P7	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	230.95	0	0	196.35	173.25	0	1/07/2011	$ 55,546	288	$ 60,529	$ 66,514	83%	18%	10.9%	10.9%
73327	6	P7	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)	51.95	0	0	44.2	39	0	1/07/2011	$ 388,309	8,832	$ 402,760	$ 458,770	91%	6%	4.6%	4.6%
73332	6	P7	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	315.4	0	0	268.1	236.55	0	1/05/2012	$ 2,359,583	9,162	$ 2,982,606	$ 2,889,695	59%	36%	-6.6%	-6.0%
73333	6	P7	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 fam ly history of VHL syndrome and one of the following:	600	0	0	515.3	450	0	1/11/2012	$ 12,054	23	$ 11,556	$ 13,800	96%	0%	35.7%	36.6%
73334	6	P7	gene in biological relatives of a patient with a known mutation in the VHL gene	340	0	0	289	255	0	1/11/2012	$ 4,046	14	$ 4,046	$ 4,760	100%	0%	18.5%	18.5%
73336	6	P7	A test of tumour tissue from a patient withstage III or stage IV metastatic cutaneous melanoma, requested by, or on behalf of, a specialist or consultant physician, to determine if the requirements	230.95	0	0	196.35	173.25	0	1/12/2013	$ 490,510	2,555	$ 545,992	$ 590,077	79%	20%	5.4%	5.3%
73337	6	P7	A test of tumour tissue from a patient diagnosed with non-small cell lung cancer, shown to have non-squamous histology or histology not otherwise specified, requested by, or on behalf of, a	397.35	0	0	337.75	298.05	0	1/01/2014	$ 1,607,020	4,924	$ 1,880,276	$ 1,956,551	71%	30%	7.4%	7.4%
73338	6	P7	A test of tumour tissue from a patient with metastatic colorectal cancer (stage IV), requested by a specialist or consultant physician, to determine if the requirements relating to rat sarcoma oncogene	362.6	0	0	308.25	271.95	0	1/04/2014	$ 770,728	2,552	$ 829,216	$ 925,355	86%	18%	-2.1%	-2.3%
73339	6	P7	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	400	0	0	340	300	0	1/11/2014	$ 8,329	25	$ 8,329	$ 10,000	96%	4%	65.7%	89.4%
73340	6	P7	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	200	0	0	170	150	0	1/11/2014	$ 1,190	7	$ 1,190	$ 1,400	100%	0%	#DIV/0!	#DIV/0!
73341	6	P7	Fluorescence in situ hybridisation (FISH) test of tumour tissue from a patient with locally advanced or metastatic non-small cell lung cancer, which is of non-squamous histology or histology not	400	0	0	340	300	0	1/07/2015	$ 73,857	224	$ 86,212	$ 89,600	67%	33%	3.2%	3.0%
73342	6	P7	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	315.4	0	0	268.1	236.55	0	1/01/2016	$ 67,300	256	$ 71,273	$ 80,742	80%	20%	41.0%	40.7%
73343	6	P7	Detection of 17p chromosomal deletions by fluorescence in situ hybridisation, in a patient with relapsed or refractory chronic lymphocytic leukaemia or small lymphocytic lymphoma, on a	230.95	0	230.95	0	173.25	0	1/09/2017	$ 69,981	363	$ 74,376	$ 83,835	86%	15%	#DIV/0!	#DIV/0!
73344	6	P7	Fluorescence in situ hybridization (FISH) test of tumour tissue from a patient with locally advanced or metastatic non-small-cell lung cancer (NSCLC), which is of non-squamous histology or histology	400	0	0	340	300	0	1/01/2019	$ 122,562	373	$ 147,192	$ 149,200	66%	35%	#DIV/0!	#DIV/0!
73345	6	P7	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	500	0	0	425	375	0	1/07/2018	$ 488,172	1,114	$ 478,690	$ 557,000	94%	2%	#DIV/0!	#DIV/0!
73346	6	P7	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	500	0	0	425	375	0	1/07/2018	$ 43,336	101	$ 42,925	$ 50,500	100%	0%	#DIV/0!	#DIV/0!
73347	6	P7	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	500	0	0	425	375	0	1/07/2018	$ 61,693	144	$ 61,364	$ 72,000	99%	0%	#DIV/0!	#DIV/0!

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73348	6	P7	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	250	0	0	212.5	187.5	0	1/07/2018	$	147,457	670	$	145,119	$	167,500	97%	0%	#DIV/0!	#DIV/0!
73349	6	P7	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	500	0	0	425	375	0	1/07/2018	$	233,780	547	$	232,988	$	273,500	97%	0%	#DIV/0!	#DIV/0!
73350	6	P7	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	250	0	0	212.5	187.5	0	1/07/2018	$	4,733	22	$	4,893	$	5,500	86%	0%	#DIV/0!	#DIV/0!
73351	6	P7	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	397.35	0	0	337.75	298.05	0	1/02/2019	$	45,777	142	$	57,430	$	56,424	62%	39%	#DIV/0!	#DIV/0!
73352	6	P7	Characterisation of germline variants causing familial hypercholesterolaemia (which must include the LDLR, PCSK9 and APOB genes), requested by a specialist or consultant physician, for	1200	0	0	1115.3	900	0	1/05/2020	$	312,101	281	$	314,281	$	337,200	97%	1%	#DIV/0!	#DIV/0!
73353	6	P7	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	400	0	0	340	300	0	1/05/2020	$	5,440	16	$	5,440	$	6,400	100%	0%	#DIV/0!	#DIV/0!
73354	6	P7	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	1200	0	0	1115.3	900	0	1/05/2020	$	456,158	409	$	456,158	$	490,800	100%	0%	#DIV/0!	#DIV/0!
73355	6	P7	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	1200	0	0	1115.3	900	0	1/05/2020	$	109,299	98	$	109,299	$	117,600	100%	0%	#DIV/0!	#DIV/0!
73356	6	P7	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)	1200	0	0	1115.3	900	0	1/05/2020	$	16,730	15	$	16,730	$	18,000	100%	0%	#DIV/0!	#DIV/0!
73357	6	P7	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)	400	0	0	340	300	0	1/05/2020	$	4,080	12	$	4,080	$	4,800	100%	0%	#DIV/0!	#DIV/0!
73358	6	P7	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	2100	0	0	2015.3	1575	0	1/05/2020	$	93,573	46	$	93,789	$	96,600	96%	0%	#DIV/0!	#DIV/0!
73359	6	P7	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	2900	0	0	2815.3	2175	0	1/05/2020	$	1,008,351	358	$	1,010,724	$	1,038,200	97%	0%	#DIV/0!	#DIV/0!
73364	6	P7	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	400	0	0	340	300	0	1/05/2020	$	238,049	729	$	290,875	$	291,600	63%	35%	#DIV/0!	#DIV/0!
73365	6	P7	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	340	0	0	289	255	0	1/05/2020	$	7,531	27	$	8,446	$	9,180	70%	30%	#DIV/0!	#DIV/0!
73366	6	P7	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	400	0	0	340	300	0	1/05/2020	$	42,040	128	$	49,791	$	51,200	70%	29%	#DIV/0!	#DIV/0!
73368	6	P7	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	400	0	0	340	300	0	1/05/2020	$	4,300	13	$	4,741	$	5,200	69%	23%	#DIV/0!	#DIV/0!
73369	6	P7	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	400	0	0	340	300	0	1/05/2020	$	340	1	$	340	$	400	100%	0%	#DIV/0!	#DIV/0!
73370	6	P7	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);	500	0	0	425	375	0	1/05/2020	$	392,167	963	$	471,534	$	481,500	62%	39%	#DIV/0!	#DIV/0!
73371	6	P7	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	340	0	0	289	255	0	1/05/2020	$	25,789	99	$	40,964	$	33,660	18%	84%	#DIV/0!	#DIV/0!
73372	6	P7	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	340	0	0	289	255	0	1/05/2020	$	25,942	100	$	38,654	$	34,000	14%	87%	#DIV/0!	#DIV/0!
73373	6	P7	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	400	0	0	340	300	0	1/05/2020	$	11,500	37	$	14,200	$	14,800	27%	73%	#DIV/0!	#DIV/0!
73374	6	P7	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	340	0	0	289	255	0	1/05/2020	$	270,844	977	$	339,483	$	332,180	62%	37%	#DIV/0!	#DIV/0!
73375	6	P7	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	400	0	0	340	300	0	1/05/2020	$	37,851	114	$	44,177	$	45,600	73%	25%	#DIV/0!	#DIV/0!
73376	6	P7	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	800	0	0	715.3	600	0	1/05/2020	$	10,614	15	$	11,128	$	12,000	87%	7%	#DIV/0!	#DIV/0!
73377	6	P7	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,	250	0	0	212.5	187.5	0	1/05/2020	$	213	1	$	213	$	250	0%	0%	#DIV/0!	#DIV/0!
73379	6	P7	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	340	0	0	289	255	0	1/05/2020	$	289	1	$	289	$	340	100%	0%	#DIV/0!	#DIV/0!
73380	6	P7	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	340	0	0	289	255	0	1/05/2020	$	11,492	40	$	11,662	$	13,600	90%	5%	#DIV/0!	#DIV/0!
73381	6	P7	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	340	0	0	289	255	0	1/05/2020	$	1,955	7	$	2,227	$	2,380	57%	29%	#DIV/0!	#DIV/0!
73382	6	P7	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	340	0	0	289	255	0	1/05/2020	$	833	3	$	1,020	$	1,020	67%	33%	#DIV/0!	#DIV/0!

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73383	6	P7	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	400	0	0	340	300	0	1/05/2020	$ 5,200	16	$ 6,310	$ 6,400	69%	38%	#DIV/0!	#DIV/0!
73521	6	P8	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)	9.7	0	0	8.25	7.3	0	1/12/1991	$ 136,750	16,388	$ 167,462	$ 158,964	88%	1%	-4.6%	-4.9%
73523	6	P8	Semen examination (other than post-vasectomy semen examination), including: (a)measurement of volume, sperm count and motility; and (b)examination of stained preparations; and	41.75	0	0	35.5	31.35	0	1/12/1991	$ 1,321,347	35,107	$ 2,304,312	$ 1,465,717	66%	0%	-2.4%	-2.7%
73525	6	P8	Sperm antibodies - sperm-penetrating ability - 1 or more tests	28.35	0	0	24.1	21.3	0	1/12/1991	$ 316,882	12,816	$ 517,747	$ 363,334	65%	0%	1.6%	1.0%
73527	6	P8	urine by 1 or more methods for diagnosis of pregnancy - 1 or more tests	10	0	0	8.5	7.5	0	1/12/1991	$ 593,143	70,347	$ 611,349	$ 703,470	93%	7%	-5.5%	-5.6%
73529	6	P8	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	28.65	0	0	24.4	21.5	0	1/12/1991	$ 16,549,592	678,381	$ 16,718,700	$ 19,435,366	98%	2%	3.7%	3.7%
73801	6	P9	Semen examination for presence of spermatozoa	6.9	0	0	5.9	5.2	0	1/12/1991	$ 2,187	369	$ 2,217	$ 2,546	98%	0%	-0.7%	-0.6%
73802	6	P9	blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count - 1 test	4.55	0	0	3.9	3.45	0	1/12/1991	$ 410,436	104,742	$ 441,856	$ 476,540	81%	1%	3.6%	3.7%
73803	6	P9	2 tests described in item 73802	6.35	0	0	5.4	4.8	0	1/12/1991	$ 26,844	4,969	$ 27,144	$ 31,549	100%	0%	4.6%	4.6%
73804	6	P9	3 or more tests described in item 73802	8.15	0	0	6.95	6.15	0	1/12/1991	$ 25,208	3,627	$ 25,315	$ 29,560	100%	0%	-9.9%	-9.9%
73805	6	P9	Microscopy of urine, excluding dipstick testing.	4.55	0	0	3.9	3.45	0	1/12/1991	$ 159,271	40,727	$ 171,118	$ 185,308	93%	0%	-21.0%	-21.0%
73806	6	P9	Pregnancy test by 1 or more immunochemical methods	10.15	0	0	8.65	7.65	0	1/12/1991	$ 2,909,094	335,861	$ 3,105,689	$ 3,408,969	89%	0%	-4.1%	-4.1%
73807	6	P9	Microscopy for wet film other than urine, including any relevant stain	6.9	0	0	5.9	5.2	0	1/12/1991	$ 935	166	$ 1,113	$ 1,138	54%	35%	-4.9%	-4.9%
73808	6	P9	Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807	8.65	0	0	7.4	6.5	0	1/12/1991	$ 2,702	291	$ 9,159	$ 2,517	14%	0%	-11.3%	-9.0%
73809	6	P9	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method	2.35	0	0	2	1.8	0	1/12/1991	$ 282	141	$ 433	$ 331	94%	0%	-22.1%	-22.1%
73810	6	P9	Microscopy for fungi in skin, hair or nails - 1 or more sites	6.9	0	0	5.9	5.2	0	1/12/1991	$ 2,646	372	$ 7,851	$ 2,567	55%	0%	-2.3%	0.9%
73811	6	P9	Mantoux test	11.2	0	0	9.55	8.4	0	1/12/1991	$ 5,790	601	$ 9,039	$ 6,723	84%	2%	-34.2%	-34.2%
73829	6	P9	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count by a participating nurse	4.55	0	0	3.9	0	0	1/11/2011	$ 160	30	$ 336	$ 137	57%	0%	-24.2%	-19.3%
73831	6	P9	3 or more tests described in item 73829 by a participating nurse practitioner	8.15	0	0	6.95	0	0	1/11/2011	$ 63	9	$ 63	$ 73	100%	0%	-24.2%	-24.2%
73832	6	P9	Microscopy of urine,excluding dipstick testingby a participating nurse practitioner.	4.55	0	0	3.9	0	0	1/11/2011	$ 863	221	$ 892	$ 1,006	79%	0%	-3.3%	-3.3%
73833	6	P9	Pregnancy test by 1 or more immunochemical methods by a participating nurse practitioner	10.15	0	0	8.65	0	0	1/11/2011	$ 8,763	1,013	$ 8,903	$ 10,282	86%	0%	21.5%	21.5%
73834	6	P9	Microscopy for wet film other than urine, including any relevant stain by a participating nurse practitioner	6.9	0	0	5.9	0	0	1/11/2011	$ 6	1	$ 6	$ 7	100%	0%	-47.0%	-47.0%
73839	6	P9	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	16.8	0	0	14.3	12.6	0	1/12/2015	$ 27,385	1,915	$ 27,385	$ 32,172	100%	0%	23.4%	23.4%
73840	6	P9	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	17	0	0	14.45	12.75	0	1/12/2000	$ 208,080	14,400	$ 208,080	$ 244,800	100%	0%	0.5%	0.5%
73844	6	P9	Quantitation of urinary microalbumin as determined by urine albumin excretion on a timed overnight urine sample or urine albumin/creatinine ratio as determined on a first morning urine in item 72858 or 72859 in circumstances other than those mentioned in item 73900	20.35	0	0	17.3	15.3	0	1/01/2006	$ 66,034	3,817	$ 66,034	$ 77,676	100%	0%	-2.7%	-2.7%
73899	6	P10	in item 72858 or 72859 if the service is rendered in a prescribed laboratory.	5.95	0	0	5.1	4.5	0	1/11/2015	$ 6,025	1,185	$ 6,133	$ 7,051	97%	3%	75.1%	75.2%
73900	6	P10	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	2.4	0	0	2.05	1.8	0	1/11/2015	$ 3,459	1,689	$ 3,467	$ 4,054	99%	1%	39.2%	39.2%
73920	6	P10	in item 73070, 73071, 73072, 73073, 73074, 73075 or 73076(in circumstances other than those described in item 73923).	2.4	0	0	2.05	1.8	0	1/07/2008	$ 546,262	266,352	$ 548,457	$ 639,245	100%	0%	-1.4%	-1.5%
73922	6	P10		8.2	0	0	7	6.15	0	1/05/2007	$ 5,220,511	745,394	$ 5,245,968	$ 6,112,231	100%	0%	-11.3%	-11.4%

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73923	6	P10	Initiation of a patient episode that consists of a service described in items 73070, 73071, 73072, 73073, 73074, 73075 or 73076 if: (a) the person is a private patient in a recognised hospital; or (b) the	2.4	0	0	2.05	1.8	0	1/05/2007	$	48,713	23,779	$	48,795	$	57,070	99%	1%	-17.4%	-17.4%
73924	6	P10	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	14.65	0	0	12.5	11	0	1/05/2007	$	9,942,647	903,962	$	16,626,496	$	13,241,887	9%	100%	2.9%	2.9%
73925	6	P10	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	2.4	0	0	2.05	1.8	0	1/05/2007	$	140,353	77,974	$	190,706	$	187,138	0%	100%	4.8%	4.8%
73926	6	P10	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	8.2	0	0	7	6.15	0	1/05/2007	$	17,090,062	2,438,345	$	17,195,598	$	19,994,429	99%	0%	3.2%	3.2%
73927	6	P10	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,	2.4	0	0	2.05	1.8	0	1/05/2007	$	225,118	109,810	$	225,170	$	263,544	100%	0%	4.5%	4.5%
73928	6	P10	Initiation of a patient episode by collection of a specimen for 1 or moreservices (other than those services described in items 73922, 73924 or 73926) if the specimen is collected in an approved	5.95	0	0	5.1	4.5	0	1/05/2007	$	128,366,921	25,153,730	$	129,095,961	$	149,664,612	100%	0%	4.0%	3.9%
73929	6	P10	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	2.4	0	0	2.05	1.8	0	1/05/2007	$	1,687,216	824,173	$	1,693,297	$	1,978,013	99%	1%	7.0%	7.0%
73930	6	P10	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	5.95	0	0	5.1	4.5	0	1/05/2007	$	8,027,313	1,783,874	$	15,919,997	$	10,614,020	2%	100%	2.8%	2.8%
73931	6	P10	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	2.4	0	0	2.05	1.8	0	1/05/2007	$	1,690,141	938,969	$	2,279,722	$	2,253,526	0%	100%	-0.3%	-0.3%
73932	6	P10	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	10.25	0	0	8.75	7.7	0	1/05/2007	$	4,610,561	526,168	$	4,622,045	$	5,393,222	100%	0%	-3.8%	-4.0%
73933	6	P10	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	2.4	0	0	2.05	1.8	0	1/05/2007	$	98,779	48,178	$	98,969	$	115,627	100%	0%	9.5%	9.5%
73934	6	P10	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	17.6	0	0	15	13.2	0	1/05/2007	$	11,440,737	762,714	$	11,442,404	$	13,423,766	100%	0%	3.5%	3.5%
73935	6	P10	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	2.4	0	0	2.05	1.8	0	1/05/2007	$	12,919	6,302	$	13,016	$	15,125	100%	0%	0.6%	0.5%
73936	6	P10	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	5.95	0	0	5.1	4.5	0	1/05/2007	$	5,669,666	1,111,591	$	5,679,094	$	6,613,966	100%	0%	10.4%	10.4%
73937	6	P10	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	2.4	0	0	2.05	1.8	0	1/05/2007	$	272,238	135,164	$	283,974	$	324,394	86%	14%	10.0%	10.4%
73938	6	P10	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	7.95	0	0	6.8	6	0	1/05/2007	$	74,681,477	11,039,719	$	77,821,428	$	87,765,553	94%	5%	9.1%	9.1%
73939	6	P10	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	2.4	0	0	2.05	1.8	0	1/05/2007	$	6,372,910	3,170,351	$	6,689,119	$	7,608,833	84%	16%	4.4%	4.5%
73940	6	P11	Receipt of a specimen by an approved pathology practitioner of an approved pathology authority from another approved pathology practitioner of a different approved pathology authority or another	10.25	0	0	8.75	7.7	0	1/05/2007	$	4,243,878	488,244	$	4,369,627	$	5,004,481	94%	6%	2.1%	2.1%
74990	6	P12	A pathology service to which an item in this table (other than this item or item 74991) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the	7.15	0	0	6.1	0	0	1/02/2004	$	631,576	-	$	631,576	$	740,313	-	-	#DIV/0!	1.4%
74991	6	P12	A pathology service to which an item in this table (other than this item or item 74990) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the	10.8	0	0	9.2	0	0	1/05/2004	$	1,199,157	-	$	1,199,157	$	1,407,662	-	-	#DIV/0!	-7.0%
74992	6	P13	A payment when the episode is bulk billed and includes item 73920.	1.6	0	0	1.4	1.2	0	1/11/2009	$	373,920	-	$	373,920	$	427,338	-	-	#DIV/0!	-0.4%
74993	6	P13	A payment when the episode is bulk billed and includes item 73922 or 73926.	3.75	0	0	3.2	2.85	0	1/11/2009	$	10,129,339	-	$	10,129,339	$	11,870,351	-	-	#DIV/0!	-1.1%
74994	6	P13	A payment when the episode is bulk billed and includes item 73924.	3.25	0	0	2.8	2.45	0	1/11/2009	$	173,110	-	$	173,110	$	229,639	-	-	#DIV/0!	9.9%
74995	6	P13	A payment when the episode is bulk billed and includes item 73899, 73900, 73928, 73930 or 73936.	4	0	0	3.4	3	0	1/11/2009	$	89,154,333	-	$	89,154,333	$	104,903,034	-	-	#DIV/0!	4.4%
74996	6	P13	A payment when the episode is bulk billed and includes item 73932 or 73940.	3.7	0	0	3.15	2.8	0	1/11/2009	$	3,064,130	-	$	3,064,130	$	3,599,630	-	-	#DIV/0!	-0.6%
74997	6	P13	A payment when the episode is bulk billed and includes item 73934.	3.3	0	0	2.85	2.5	0	1/11/2009	$	2,173,772	-	$	2,173,772	$	2,517,006	-	-	#DIV/0!	3.6%
74998	6	P13	A payment when the episode is bulk billed and includes item 73938.	2	0	0	1.7	1.5	0	1/11/2009	$	17,732,340	-	$	17,732,340	$	20,864,488	-	-	#DIV/0!	9.6%
74999	6	P13	A payment when the episode is bulk billed and includes item 73923, 73925, 73927, 73929, 73931, 73933, 73935, 73937 or 73939.	1.6	0	0	1.4	1.2	0	1/11/2009	$	5,277,487	-	$	5,277,487	$	6,032,870	-	-	#DIV/0!	5.4%
75001	7	C1	Note: In this Group, benefit is only payable where the service has been rendered to a patient by a dental practitioner who is registered in the specialty of orthodontics, except for the services	88.2	0	0	75	66.15	0	1/07/1995	$	15,572	206	$	18,095	$	18,142	67%	0%	-9.0%	-8.1%

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75004	7	C1	subsequent to the first professional attendance by the orthodontist in a single course of treatment (AO)	44.35	0	0	37.7	33.3	0	1/07/1995	$	10,225	271	$	12,931	$	11,997	76%	0%	-16.4%	-15.9%
75006	7	C1	PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75004 applies) prior to provision of a service to which: (a)item 75030, 75033, 75034, orthopantomography (panoramic radiography), including any consultation on the same occasion	78.6	0	0	66.85	58.95	0	1/12/1991	$	8,775	130	$	11,354	$	10,197	66%	0%	-13.3%	-13.0%
75009	7	C1	ORTHODONTIC RADIOGRAPHYANTEROPOSTERIOR	70.3	0	0	59.8	52.75	0	1/12/1991	$	6,806	114	$	7,872	$	7,989	68%	0%	3.3%	4.2%
75012	7	C1	CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings OR LATERAL CEPHALOMETRIC RADIOGRAPHY with cephalometric CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings including any consultation on the same occasion	111.45	0	0	94.75	83.6	0	1/12/1991	$	7,622	84	$	7,967	$	9,339	67%	0%	2.0%	2.2%
75015	7	C1	ORTHODONTIC RADIOGRAPHYANTEROPOSTERIOR AND LATERAL	153.2	0	0	130.25	114.9	0	1/12/1991	$	320	4	$	341	$	613	0%	0%	-7.8%	-15.8%
75018	7	C1	CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings and orthopantomography including any consultation on the same ORTHODONTIC RADIOGRAPHYhand-wrist studies (including growth prediction) including any consultation on the same occasion	195.2	0	0	165.95	146.4	0	1/12/1991	$	13,746	83	$	13,866	$	16,187	94%	0%	2.0%	3.2%
75021	7	C1	INTRAORAL RADIOGRAPHY - single area, periapical or bitewing film	239.3	0	0	203.45	179.5	0	1/12/1991	$	2,438	12	$	2,438	$	2,868	100%	0%	-12.2%	-11.7%
75023	7	C1	PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING	47.9	0	0	40.75	35.95	0	1/07/1995	$	1,787	48	$	2,025	$	2,288	63%	0%	-40.6%	-41.3%
75024	7	C1	PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supply of appliances and all adjustments of appliances and supervisionWHERE 2 APPLIANCES ARE USED	618.85	0	0	534.15	464.15	0	1/12/1991	$	525	1	$	610	$	610	0%	0%	-35.6%	-35.5%
75027	7	C1	DENTITION TREATMENT MAXILLARY ARCH EXPANSION not being a service associated with a service to which item 75039, 75042,	848.6	0	0	763.9	636.45	0	1/12/1991	$	3,851	5	$	4,097	$	4,205	20%	0%	10.8%	11.5%
75030	7	C1	75045 or 75048 applies, including supply of appliances, all appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of the appliances and retention	755.55	0	0	670.85	566.7	0	1/12/1991	$	41,044	54	$	62,136	$	40,789	46%	0%	-9.3%	-6.8%
75033	7	C1	MIXED DENTITION TREATMENT - incisor alignment with or without lateral arch expansion using a removable appliance in the maxillary	1238.45	0	0	1153.75	928.85	0	1/12/1991	$	26,811	20	$	34,086	$	24,732	50%	0%	-1.0%	1.5%
75034	7	C1	arch, including supply of appliances, associated adjustments and MIXED DENTITION TREATMENT - lateral arch expansion and incisor alignment using fixed appliances in maxillary arch, including supply	630.35	0	0	545.65	472.8	0	1/07/1995	$	10,574	19	$	12,032	$	11,930	74%	0%	16.1%	17.2%
75036	7	C1	of appliances, all adjustments of appliances, removal of appliances MIXED DENTITION TREATMENT - lateral arch expansion and incisor correction - 2 arch (maxillary and mandibular) using fixed	1710.6	0	0	1625.9	1282.95	0	1/12/1991	$	49,660	30	$	56,903	$	51,267	57%	0%	-9.0%	-8.9%
75037	7	C1	appliances in both maxillary and mandibular arches, including PERMANENT DENTITION TREATMENTSINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed	2154.45	0	0	2069.75	1615.85	0	1/07/1995	$	32,546	10	$	42,689	$	21,545	10%	0%	-14.6%	-20.3%
75039	7	C1	appliances, including supply of appliances - initial 3 months of PERMANENT DENTITION TREATMENT - SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed	572.6	0	0	487.9	429.45	0	1/12/1991	$	13,875	21	$	20,773	$	11,999	43%	0%	-13.4%	-8.1%
75042	7	C1	appliances, including supply of appliances - each 3 months of active PERMANENT DENTITION TREATMENT2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed	214	0	0	181.9	160.5	0	1/12/1991	$	16,548	86	$	24,234	$	18,376	49%	0%	-16.1%	-15.6%
75045	7	C1	appliances, including supply of appliances - initial 3 months of PERMANENT DENTITION TREATMENT - 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed	1146.3	0	0	1061.6	859.75	0	1/12/1991	$	287,338	226	$	413,206	$	258,638	31%	0%	-3.0%	-2.1%
75048	7	C1	appliances, including supply of appliances - each subsequent 3 RETENTION, FIXED OR REMOVABLE, single arch (mandibular or maxillary) - supply of retainer and supervision of retention	293.95	0	0	249.9	220.5	0	1/12/1991	$	455,033	1,446	$	634,910	$	423,905	45%	0%	-5.0%	-3.8%
75049	7	C1	RETENTION, FIXED OR REMOVABLE, 2-arch (mandibular and maxillary) - supply of retainers and supervision of retention	344.05	0	0	292.45	258.05	0	1/07/1995	$	9,007	29	$	10,519	$	9,941	38%	0%	-17.7%	-16.2%
75050	7	C1	or functional appliances, including supply of appliances and all adjustments to appliances	664.15	0	0	579.45	498.15	0	1/07/1995	$	101,246	174	$	115,230	$	115,326	51%	0%	-3.8%	-3.3%
75051	7	C1	Note:(i) In this Group, benefit is only payable where the service has been rendered to a patient who has been referred by an	1019.5	0	0	934.8	764.65	0	1/12/1991	$	8,600	9	$	9,779	$	9,160	56%	0%	-20.3%	-20.3%
75150	7	C2	eligibleorthodontist. (ii)While benefit is payable for simple PROFESSIONAL ATTENDANCE by an eligible oral and maxillofacial surgeon subsequent to the first professional attendance by the	88.2	0	0	75	66.15	0	1/07/1995	$	448	6	$	885	$	527	17%	0%	-21.4%	-21.0%
75153	7	C2	surgeon in a single course of treatment where the patient is PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75153 applies) prior to	44.35	0	0	37.7	33.3	0	1/07/1995	$	226	6	$	226	$	266	100%	0%	3.7%	-3.7%
75156	7	C2	provision of a service: (a)to which item 52321, 53212 or 75618 SIMPLE EXTRACTIONS Removal of tooth or tooth fragment (other than treatment to which item 75400, 75403, 75406, 75409, 75412	78.6	0	0	66.85	58.95	0	1/07/1995	$	133	2	$	152	$	156	50%	0%	-22.2%	-26.3%
75200	7	C2	or 75415 applies), if the patient is referred by an eligible anaesthesia, if the patient is referred by an eligible orthodontist (AD)	56.65	0	0	48.2	42.5	0	1/12/1991	$	788	6	$	1,394	$	357	0%	0%	-38.3%	-28.6%
75203	7	C2	Removal of each additional tooth or tooth fragment at the same attendance at which a service to which item 75200 or 75203	85	0	0	72.25	63.75	0	1/12/1991	$	626	2	$	1,288	$	140	0%	50%	-24.2%	2.1%
75206	7	C2	applies is rendered, if the patient is referred by an eligible SURGICAL EXTRACTIONS Surgical removal of erupted tooth, if the patient is referred by an eligible orthodontist (AOS)	28.2	0	0	24	21.15	0	1/12/1991	$	670	5	$	1,256	$	182	0%	0%	-35.6%	-8.6%
75400	7	C2		169.9	0	0	144.45	127.45	0	1/12/1991	$	1,012	24	$	2,447	$	1,172	0%	42%	-9.7%	-14.8%

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75403	7	C2	Surgical removal of tooth with soft tissue impaction, if the patient is referred by an eligible orthodontist (AOS)	195.2	0	0	165.95	146.4	0	1/12/1991	$	532	8	$	1,716	$	501	0%	50%	0.0%	0.6%
75406	7	C2	Surgical removal of tooth with partial bone impaction, if the patient is referred by an eligible orthodontist (AOS)	222.4	0	0	189.05	166.8	0	1/12/1991	$	4,453	45	$	12,790	$	3,472	4%	20%	7.7%	15.6%
75409	7	C2	Surgical removal of tooth with complete bone impaction, if the patient is referred by an eligible orthodontist (AOS)	251.85	0	0	214.1	188.9	0	1/12/1991	$	12,174	126	$	33,031	$	14,418	35%	67%	7.0%	-0.1%
75415	7	C2	Surgical removal of tooth fragment requiring removal of bone, if the patient is referred by an eligible orthodontist (AOS)	169.9	0	0	144.45	127.45	0	1/12/1991	$	255	4	$	680	$	340	0%	100%	#DIV/0!	#DIV/0!
75600	7	C2	packing of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)	239.3	0	0	203.45	179.5	0	1/12/1991	$	6,468	38	$	11,397	$	7,837	42%	53%	44.7%	45.3%
75603	7	C2	traction device, if the patient is referred by an eligible orthodontist (AOS)	281.25	0	0	239.1	210.95	0	1/12/1991	$	3,020	12	$	5,016	$	2,856	25%	67%	19.1%	14.2%
75606	7	C2	Surgical repositioning of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)	281.25	0	0	239.1	210.95	0	1/12/1991	$	259	3	$	423	$	338	0%	33%	#DIV/0!	#DIV/0!
75609	7	C2	Transplantation of tooth bud, if the patient is referred by an eligible orthodontist (AOS)	419.85	0	0	356.9	314.9	0	1/12/1991	$	65	2	$	107	$	76	0%	0%	#DIV/0!	#DIV/0!
75612	7	C2	fixture (first stage), if the patient is referred by an eligible orthodontist (AOS)	519.6	0	0	441.7	389.7	0	1/07/1995	$	740	4	$	9,396	$	986	0%	100%	-36.6%	-44.9%
75621	7	C2	The provision and fitting of surgical template in conjunction with orthognathic surgical procedures in association with: (a)an item in the series: (i)45720 to 45754; or (ii)52342 to 52375; or (b)item	238.85	0	0	203.05	179.15	0	1/07/1995	$	3,810	19	$	6,130	$	4,538	11%	11%	36.6%	39.6%
75800	7	C3	Note:Benefit is payable for services listed in this Group where they are rendered by a registered dental practitioner CONSULTATIONS ATTENDANCE BY AN ELIGIBLE DENTAL PRACTITIONER involving PROSTHODONTIC PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers1 TOOTH	85	0	0	72.25	63.75	0	1/12/1991	$	21,997	301	$	34,666	$	25,559	22%	0%	-32.8%	-32.3%
75803	7	C3	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 2 TEETH	340.1	0	0	289.1	255.1	0	1/12/1991	$	863	3	$	1,415	$	1,020	0%	0%	8.4%	9.0%
75806	7	C3	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 5 TO 9 TEETH	398.85	0	0	339.05	299.15	0	1/12/1991	$	339	1	$	1,470	$	399	0%	0%	-30.1%	-29.7%
75815	7	C3	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 10 TO 12 TEETH	640.3	0	0	555.6	480.25	0	1/12/1991	$	2,008	3	$	2,746	$	1,921	33%	0%	-5.6%	-2.7%
75818	7	C3	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 1 TOOTH	755.55	0	0	670.85	566.7	0	1/12/1991	$	1,342	2	$	2,046	$	1,511	0%	0%	-12.9%	-12.5%
75821	7	C3	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers2 TEETH	608.6	0	0	523.9	456.45	0	1/12/1991	$	1,314	1	$	1,511	$	609	0%	0%	-19.7%	-3.0%
75824	7	C3	alloy) PARTIAL DENTURE including casting and retainers 5 TO 9 TEETH	703.1	0	0	618.4	527.35	0	1/12/1991	$	618	1	$	618	$	703	100%	0%	-12.9%	-20.1%
75833	7	C3	PROVISION AND FITTING OF RETAINERS not being a service associated with a service to which item 75803, 75806, 75809,	1091.45	0	0	1006.75	818.6	0	1/12/1991	$	1,007	1	$	1,007	$	1,091	100%	0%	-12.9%	-23.6%
75839	7	C3	75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 with a service to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies	28.2	0	0	24	21.15	0	1/12/1991	$	48	2	$	800	$	56	0%	0%	0.0%	0.6%
75842	7	C3	REMODELLING AND FITTING OF PARTIAL DENTURE of more than 4 teeth	42	0	0	35.7	31.5	0	1/12/1991	$	36	1	$	36	$	42	100%	0%	-30.1%	-29.7%
75848	7	C3	REPAIR TO CAST METAL BASE OF PARTIAL DENTURE1 or more points	251.85	0	0	214.1	188.9	0	1/12/1991	$	642	3	$	985	$	756	0%	0%	-12.9%	-12.4%
75851	7	C3	ADDITION OF A TOOTH OR TEETH to a partial denture to replace extracted tooth or teeth including taking of necessary impression	125.95	0	0	107.1	94.5	0	1/12/1991	$	107	1	$	107	$	126	100%	0%	#DIV/0!	#DIV/0!
75854	7	C3		125.95	0	0	107.1	94.5	0	1/12/1991	$	107	1	$	180	$	126	0%	0%	-27.5%	-27.5%
80000	8	M6	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the	102.85	0	0	87.45	0	0	1/11/2006	$	869,221	9,792	$	1,037,062	$	1,006,891	65%	0%	-6.5%	-5.9%
80001	8	M6	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the Professional attendance at a place other than consulting rooms. As per the service requirements outlined for item 80000.	102.85	0	0	87.45	0	0	1/11/2017	$	45,940	510	$	61,139	$	52,436	54%	0%	#DIV/0!	#DIV/0!
80005	8	M6	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the	128.55	0	0	109.3	0	0	1/11/2006	$	127,116	1,161	$	129,437	$	149,133	96%	0%	5.4%	5.8%
80010	8	M6	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the	151.05	0	0	128.4	0	0	1/11/2006	$	246,798,394	1,853,862	$	339,725,483	$	279,923,294	29%	0%	-1.2%	-0.4%
80011	8	M6	Professional attendance at a place other than consulting rooms As per the service requirements outlined for item 80010.	151.05	0	0	128.4	0	0	1/11/2017	$	4,132,928	31,370	$	5,098,559	$	4,736,464	54%	0%	#DIV/0!	#DIV/0!
80015	8	M6		176.7	0	0	150.2	0	0	1/11/2006	$	3,560,080	23,213	$	3,745,142	$	4,097,713	89%	0%	-7.6%	-6.9%

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80020	8	M6	Professional attendance for the purpose of providing psychological therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements	38.35	0	0	32.6	0	0	1/11/2006	$ 238,337	5,778	$ 396,688	$ 221,560	47%	0%	-19.3%	-16.9%
80021	8	M6	Professional attendance for the purpose of providing psychological therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements	38.35	0	0	32.6	0	0	1/11/2017	$ 13,998	306	$ 27,022	$ 11,733	54%	0%	#DIV/0!	#DIV/0!
80100	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting	72.9	0	0	62	0	0	1/11/2006	$ 1,492,624	23,334	$ 1,942,079	$ 1,700,354	65%	0%	-5.1%	-4.4%
80101	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting	72.9	0	0	62	0	0	1/11/2017	$ 59,305	921	$ 75,930	$ 67,097	62%	0%	#DIV/0!	#DIV/0!
80105	8	M7	Professional attendance at a place other than consulting rooms. As per the psychologist service requirements outlined for item 80100.	99.15	0	0	84.3	0	0	1/11/2006	$ 164,200	1,906	$ 174,532	$ 188,906	90%	0%	-9.9%	-9.1%
80110	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting	102.85	0	0	87.45	0	0	1/11/2006	$ 213,742,645	2,335,408	$ 333,076,897	$ 240,108,555	33%	0%	-0.4%	0.5%
80111	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting	102.85	0	0	87.45	0	0	1/11/2017	$ 3,469,089	37,806	$ 4,801,514	$ 3,886,086	54%	0%	#DIV/0!	#DIV/0!
80115	8	M7	Professional attendance at a place other than consulting rooms. As per the psychologist service requirements outlined for item 80110.	129.2	0	0	109.85	0	0	1/11/2006	$ 8,398,038	75,605	$ 8,963,211	$ 9,762,168	87%	0%	-12.7%	-12.2%
80120	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting	26.25	0	0	22.35	0	0	1/11/2006	$ 208,900	7,175	$ 384,445	$ 188,231	54%	0%	-20.1%	-19.3%
80121	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting	26.25	0	0	22.35	0	0	1/11/2017	$ 3,706	107	$ 7,114	$ 2,806	21%	0%	#DIV/0!	#DIV/0!
80125	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as	64.2	0	0	54.6	0	0	1/11/2006	$ 176,842	2,838	$ 280,027	$ 182,126	44%	0%	-10.2%	-10.0%
80126	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as per the occupational therapist service requirements outlined for item 80125.	64.2	0	0	54.6	0	0	1/11/2017	$ 1,788	27	$ 2,760	$ 1,731	33%	0%	#DIV/0!	#DIV/0!
80130	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as	90.45	0	0	76.9	0	0	1/11/2006	$ 35,542	428	$ 48,763	$ 38,644	33%	0%	-15.2%	-15.0%
80135	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as	90.7	0	0	77.1	0	0	1/11/2006	$ 3,420,392	40,552	$ 5,156,508	$ 3,676,657	39%	0%	-2.5%	-2.1%
80136	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as per the occupational therapist service requirements outlined for item 80135.	90.7	0	0	77.1	0	0	1/11/2017	$ 116,481	1,463	$ 147,141	$ 132,602	63%	0%	#DIV/0!	#DIV/0!
80140	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as	116.9	0	0	99.4	0	0	1/11/2006	$ 516,435	4,914	$ 667,332	$ 573,941	43%	0%	-13.0%	-12.7%
80145	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as	23.05	0	0	19.6	0	0	1/11/2006	$ 11,468	469	$ 22,176	$ 10,802	28%	0%	-20.3%	-27.3%
80146	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as	23.05	0	0	19.6	0	0	1/11/2017	$ 627	32	$ 1,306	$ 738	72%	0%	#DIV/0!	#DIV/0!
80150	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting	64.2	0	0	54.6	0	0	1/11/2006	$ 309,125	5,599	$ 345,630	$ 359,404	88%	0%	17.8%	18.1%
80151	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting per the social worker service requirements outlined for item 80150.	64.2	0	0	54.6	0	0	1/11/2017	$ 68,260	1,244	$ 70,732	$ 79,845	96%	0%	#DIV/0!	#DIV/0!
80155	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting	90.45	0	0	76.9	0	0	1/11/2006	$ 126,459	1,641	$ 132,260	$ 148,407	94%	0%	-0.9%	-0.3%
80160	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting	90.7	0	0	77.1	0	0	1/11/2006	$ 22,590,390	280,726	$ 32,672,176	$ 25,447,339	48%	0%	3.9%	4.8%
80161	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting per the social worker service requirements outlined for item 80160.	90.7	0	0	77.1	0	0	1/11/2017	$ 1,211,352	15,399	$ 1,527,232	$ 1,395,979	66%	0%	#DIV/0!	#DIV/0!
80165	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting	116.9	0	0	99.4	0	0	1/11/2006	$ 4,401,796	44,197	$ 4,511,252	$ 5,164,400	95%	0%	-0.9%	-0.3%
80170	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting	23.05	0	0	19.6	0	0	1/11/2006	$ 31,608	1,234	$ 49,137	$ 28,423	49%	0%	-6.6%	-1.9%
80171	8	M7	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting	23.05	0	0	19.6	0	0	1/11/2017	$ 2,489	117	$ 4,101	$ 2,697	26%	0%	#DIV/0!	#DIV/0!
81000	8	M8	Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible psychologist, where the	75.4	0	0	64.1	0	0	1/11/2006	$ 19,176	202	$ 31,641	$ 15,225	19%	0%	-6.0%	-2.6%
81005	8	M8	Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible social worker, where the	75.4	0	0	64.1	0	0	1/11/2006	$ 22,999	335	$ 35,278	$ 25,243	33%	0%	40.1%	41.9%
81010	8	M8	Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible mental health nurse,	75.4	0	0	64.1	0	0	1/11/2006	$ 20,516	278	$ 30,600	$ 20,897	40%	0%	-3.0%	-3.5%

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81100	8	M9	DIABETES EDUCATION SERVICE - ASSESSMENT FOR GROUP SERVICES Diabetes education health service provided to a person by an eligible diabetes educator for the purposes of ASSESSING a	82.35	0	0	70	0	0	1/05/2007	$	107,882	1,541	$	108,018	$	126,887	100%	0%	-1.9%	-1.3%
81105	8	M9	DIABETES EDUCATION SERVICE - GROUP SERVICE Diabetes education health service provided to a person by an eligible diabetes educator, as a GROUP SERVICE for the management of	20.5	0	0	17.45	0	0	1/05/2007	$	5,975	341	$	6,014	$	6,988	99%	0%	-20.3%	-19.8%
81110	8	M9	EXERCISE PHYSIOLOGY SERVICE - ASSESSMENT FOR GROUPSERVICES Exercise physiology health service provided to a person by an eligible exercise physiologist for the purposes of	82.35	0	0	70	0	0	1/05/2007	$	682,414	9,746	$	700,989	$	802,283	89%	0%	1.1%	1.7%
81115	8	M9	EXERCISE PHYSIOLOGY SERVICE - GROUP SERVICE Exercise physiology health service provided to a person by an eligible exercise physiologist, as a GROUP SERVICE for the management of	20.5	0	0	17.45	0	0	1/05/2007	$	946,429	54,085	$	989,891	$	1,108,321	91%	0%	2.6%	3.2%
81120	8	M9	DIETETICS SERVICE - ASSESSMENT FOR GROUP SERVICES Dietetics health service provided to a person by an eligible dietitian for the purposes of ASSESSING a person's suitability for group services for	82.35	0	0	70	0	0	1/05/2007	$	75,995	1,086	$	76,220	$	89,402	100%	0%	-4.6%	-4.0%
81125	8	M9	DIETETICS SERVICE - GROUP SERVICE Dietetics health service provided to a person by an eligible dietitian, as a GROUP SERVICE for the management of type 2 diabetes if: (a)the person has been	20.5	0	0	17.45	0	0	1/05/2007	$	36,133	2,069	$	36,569	$	42,355	98%	0%	-6.3%	-5.8%
81300	8	M11	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE provided to a person who is of Aboriginal and Torres Strait Islander descent by an eligible Aboriginal health worker or eligible	64.2	0	0	54.6	0	0	1/11/2008	$	643,191	11,789	$	643,191	$	756,275	100%	0%	4.7%	5.3%
81305	8	M11	DIABETES EDUCATION HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible diabetes educator if: (a)either: a medical practitioner has identified	64.2	0	0	54.6	0	0	1/11/2008	$	97,160	1,780	$	97,341	$	114,243	100%	0%	0.3%	0.9%
81310	8	M11	AUDIOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible audiologist if: (a)either: a medical practitioner has undertaken a	64.2	0	0	54.6	0	0	1/11/2008	$	68,962	1,262	$	69,352	$	81,006	99%	0%	7.2%	7.8%
81315	8	M11	EXERCISE PHYSIOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible exercise physiologist if: (a)either: a medical practitioner has	64.2	0	0	54.6	0	0	1/11/2008	$	170,978	3,125	$	174,358	$	200,510	95%	0%	14.3%	15.0%
81320	8	M11	DIETETICS HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible dietitian if: (a)either: a medical practitioner has undertaken a health	64.2	0	0	54.6	0	0	1/11/2008	$	215,697	3,944	$	222,669	$	253,096	95%	0%	3.9%	4.6%
81325	8	M11	MENTAL HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible mental health worker if: (a)either: a medical practitioner has undertaken a	64.2	0	0	54.6	0	0	1/11/2008	$	8,300	152	$	8,968	$	9,759	94%	0%	-3.1%	-2.5%
81330	8	M11	OCCUPATIONAL THERAPY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible occupational therapist if (a)either: a medical practitioner has	64.2	0	64.2	0	48.15	0	1/11/2008	$	140,441	2,472	$	160,172	$	158,631	89%	0%	7.3%	8.3%
81335	8	M11	PHYSIOTHERAPY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible physiotherapist if: (a)either: a medical practitioner has undertaken	64.2	0	0	54.6	0	0	1/11/2008	$	1,367,865	25,161	$	1,401,665	$	1,607,851	64%	0%	23.5%	24.1%
81340	8	M11	PODIATRY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible podiatrist if: (a)either: a medical practitioner has undertaken a health	64.2	0	0	54.6	0	0	1/11/2008	$	676,128	12,382	$	688,725	$	794,679	94%	0%	10.5%	11.2%
81345	8	M11	CHIROPRACTIC HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible chiropractor if: (a)either: a medical practitioner has undertaken a	64.2	0	0	54.6	0	0	1/11/2008	$	378,901	6,959	$	388,466	$	445,763	41%	0%	41.2%	42.1%
81350	8	M11	OSTEOPATHY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible osteopath if: (a)either: a medical practitioner has undertaken a health	64.2	0	0	54.6	0	0	1/11/2008	$	27,316	492	$	38,628	$	31,582	23%	0%	24.1%	25.0%
81355	8	M11	PSYCHOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible psychologist if: (a)either: a medical practitioner has undertaken a	64.2	0	0	54.6	0	0	1/11/2008	$	54,704	937	$	63,858	$	60,118	89%	0%	-1.2%	-0.2%
81360	8	M11	SPEECH PATHOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible speech pathologist if: (a)either: a medical practitioner has undertaken a	64.2	0	0	54.6	0	0	1/11/2008	$	162,430	2,922	$	184,071	$	187,502	83%	0%	-2.8%	-2.1%
82000	8	M10	PSYCHOLOGY Psychology health service provided to a child, aged under 13 years, by an eligible psychologist where: (a) the child is referred by an eligible practitioner for the purpose of assisting the	102.85	0	0	87.45	0	0	1/07/2008	$	1,099,306	7,313	$	2,699,135	$	751,657	8%	0%	-3.9%	-0.7%
82005	8	M10	SPEECH PATHOLOGY Speech pathology health service provided to a child, aged under 13 years, by an eligible speech pathologist where: (a) the child is referred by an eligible practitioner for the	90.7	0	0	77.1	0	0	1/07/2008	$	399,865	2,905	$	999,597	$	263,248	7%	0%	-7.1%	-2.1%
82010	8	M10	OCCUPATIONAL THERAPY Occupational therapy health service provided to a child, aged under 13 years, by an eligible occupational therapist where: (a) the child is referred by an eligible	90.7	0	0	77.1	0	0	1/07/2008	$	60,768	658	$	118,057	$	59,641	28%	0%	-10.6%	-10.3%
82015	8	M10	PSYCHOLOGY Psychology health service provided to a child, aged under 15 years, for treatment of a pervasive developmental disorder (PDD) or an eligible disability by an eligible psychologist	102.85	0	0	87.45	0	0	1/07/2008	$	236,717	1,923	$	343,858	$	197,599	15%	0%	-14.6%	-13.4%
82020	8	M10	SPEECH PATHOLOGY Speech pathology health service provided to a child, aged under 15 years, for treatment of a pervasive developmental disorder (PDD) or an eligible disability by an eligible	90.7	0	0	77.1	0	0	1/07/2008	$	373,467	4,043	$	483,120	$	366,125	23%	0%	-25.5%	-24.1%
82025	8	M10	OCCUPATIONAL THERAPY Occupational therapy health service provided to a child, aged under 15 years, for treatment of a pervasive developmental disorder (PDD) or an eligible disability by	90.7	0	0	77.1	0	0	1/07/2008	$	278,822	2,687	$	385,608	$	243,426	19%	0%	-18.5%	-15.9%
82030	8	M10	AUDIOLOGY, OPTOMETRY, ORTHOPTIC OR PHYSIOTHERAPY Audiology, optometry, orthoptic or physiotherapy health service provided to a child, aged under 13 years, by an eligible audiologist,	90.7	0	0	77.1	0	0	1/07/2011	$	45,668	581	$	47,545	$	52,671	91%	0%	3.0%	3.7%
82035	8	M10	AUDIOLOGY, OPTOMETRY, ORTHOPTIC OR PHYSIOTHERAPY Audiology, optometry, orthoptic or physiotherapy health service provided to a child, aged under 15 years, for treatment of a	90.7	0	0	77.1	0	0	1/07/2011	$	8,145	99	$	10,125	$	8,915	56%	0%	-30.4%	-31.0%
82100	8	M13	Initial antenatal professional attendance by a participating midwife, lasting at least 40 minutes, including all of the following: (a)taking a detailed patient history; (b)performing a comprehensive	55.05	0	0	46.8	0	0	1/11/2010	$	316,811	6,709	$	542,133	$	369,093	85%	0%	11.3%	11.9%
82105	8	M13	Short antenatal professional attendance by a participating midwife, lasting up to 40 minutes.	33.3	0	0	28.35	25	0	1/11/2010	$	1,065,591	36,781	$	1,309,126	$	1,224,062	83%	2%	23.0%	22.8%

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82110	8	M13	Long antenatal professional attendance by a participating midwife, lasting at least 40 minutes.	55.05		0	0	46.8	41.3	0	1/11/2010	$ 2,131,208	44,165	$ 3,542,574	$ 2,429,430	72%	1%	13.0%	13.0%
82115	8	M13	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 20	328.95		0	0	279.65	0	0	1/11/2010	$ 4,101,571	14,492	$ 4,848,890	$ 4,761,588	82%	0%	18.1%	18.8%
82120	8	M13	Management of confinement for up to 12 hours, including delivery (if undertaken), if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by a participating midwife who:	776.85		0	0	0	582.65	0	1/11/2010	$ 323,940	556	$ 755,981	$ 431,910	19%	100%	2.1%	2.8%
82125	8	M13	Management of confinement, including delivery (if undertaken) when care is transferred from 1 participating midwife to another participating midwife (the second participating midwife), if:(a) the	776.85		0	0	0	582.65	0	1/11/2010	$ 92,022	158	$ 123,882	$ 122,992	53%	100%	5.7%	6.4%
82130	8	M13	attendance by a participating midwife, lasting up to 40 minutes, within 6 weeks after delivery.	55.05		0	0	46.8	41.3	0	1/11/2010	$ 428,841	9,406	$ 466,062	$ 516,234	90%	28%	33.9%	35.1%
82135	8	M13	by a participating midwife, lasting at least 40 minutes, within 6 weeks after delivery.	80.95		0	0	68.85	60.75	0	1/11/2010	$ 3,144,850	43,836	$ 4,010,189	$ 3,546,612	67%	2%	11.4%	11.9%
82140	8	M13	Six Week Postnatal Attendance Postnatal professional attendance by a participating midwife on a patient not less than 6 weeks but not more than 7 weeks after delivery of a baby, including: (a)a	55.05		0	0	46.8	0	0	1/11/2010	$ 61,997	1,270	$ 94,503	$ 69,877	73%	0%	6.4%	6.4%
82150	8	M13	A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who: a) is participating in a	29.2		0	0	24.85	0	0	1/07/2011	$ 17,825	713	$ 18,211	$ 20,817	98%	0%	198.7%	200.9%
82151	8	M13	A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who: a) is participating in a	55.35		0	0	47.05	0	0	1/07/2011	$ 14,426	303	$ 14,551	$ 16,771	98%	0%	#DIV/0!	#DIV/0!
82152	8	M13	A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who: a) is participating in a	81.4		0	0	69.2	0	0	1/07/2011	$ 34,246	487	$ 38,906	$ 39,625	70%	0%	#DIV/0!	#DIV/0!
82200	8	M14	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,	9.9		0	0	8.45	0	0	1/11/2010	$ 192,257	22,915	$ 194,293	$ 225,466	100%	0%	-1.1%	-0.7%
82205	8	M14	Professional attendance by a participating nurse practitioner lasting less than 20 minutes and including any of the following: a)taking a history; b)undertaking clinical examination; c)arranging	21.6		0	0	18.4	0	0	1/11/2010	$ 4,160,161	225,527	$ 4,732,359	$ 4,867,773	91%	0%	20.6%	21.4%
82210	8	M14	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;	41		0	0	34.85	0	0	1/11/2010	$ 8,540,196	243,913	$ 9,503,328	$ 9,998,066	90%	0%	17.3%	18.0%
82215	8	M14	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;	60.4		0	0	51.35	0	0	1/11/2010	$ 7,085,590	133,631	$ 8,475,844	$ 8,067,843	85%	0%	9.1%	10.2%
82220	8	M14	A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: a) is participating	29.2		0	0	24.85	0	0	1/07/2011	$ 3,922	158	$ 3,975	$ 4,609	99%	0%	16.7%	17.4%
82221	8	M14	A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: a) is participating	55.35		0	0	47.05	0	0	1/07/2011	$ 24,104	513	$ 24,104	$ 28,354	100%	0%	13.2%	13.9%
82222	8	M14	A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: a) is participating	81.4		0	0	69.2	0	0	1/07/2011	$ 109,234	1,580	$ 109,234	$ 128,605	94%	0%	25.3%	26.1%
82223	8	M14	A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: a) is participating	29.2		0	0	24.85	0	0	1/07/2011	$ 1,192	48	$ 1,192	$ 1,401	100%	0%	88.8%	90.0%
82224	8	M14	A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: a) is participating	55.35		0	0	47.05	0	0	1/07/2011	$ 2,541	54	$ 2,574	$ 2,989	98%	0%	31.0%	31.8%
82225	8	M14	A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: a) is participating	81.4		0	0	69.2	0	0	1/07/2011	$ 18,114	262	$ 18,274	$ 21,308	98%	0%	-216.5%	-217.2%
82300	8	M15	Audiology health service, consisting of BRAIN STEM EVOKED RESPONSE AUDIOMETRY, performed on a person by an eligible audiologist if: (a) the service is performed pursuant to a written	158.75		0	0	134.95	0	0	1/11/2012	$ 585,953	4,321	$ 605,196	$ 685,844	87%	0%	7.9%	8.3%
82306	8	M15	Audiology health service, consisting of NON-DETERMINATE AUDIOMETRY performed on a person by an eligible audiologist if: (a) the service is performed pursuant to a written request made by	18.05		0	0	15.35	0	0	1/11/2012	$ 4,133	268	$ 4,775	$ 4,835	92%	0%	20.2%	7.6%
82309	8	M15	Audiology health service, consisting of an AIR CONDUCTION AUDIOGRAM performed on a person by an eligible audiologist if: (a) the service is performed pursuant to a written request made by	21.7		0	0	18.45	0	0	1/11/2012	$ 12,763	612	$ 38,397	$ 13,274	14%	0%	-6.7%	-6.3%
82312	8	M15	Audiology health service, consisting of an AIR AND BONE CONDUCTION AUDIOGRAM OR AIR CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person by an	30.65		0	0	26.1	0	0	1/11/2012	$ 77,463	2,752	$ 177,644	$ 84,323	12%	0%	0.3%	0.7%
82315	8	M15	Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person by an eligible audiologist if: (a) the service	40.6		0	0	34.55	0	0	1/11/2012	$ 235,772	6,443	$ 457,869	$ 261,461	17%	0%	14.8%	15.6%
82318	8	M15	Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM WITH OTHER COCHLEAR TESTS performed on a person by an eligible	50.15		0	0	42.65	0	0	1/11/2012	$ 134,246	3,033	$ 194,760	$ 152,072	58%	0%	13.2%	13.3%
82324	8	M15	Audiology health service, consisting of an IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an	27.1		0	0	23.05	0	0	1/11/2012	$ 6,048	249	$ 12,543	$ 6,746	45%	0%	24.0%	23.4%
82327	8	M15	Audiology health service, consisting of an IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an	16.3		0	0	13.9	0	0	1/11/2012	$ 186,754	12,390	$ 463,287	$ 201,881	25%	0%	11.4%	12.2%
82332	8	M15	Audiology health service, consisting of an OTO-ACOUSTIC EMISSION AUDIOMETRY for the detection of permanent congenital hearing impairment, performed by an eligible audiologist on an	48.3		0	0	41.1	0	0	1/11/2012	$ 828	19	$ 1,017	$ 918	58%	0%	2.2%	7.0%

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82350	8	M16	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	64.2	0	0	54.6	0	0	1/11/2019	$	2,055,623	28,676	$	3,182,136	$	1,840,572	23%	0%	#DIV/0!	#DIV/0!
82351	8	M16	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	64.2	0	0	54.6	0	0	1/11/2019	$	91,072	1,379	$	124,456	$	88,453	42%	0%	#DIV/0!	#DIV/0!
82352	8	M16	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	102.85	0	0	87.45	0	0	1/11/2019	$	45,575	418	$	60,596	$	42,987	26%	0%	#DIV/0!	#DIV/0!
82353	8	M16	Eating disorder psychological treatment service provided to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and	102.85	0	0	87.45	0	0	1/11/2019	$	7,195	65	$	9,845	$	6,688	37%	0%	#DIV/0!	#DIV/0!
82354	8	M16	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	128.55	0	0	109.3	0	0	1/11/2019	$	9,249	75	$	11,920	$	9,632	19%	0%	#DIV/0!	#DIV/0!
82355	8	M16	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	151.05	0	0	128.4	0	0	1/11/2019	$	7,095,209	45,701	$	9,253,918	$	6,901,741	15%	0%	#DIV/0!	#DIV/0!
82356	8	M16	Eating disorder psychological treatment service provided to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and	151.05	0	0	128.4	0	0	1/11/2019	$	520,537	3,541	$	635,884	$	534,729	34%	0%	#DIV/0!	#DIV/0!
82357	8	M16	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	176.7	0	0	150.2	0	0	1/11/2019	$	137,032	385	$	167,394	$	68,006	32%	0%	#DIV/0!	#DIV/0!
82359	8	M16	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	38.35	0	0	32.6	0	0	1/11/2019	$	226	3	$	403	$	115	33%	0%	#DIV/0!	#DIV/0!
82360	8	M16	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	72.9	0	0	62	0	0	1/11/2019	$	50,028	489	$	73,182	$	35,637	20%	0%	#DIV/0!	#DIV/0!
82361	8	M16	Eating disorder psychological treatment service provided to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and	72.9	0	0	62	0	0	1/11/2019	$	3,583	47	$	5,652	$	3,422	4%	0%	#DIV/0!	#DIV/0!
82362	8	M16	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	99.15	0	0	84.3	0	0	1/11/2019	$	6,374	64	$	8,732	$	6,343	13%	0%	#DIV/0!	#DIV/0!
82363	8	M16	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	102.85	0	0	87.45	0	0	1/11/2019	$	2,905,863	25,383	$	4,319,184	$	2,610,118	11%	0%	#DIV/0!	#DIV/0!
82364	8	M16	Eating disorder psychological treatment service provided to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and	102.85	0	0	87.45	0	0	1/11/2019	$	209,560	1,992	$	297,896	$	204,793	23%	0%	#DIV/0!	#DIV/0!
82365	8	M16	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	129.2	0	0	109.85	0	0	1/11/2019	$	44,533	378	$	51,780	$	48,786	51%	0%	#DIV/0!	#DIV/0!
82368	8	M16	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	64.2	0	0	54.6	0	0	1/11/2019	$	874	16	$	2,128	$	1,027	38%	0%	#DIV/0!	#DIV/0!
82370	8	M16	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	90.45	0	0	76.9	0	0	1/11/2019	$	154	2	$	200	$	181	0%	0%	#DIV/0!	#DIV/0!
82371	8	M16	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	90.7	0	0	77.1	0	0	1/11/2019	$	25,533	278	$	33,721	$	25,213	36%	0%	#DIV/0!	#DIV/0!
82372	8	M16	Eating disorder psychological treatment service provided to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment	90.7	0	0	77.1	0	0	1/11/2019	$	667	8	$	1,317	$	726	0%	0%	#DIV/0!	#DIV/0!
82373	8	M16	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	116.9	0	0	99.4	0	0	1/11/2019	$	1,790	17	$	2,562	$	1,987	12%	0%	#DIV/0!	#DIV/0!
82376	8	M16	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	64.2	0	0	54.6	0	0	1/11/2019	$	22,570	177	$	28,461	$	11,362	15%	0%	#DIV/0!	#DIV/0!
82377	8	M16	Eating disorder psychological treatment service provided to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and	64.2	0	0	54.6	0	0	1/11/2019	$	1,274	19	$	1,721	$	1,219	47%	0%	#DIV/0!	#DIV/0!
82378	8	M16	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	90.45	0	0	76.9	0	0	1/11/2019	$	2,726	32	$	3,370	$	2,894	0%	0%	#DIV/0!	#DIV/0!
82379	8	M16	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	90.7	0	0	77.1	0	0	1/11/2019	$	332,143	3,309	$	459,355	$	300,020	25%	0%	#DIV/0!	#DIV/0!
82380	8	M16	Eating disorder psychological treatment service provided to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and	90.7	0	0	77.1	0	0	1/11/2019	$	36,048	354	$	44,651	$	32,085	36%	0%	#DIV/0!	#DIV/0!
82381	8	M16	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	116.9	0	0	99.4	0	0	1/11/2019	$	40,901	343	$	48,952	$	40,081	63%	0%	#DIV/0!	#DIV/0!
82382	8	M16	Eating disorder psychological treatment service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a)	23.05	0	0	19.6	0	0	1/11/2019	$	168	6	$	180	$	138	0%	0%	#DIV/0!	#DIV/0!
82383	8	M16	Eating disorder psychological treatment service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a)	23.05	0	0	19.6	0	0	1/11/2019	$	89	1	$	150	$	23	0%	0%	#DIV/0!	#DIV/0!
90001	1	A35	A flag fall service to which item 2733, 2735, 90020, 90035, 90043, 90051, 93287, 93288, 93400, 93401, 93402, 93403, 93421, 93469 or 93470 applies. For the initial attendance at one	56.75	0	56.75	0	0	0	1/03/2019	$	32,974,800	-	$	32,985,694	$	33,551,074	-	-	#DIV/0!	#DIV/0!

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90002	1	A35	A flag fall service to which item 941, 942, 90092, 90093, 90095, 90096, 90183, 90188, 90202, 90212, 93291, 93292, 93431, 93432, 93433, 93434, 93451, 93475 and 93479 applies. For the initial	41.25	0	41.25	0	0	0	1/03/2019	$	282,816	-		$	282,831	$	287,007	-	-	#DIV/0!	#DIV/0!
90003	8	M32	A flag fall service to which item 93312, 93313, 93316, 93319, 93322, 93323, 93326, 93327, 93375, 93376, 93381, 93382, 93383, 93384, 93385and 93386 applies. For the initial attendance at one	47.05	0	0	40	0	0	10/12/2020	$	5,200	-		$	5,248	$	6,117	-	-	#DIV/0!	#DIV/0!
90004	8	M32	A flag fall service to which any item in the following groups apply: Group M29 (other than 93537 and 93538) Group M30 (other than 93592 and 93593) Group M31 For the initial attendance at one	48.5	0	0	41.25	0	0	10/12/2020	$	131,299	-		$	131,299	$	154,424	-	-	#DIV/0!	#DIV/0!
90005	1	A35	A flag fall service to which item 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 93644, 93645, 93646, 93647, 93653, 93654, 93655 or 93656 applies. For the first patient attended	66.75	0	0	56.75	0	0	14/06/2021	$	10,896	-		$	10,896	$	12,816	-	-	#DIV/0!	#DIV/0!
90020	1	A35	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	17.75	0	17.75	0	0	0	1/03/2019	$	4,500,610	253,597		$	4,504,430	$	4,500,504	100%	0%	0.5%	-6.6%
90035	1	A35	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting less than 20	38.75	0	38.75	0	0	0	1/03/2019	$	113,745,342	2,935,139		$	113,981,136	$	113,707,711	100%	0%	2.5%	-1.9%
90043	1	A35	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	75.05	0	75.05	0	0	0	1/03/2019	$	33,883,710	451,282		$	33,984,924	$	33,861,848	100%	0%	7.4%	3.3%
90051	1	A35	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	110.5	0	110.5	0	0	0	1/03/2019	$	8,616,279	77,969		$	8,640,118	$	8,612,831	99%	0%	8.8%	5.4%
90092	1	A35	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	8.5	0	8.5	0	0	0	1/03/2019	$	5,459	560		$	5,459	$	5,459	100%	0%	-35.0%	-42.9%
90093	1	A35	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	16	0	16	0	0	0	1/03/2019	$	504,813	31,246		$	504,929	$	504,813	100%	0%	-5.2%	-12.2%
90095	1	A35	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	35.5	0	35.5	0	0	0	1/03/2019	$	152,657	4,269		$	152,657	$	152,657	100%	0%	-16.5%	-20.6%
90096	1	A35	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	57.5	0	57.5	0	0	0	1/03/2019	$	67,753	1,169		$	67,753	$	67,753	100%	0%	-2.1%	-6.1%
90183	1	A35	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	14.2	0	14.2	0	0	0	1/03/2019	$	32,087	2,260		$	32,087	$	32,087	100%	0%	#DIV/0!	#DIV/0!
90188	1	A35	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	31	0	31	0	0	0	1/03/2019	$	480,858	15,509		$	480,869	$	480,864	100%	0%	#DIV/0!	#DIV/0!
90202	1	A35	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	60.05	0	60.05	0	0	0	1/03/2019	$	135,028	2,248		$	135,177	$	135,035	91%	0%	#DIV/0!	#DIV/0!
90212	1	A35	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	88.4	0	88.4	0	0	0	1/03/2019	$	32,527	368		$	33,420	$	32,508	66%	0%	#DIV/0!	#DIV/0!
90250	1	A36	eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes.	73.95	0	73.95	0	0	0	1/11/2019	$	126,553	1,680		$	138,590	$	124,207	84%	0%	#DIV/0!	#DIV/0!
90251	1	A36	eating disorder treatment and management plan, lasting at least 40 minutes	108.85	0	108.85	0	0	0	1/11/2019	$	106,834	976		$	112,960	$	106,225	85%	0%	#DIV/0!	#DIV/0!
90252	1	A36	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	93.9	0	93.9	0	0	0	1/11/2019	$	390,856	4,073		$	441,392	$	382,392	75%	0%	#DIV/0!	#DIV/0!
90253	1	A36	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	138.3	0	138.3	0	0	0	1/11/2019	$	639,082	4,569		$	681,278	$	631,784	82%	0%	#DIV/0!	#DIV/0!
90254	1	A36	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	59.15	0	59.15	0	0	0	1/11/2019	$	1,954	32		$	2,050	$	1,893	94%	0%	#DIV/0!	#DIV/0!
90255	1	A36	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	87.1	0	87.1	0	0	0	1/11/2019	$	3,571	41		$	3,970	$	3,571	80%	0%	#DIV/0!	#DIV/0!
90256	1	A36	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	75.1	0	75.1	0	0	0	1/11/2019	$	4,356	58		$	4,356	$	4,356	100%	0%	#DIV/0!	#DIV/0!
90257	1	A36	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	110.65	0	110.65	0	0	0	1/11/2019	$	8,404	76		$	8,439	$	8,404	99%	0%	#DIV/0!	#DIV/0!
90260	1	A36	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:	473.8	0	0	402.75	0	0	1/11/2019	$	171,246	422		$	183,711	$	199,825	65%	0%	#DIV/0!	#DIV/0!
90261	1	A36	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:	276.25	0	0	234.85	0	0	1/11/2019	$	54,695	217		$	77,926	$	59,938	26%	0%	#DIV/0!	#DIV/0!
90262	1	A36	Professional attendance 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	473.8	0	0	402.75	0	0	1/11/2019	$	13,273	33		$	14,572	$	15,614	88%	0%	#DIV/0!	#DIV/0!
90263	1	A36	Professional attendance 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	276.25	0	0	234.85	0	0	1/11/2019	$	2,753	11		$	3,092	$	3,026	64%	0%	#DIV/0!	#DIV/0!
90264	1	A36	Professional attendance by a general practitioner to review an eating disorder treatment and management plan.	73.95	0	73.95	0	0	0	1/11/2019	$	356,034	4,460		$	396,351	$	329,770	73%	0%	#DIV/0!	#DIV/0!

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			general practitioner, specialist or consultant physician) to review an eating disorder treatment and management plan.																	
90265	1	A36		59.15	0	59.15	0	0	0	1/11/2019	$	3,552	58	$	3,713	$	3,431	93%	0%	#DIV/0!	#DIV/0!
90266	1	A36	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:	296.2	0	0	251.8	0	0	1/11/2019	$	216,083	730	$	259,276	$	216,178	25%	0%	#DIV/0!	#DIV/0!
90267	1	A36	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:	138.3	0	0	117.6	0	0	1/11/2019	$	24,265	142	$	36,181	$	19,637	29%	0%	#DIV/0!	#DIV/0!
90268	1	A36	Professional attendance 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	296.2	0	0	251.8	0	0	1/11/2019	$	36,826	126	$	49,362	$	37,312	29%	0%	#DIV/0!	#DIV/0!
90269	1	A36	Professional attendance 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	138.3	0	0	117.6	0	0	1/11/2019	$	823	7	$	823	$	968	100%	0%	#DIV/0!	#DIV/0!
90271	1	A36	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	95.65	0	95.65	0	0	0	1/11/2019	$	5,261	55	$	5,261	$	5,261	100%	0%	#DIV/0!	#DIV/0!
90273	1	A36	practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes.	136.85	0	136.85	0	0	0	1/11/2019	$	18,647	130	$	23,466	$	17,787	53%	0%	#DIV/0!	#DIV/0!
90275	1	A36	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating	76.5	0	76.5	0	0	0	1/11/2019	$	153	2	$	153	$	153	100%	0%	#DIV/0!	#DIV/0!
90277	1	A36	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating	109.5	0	109.5	0	0	0	1/11/2019	$	548	5	$	548	$	548	100%	0%	#DIV/0!	#DIV/0!
91000	8	M17	Psychological therapy health service provided to a patient in consulting rooms (but not as an admitted patient of a hospital) by an eligible clinical psychologist if: (a) the patient is affected by	102.85	0	0	87.45	0	0	17/01/2020	$	3,260	30	$	4,821	$	3,077	23%	0%	#DIV/0!	#DIV/0!
91001	8	M17	Psychological therapy health service provided to a patient (but not as an admitted patient of a hospital) by an eligible clinical psychologist if: (a) the patient is affected by bushfire; and (b)the	102.85	0	0	87.45	0	0	17/01/2020	$	1,117	12	$	1,245	$	1,234	58%	0%	#DIV/0!	#DIV/0!
91005	8	M17	Psychological therapy health service provided to a patient at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible clinical psychologist in accordance with	128.55	0	0	109.3	0	0	17/01/2020	$	1,892	12	$	2,068	$	1,543	25%	0%	#DIV/0!	#DIV/0!
91010	8	M17	Psychological therapy health service provided to a patient in consulting rooms (but not as an admitted patient of a hospital) by an eligible clinical psychologist if: (a) the patient is affected by	151.05	0	0	128.4	0	0	17/01/2020	$	731,840	5,467	$	890,914	$	825,239	50%	0%	#DIV/0!	#DIV/0!
91011	8	M17	Psychological therapy health service provided to a patient (but not as an admitted patient of a hospital) by an eligible clinical psychologist if: (a)the patient is affected by bushfire; and (b)the	151.05	0	0	128.4	0	0	17/01/2020	$	354,480	2,652	$	397,641	$	400,231	68%	0%	#DIV/0!	#DIV/0!
91015	8	M17	Psychological therapy health service provided to a patient at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible clinical psychologist in accordance with	176.7	0	0	150.2	0	0	17/01/2020	$	29,110	193	$	29,554	$	34,085	84%	0%	#DIV/0!	#DIV/0!
91100	8	M17	Focussed psychological strategies health service provided to a patient in consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist if: (a)the patient is affected by	72.9	0	0	62	0	0	17/01/2020	$	5,843	69	$	7,485	$	5,018	58%	0%	#DIV/0!	#DIV/0!
91101	8	M17	Focussed psychological strategies health service provided to a patient (but not as an admitted patient of a hospital) by an eligible psychologist if: (a)the patient is affected by bushfire; and (b)the	72.9	0	0	62	0	0	17/01/2020	$	7,563	122	$	8,614	$	8,893	82%	0%	#DIV/0!	#DIV/0!
91105	8	M17	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist in	99.15	0	0	84.3	0	0	17/01/2020	$	2,875	32	$	4,070	$	3,164	63%	0%	#DIV/0!	#DIV/0!
91110	8	M17	Focussed psychological strategies health service provided to a patient in consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist if: (a)the patient is affected by	102.85	0	0	87.45	0	0	17/01/2020	$	553,450	5,960	$	679,530	$	612,520	60%	0%	#DIV/0!	#DIV/0!
91111	8	M17	Focussed psychological strategies health service provided to a patient (but not as an admitted patient of a hospital) by an eligible psychologist if: (a) the patient is affected by bushfire; and (b)the	102.85	0	0	87.45	0	0	17/01/2020	$	268,931	2,952	$	324,928	$	303,306	70%	0%	#DIV/0!	#DIV/0!
91115	8	M17	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist in	129.2	0	0	109.85	0	0	17/01/2020	$	59,040	538	$	59,391	$	69,439	99%	0%	#DIV/0!	#DIV/0!
91126	8	M17	Focussed psychological strategies health service provided to a patient (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (a)the patient is affected by bushfire; and	64.2	0	0	54.6	0	0	17/01/2020	$	764	14	$	764	$	899	100%	0%	#DIV/0!	#DIV/0!
91130	8	M17	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist	90.45	0	0	76.9	0	0	17/01/2020	$	308	4	$	467	$	362	0%	0%	#DIV/0!	#DIV/0!
91135	8	M17	Focussed psychological strategies health service provided to a patient in consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (a) the patient is	90.7	0	0	77.1	0	0	17/01/2020	$	11,059	138	$	19,036	$	12,515	32%	0%	#DIV/0!	#DIV/0!
91136	8	M17	Focussed psychological strategies health service provided to a patient (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (a)the patient is affected by bushfire; and	90.7	0	0	77.1	0	0	17/01/2020	$	6,166	80	$	7,079	$	7,253	89%	0%	#DIV/0!	#DIV/0!
91140	8	M17	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist	116.9	0	0	99.4	0	0	17/01/2020	$	694	7	$	694	$	817	100%	0%	#DIV/0!	#DIV/0!
91150	8	M17	Focussed psychological strategies health service provided to a patient in consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker if: (a)the patient is affected by	64.2	0	0	54.6	0	0	17/01/2020	$	16,861	172	$	30,198	$	11,039	1%	0%	#DIV/0!	#DIV/0!
91151	8	M17	Focussed psychological strategies health service provided to a patient (but not as an admitted patient of a hospital) by an eligible social worker if: (a)the patient is affected by bushfire; and (b)the	64.2	0	0	54.6	0	0	17/01/2020	$	710	13	$	710	$	835	100%	0%	#DIV/0!	#DIV/0!
91155	8	M17	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker in	90.45	0	0	76.9	0	0	17/01/2020	$	1,533	20	$	1,607	$	1,804	95%	0%	#DIV/0!	#DIV/0!

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91160	8	M17	Focussed psychological strategies health service provided to a patient in consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the patient is affected	90.7	0	0	77.1	0	0	17/01/2020	$	107,578	1,345	$	130,500	$	121,886	65%	0%	#DIV/0!	#DIV/0!
91161	8	M17	Focussed psychological strategies health service provided to a patient (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the patient is affected by bushfire; and (b)the	90.7	0	0	77.1	0	0	17/01/2020	$	56,977	713	$	66,985	$	64,595	72%	0%	#DIV/0!	#DIV/0!
91165	8	M17	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker in	116.9	0	0	99.4	0	0	17/01/2020	$	39,945	402	$	40,257	$	46,966	98%	0%	#DIV/0!	#DIV/0!
91166	8	M18	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental	102.85	0	0	87.45	0	0	13/03/2020	$	445,151	4,899	$	540,708	$	503,517	55%	0%	#DIV/0!	#DIV/0!
91167	8	M18	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental	151.05	0	0	128.4	0	0	13/03/2020	$	65,576,951	491,079	$	87,852,585	$	74,140,990	34%	0%	#DIV/0!	#DIV/0!
91169	8	M18	Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP	72.9	0	0	62	0	0	13/03/2020	$	361,247	5,610	$	460,807	$	408,717	63%	0%	#DIV/0!	#DIV/0!
91170	8	M18	Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP	102.85	0	0	87.45	0	0	13/03/2020	$	43,857,280	472,713	$	67,181,644	$	48,595,461	36%	0%	#DIV/0!	#DIV/0!
91172	8	M18	Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part	64.2	0	0	54.6	0	0	13/03/2020	$	8,407	132	$	11,106	$	8,453	50%	0%	#DIV/0!	#DIV/0!
91173	8	M18	Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part	90.7	0	0	77.1	0	0	13/03/2020	$	464,584	5,488	$	676,912	$	497,529	47%	0%	#DIV/0!	#DIV/0!
91175	8	M18	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP	64.2	0	0	54.6	0	0	13/03/2020	$	65,334	1,177	$	70,268	$	75,516	92%	0%	#DIV/0!	#DIV/0!
91176	8	M18	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP	90.7	0	0	77.1	0	0	13/03/2020	$	3,815,643	47,108	$	5,316,791	$	4,269,951	53%	0%	#DIV/0!	#DIV/0!
91178	8	M18	Telehealth attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b)	21.6	0	0	18.4	0	0	13/03/2020	$	111,876	6,073	$	116,049	$	131,154	97%	0%	#DIV/0!	#DIV/0!
91179	8	M18	Telehealth attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b)	41	0	0	34.85	0	0	13/03/2020	$	197,159	5,438	$	225,901	$	222,912	86%	0%	#DIV/0!	#DIV/0!
91180	8	M18	Telehealth attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b)	60.4	0	0	51.35	0	0	13/03/2020	$	310,986	5,419	$	388,201	$	327,099	77%	0%	#DIV/0!	#DIV/0!
91181	8	M18	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	102.85	0	0	87.45	0	0	13/03/2020	$	858,996	9,745	$	902,436	$	1,001,904	90%	0%	#DIV/0!	#DIV/0!
91182	8	M18	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	151.05	0	0	128.4	0	0	13/03/2020	$	25,448,908	195,643	$	28,615,830	$	29,537,489	72%	0%	#DIV/0!	#DIV/0!
91183	8	M18	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	72.9	0	0	62	0	0	13/03/2020	$	1,016,519	16,306	$	1,071,401	$	1,188,084	93%	0%	#DIV/0!	#DIV/0!
91184	8	M18	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	102.85	0	0	87.45	0	0	13/03/2020	$	22,889,304	257,884	$	26,751,144	$	26,509,647	77%	0%	#DIV/0!	#DIV/0!
91185	8	M18	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	64.2	0	0	54.6	0	0	13/03/2020	$	7,005	125	$	7,424	$	8,023	89%	0%	#DIV/0!	#DIV/0!
91186	8	M18	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	90.7	0	0	77.1	0	0	13/03/2020	$	216,002	2,768	$	230,452	$	250,947	92%	0%	#DIV/0!	#DIV/0!
91187	8	M18	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	64.2	0	0	54.6	0	0	13/03/2020	$	155,159	2,841	$	157,094	$	182,346	98%	0%	#DIV/0!	#DIV/0!
91188	8	M18	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	90.7	0	0	77.1	0	0	13/03/2020	$	2,271,916	29,219	$	2,497,143	$	2,648,619	87%	0%	#DIV/0!	#DIV/0!
91189	8	M18	Phone attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging	21.6	0	0	18.4	0	0	13/03/2020	$	927,304	50,374	$	962,313	$	1,087,760	98%	0%	#DIV/0!	#DIV/0!
91190	8	M18	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)	41	0	0	34.85	0	0	13/03/2020	$	1,240,081	35,564	$	1,274,783	$	1,457,807	98%	0%	#DIV/0!	#DIV/0!
91191	8	M18	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)	60.4	0	0	51.35	0	0	13/03/2020	$	1,415,433	27,418	$	1,454,819	$	1,655,414	98%	0%	#DIV/0!	#DIV/0!
91192	8	M18	Telehealth attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required,	9.9	0	0	8.45	0	0	13/03/2020	$	4,310	510	$	4,310	$	5,049	100%	0%	#DIV/0!	#DIV/0!
91193	8	M18	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,	9.9	0	0	8.45	0	0	13/03/2020	$	60,522	7,143	$	62,398	$	70,709	98%	0%	#DIV/0!	#DIV/0!
91211	8	M19	Short antenatal telehealth attendance by a participating midwife, lasting up to 40 minutes.	33.3	0	0	28.35	0	0	13/03/2020	$	17,122	590	$	18,383	$	19,644	98%	0%	#DIV/0!	#DIV/0!
91212	8	M19	Long antenatal telehealth attendance by a participating midwife, lasting at least 40 minutes.	55.05	0	0	46.8	0	0	13/03/2020	$	80,597	1,662	$	92,262	$	91,465	94%	0%	#DIV/0!	#DIV/0!

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91214	8	M19	Short postnatal telehealth attendance by a participating midwife, lasting up to 40 minutes.	55.05		0	0	46.8	0	0	13/03/2020	$	19,416	413	$	19,642	$	22,726	97%	0%	#DIV/0!	#DIV/0!
91215	8	M19	Long postnatal telehealth attendance by a participating midwife, lasting at least 40 minutes.	80.95		0	0	68.85	60.75	0	13/03/2020	$	66,746	933	$	71,716	$	75,492	87%	0%	#DIV/0!	#DIV/0!
91218	8	M19	Short antenatal phone attendance by a participating midwife, lasting up to 40 minutes.	33.3		0	0	28.35	0	0	13/03/2020	$	211,869	7,469	$	212,517	$	248,688	100%	0%	#DIV/0!	#DIV/0!
91219	8	M19	Long antenatal phone attendance by a participating midwife, lasting at least 40 minutes.	55.05		0	0	46.8	41.3	0	13/03/2020	$	93,926	2,002	$	96,545	$	110,187	98%	0%	#DIV/0!	#DIV/0!
91221	8	M19	Short postnatal phone attendance by a participating midwife, lasting up to 40 minutes.	55.05		0	0	46.8	0	0	13/03/2020	$	199,892	4,270	$	200,340	$	235,028	100%	0%	#DIV/0!	#DIV/0!
91222	8	M19	Long postnatal phone attendance by a participating midwife, lasting at least 40 minutes.	80.95		0	0	68.85	0	0	13/03/2020	$	131,266	1,878	$	136,015	$	152,009	93%	0%	#DIV/0!	#DIV/0!
91721	1	A39	Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician), for providing focussed psychological strategies for mental health	112.5		0	0	95.65	0	0	17/01/2020	$	670	7	$	670	$	788	100%	0%	#DIV/0!	#DIV/0!
91725	1	A39	Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician), for providing focussed psychological strategies for mental health	161		0	0	136.85	0	0	17/01/2020	$	1,232	9	$	1,256	$	1,449	89%	0%	#DIV/0!	#DIV/0!
91727	1	A39	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	0	The fee for item 91725, plus $31.45 divided by the number of patients seen, up to a maximum	0	0	0	0	0	17/01/2020	$	161	1	$	161	$	190	100%	0%	#DIV/0!	#DIV/0!
91731	1	A39	Professional attendance at consulting rooms by a general practitioner, for the purpose of providing focussed psychological strategies for mental health services to a patient with mental	161		0	0	136.85	0	0	17/01/2020	$	274	2	$	274	$	322	100%	0%	#DIV/0!	#DIV/0!
91790	1	A40	Telehealth attendance by a medical practitioner of not more than 5 minutes. NOTE: It is a legislative requirement thatthis service must	20.85		0	0	17.75	0	0	13/03/2020	$	958,930	53,983	$	976,806	$	1,125,415	98%	0%	#DIV/0!	#DIV/0!
91792	1	A40	Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an	12.9		0	0	11	0	0	13/03/2020	$	12,818	1,150	$	16,293	$	14,854	94%	0%	#DIV/0!	#DIV/0!
91794	1	A40	Phone attendance by a general practitioner for an obvious problem characterised by the straightforward nature of the task that	16.7		0	0	14.2	0	0	13/03/2020	$	11,516	811	$	11,516	$	13,543	100%	0%	#DIV/0!	#DIV/0!
91795	1	A40	Phone attendance by a medical practitioner of not more than 5 minutes. NOTE: It is a legislative requirement thatthis service must	20.85		0	0	17.75	0	0	13/03/2020	$	45,653,052	2,570,916	$	46,404,337	$	53,598,065	99%	0%	#DIV/0!	#DIV/0!
91797	1	A40	Phone attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an	12.9		0	0	11	0	0	13/03/2020	$	226,746	20,542	$	233,619	$	265,304	99%	0%	#DIV/0!	#DIV/0!
91799	1	A40	Telehealth attendance by a general practitioner lasting less than 20 minutes if the attendance includes any of the following that are	16.7		0	0	14.2	0	0	13/03/2020	$	175,072	12,323	$	181,464	$	205,786	98%	0%	#DIV/0!	#DIV/0!
91800	1	A40	Telehealth attendance by a general practitioner lasting at least 20 minutes if the attendance includes any of the following that are	45.55		0	0	38.75	0	0	13/03/2020	$	17,195,177	441,682	$	18,308,089	$	20,113,324	94%	0%	#DIV/0!	#DIV/0!
91801	1	A40	Telehealth attendance by a general practitioner lasting at least 40 minutes if the attendance includes any of the following that are	88.25		0	0	75.05	0	0	13/03/2020	$	7,563,629	99,960	$	8,006,201	$	8,819,166	93%	0%	#DIV/0!	#DIV/0!
91802	1	A40	Telehealth attendance by a medical practitioner of more than 5 minutes in duration but not more than 25 minutes if the	130		0	0	110.5	0	0	13/03/2020	$	2,865,952	23,136	$	3,345,596	$	3,005,972	73%	0%	#DIV/0!	#DIV/0!
91803	1	A40	Telehealth attendance by a medical practitioner of more than 25 minutes in duration but not more than 45 minutes if the	24.7		0	0	21	0	0	13/03/2020	$	643,159	30,273	$	742,215	$	748,584	97%	0%	#DIV/0!	#DIV/0!
91804	1	A40	Telehealth attendance by a medical practitioner of at least 45 minutes in duration if the attendance includes any of the following	44.7		0	0	38	0	0	13/03/2020	$	360,358	9,202	$	425,534	$	411,505	93%	0%	#DIV/0!	#DIV/0!
91805	1	A40	Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an	71.75		0	0	61	0	0	13/03/2020	$	430,508	5,412	$	528,500	$	388,571	80%	0%	#DIV/0!	#DIV/0!
91806	1	A40	Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an	36.45		0	0	31	0	0	13/03/2020	$	184,887	5,959	$	188,575	$	217,201	98%	0%	#DIV/0!	#DIV/0!
91807	1	A40	Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an	70.6		0	0	60.05	0	0	13/03/2020	$	110,430	1,810	$	128,228	$	127,765	92%	0%	#DIV/0!	#DIV/0!
91808	1	A40	Phone attendance by a general practitioner lasting less than 20 minutes if the attendance includes any of the following that are	104		0	0	88.4	0	0	13/03/2020	$	105,011	1,187	$	105,897	$	123,425	98%	0%	#DIV/0!	#DIV/0!
91809	1	A40	Phone attendance by a general practitioner lasting at least 20 minutes if the attendance includes any of the following that are	45.55		0	0	38.75	0	0	13/03/2020	$	1,138,624,277	29,350,770	$	1,166,664,813	$	1,336,788,357	97%	0%	#DIV/0!	#DIV/0!
91810	1	A40	Phone attendance by a general practitioner lasting at least 40 minutes if the attendance includes any of the following that are	88.25		0	0	75.05	0	0	13/03/2020	$	166,271,291	2,211,391	$	169,111,949	$	195,129,411	97%	0%	#DIV/0!	#DIV/0!
91811	1	A40	Phone attendance by a medical practitioner of more than 5 minutes in duration but not more than 25 minutes if the	130		0	0	110.5	0	0	13/03/2020	$	16,449,828	146,983	$	17,045,900	$	19,103,018	94%	0%	#DIV/0!	#DIV/0!
91812	1	A40	attendance includes any of the following that are clinically	24.7		0	0	21	0	0	13/03/2020	$	15,110,837	718,103	$	15,366,068	$	17,755,239	99%	0%	#DIV/0!	#DIV/0!

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91813	1	A40	Phone attendance by a medical practitioner of at least 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (i) taking a	44.7		0	0	38	0	0	13/03/2020	$	2,483,433	64,789	$	2,636,267	$	2,898,748	98%	0%	#DIV/0!	#DIV/0!
91814	1	A40	Phone attendance by a medical practitioner of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b)	71.75		0	0	61	0	0	13/03/2020	$	620,513	9,852	$	680,246	$	707,382	95%	0%	#DIV/0!	#DIV/0!
91815	1	A40	Phone 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	36.45		0	0	31	0	0	13/03/2020	$	7,050,213	227,411	$	7,145,657	$	8,288,029	99%	0%	#DIV/0!	#DIV/0!
91816	1	A40	Phone 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	70.6		0	0	60.05	0	0	13/03/2020	$	872,452	14,524	$	880,252	$	1,024,996	99%	0%	#DIV/0!	#DIV/0!
91817	1	A40	Phone 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 if the	104		0	0	88.4	0	0	13/03/2020	$	76,307	863	$	77,291	$	89,715	98%	0%	#DIV/0!	#DIV/0!
91818	1	A40	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief	112.5		0	0	95.65	0	0	13/03/2020	$	34,844	363	$	37,760	$	40,829	87%	0%	#DIV/0!	#DIV/0!
91819	1	A40	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief	161		0	0	136.85	0	0	13/03/2020	$	490,689	3,474	$	561,516	$	558,889	66%	0%	#DIV/0!	#DIV/0!
91820	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed	90		0	0	76.5	0	0	13/03/2020	$	383	5	$	433	$	450	80%	0%	#DIV/0!	#DIV/0!
91821	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed	128.8		0	0	109.5	0	0	13/03/2020	$	155,489	1,335	$	234,098	$	171,866	19%	0%	#DIV/0!	#DIV/0!
91822	1	A40	Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more	89.55		0	0	76.15	0	0	13/03/2020	$	4,663,055	57,737	$	8,224,469	$	5,167,247	53%	0%	#DIV/0!	#DIV/0!
91823	1	A40	Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more	45		0	0	38.25	0	0	13/03/2020	$	5,114,252	121,093	$	8,398,094	$	5,445,700	67%	0%	#DIV/0!	#DIV/0!
91824	1	A40	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to	157.95		0	0	134.3	0	0	13/03/2020	$	9,490,376	68,911	$	11,943,717	$	10,873,798	72%	0%	#DIV/0!	#DIV/0!
91825	1	A40	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to	79.05		0	0	67.2	0	0	13/03/2020	$	18,713,248	261,989	$	25,165,761	$	20,695,329	69%	0%	#DIV/0!	#DIV/0!
91826	1	A40	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to	45		0	0	38.25	0	0	13/03/2020	$	60,008	1,542	$	67,140	$	69,361	93%	0%	#DIV/0!	#DIV/0!
91827	1	A40	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the	45.35		0	0	38.55	0	0	13/03/2020	$	241,043	5,406	$	475,103	$	245,044	51%	0%	#DIV/0!	#DIV/0!
91828	1	A40	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the	90.5		0	0	76.95	0	0	13/03/2020	$	2,627,783	28,818	$	4,239,554	$	2,606,876	34%	0%	#DIV/0!	#DIV/0!
91829	1	A40	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the	139.3		0	0	118.45	0	0	13/03/2020	$	12,050,911	83,210	$	17,825,367	$	11,586,352	29%	0%	#DIV/0!	#DIV/0!
91830	1	A40	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the	192.25		0	0	163.45	0	0	13/03/2020	$	31,810,918	141,166	$	40,100,356	$	27,120,673	25%	0%	#DIV/0!	#DIV/0!
91831	1	A40	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the	223.1		0	0	189.65	0	0	13/03/2020	$	896,353	3,952	$	1,015,416	$	880,886	63%	0%	#DIV/0!	#DIV/0!
91832	1	A40	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	89.55		0	0	76.15	0	0	13/03/2020	$	10,410,325	134,833	$	13,192,151	$	12,026,821	81%	0%	#DIV/0!	#DIV/0!
91833	1	A40	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	45		0	0	38.25	0	0	13/03/2020	$	29,361,074	748,083	$	35,186,965	$	33,643,516	88%	0%	#DIV/0!	#DIV/0!
91834	1	A40	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	157.95		0	0	134.3	0	0	13/03/2020	$	37,914,320	281,013	$	40,942,389	$	44,343,868	89%	0%	#DIV/0!	#DIV/0!
91835	1	A40	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	79.05		0	0	67.2	0	0	13/03/2020	$	133,463,769	1,963,593	$	146,722,958	$	155,111,833	89%	0%	#DIV/0!	#DIV/0!
91836	1	A40	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	45		0	0	38.25	0	0	13/03/2020	$	1,042,578	27,194	$	1,057,410	$	1,223,406	99%	0%	#DIV/0!	#DIV/0!
91837	1	A40	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	45.35		0	0	38.55	0	0	13/03/2020	$	1,232,884	30,218	$	1,558,243	$	1,369,870	77%	0%	#DIV/0!	#DIV/0!
91838	1	A40	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	90.5		0	0	76.95	0	0	13/03/2020	$	8,315,384	100,740	$	10,936,079	$	9,112,461	65%	0%	#DIV/0!	#DIV/0!
91839	1	A40	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	139.3		0	0	118.45	0	0	13/03/2020	$	20,563,692	160,600	$	25,857,673	$	22,360,227	63%	0%	#DIV/0!	#DIV/0!
91840	1	A40	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	192.25		0	0	163.45	0	0	13/03/2020	$	18,440,212	93,975	$	21,158,462	$	18,053,581	60%	0%	#DIV/0!	#DIV/0!
91841	1	A40	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	223.1		0	0	189.65	0	0	13/03/2020	$	824,566	4,119	$	865,007	$	918,513	88%	0%	#DIV/0!	#DIV/0!

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91842	1	A40	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	112.5	0	0	95.65	0	0	13/03/2020	$	86,292	900	$	88,181	$	101,217	96%	0%	#DIV/0!	#DIV/0!
91843	1	A40	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	161	0	0	136.85	0	0	13/03/2020	$	629,834	4,587	$	655,903	$	738,322	90%	0%	#DIV/0!	#DIV/0!
91844	1	A40	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	90	0	0	76.5	0	0	13/03/2020	$	4,667	61	$	4,667	$	5,490	100%	0%	#DIV/0!	#DIV/0!
91845	1	A40	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	128.8	0	0	109.5	0	0	13/03/2020	$	51,256	465	$	52,710	$	59,888	94%	0%	#DIV/0!	#DIV/0!
91850	3	T4	Antenatal telehealth service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: (a) the service is	28.1	0	0	23.9	0	0	13/03/2020	$	6,474	257	$	7,554	$	7,198	96%	0%	#DIV/0!	#DIV/0!
91851	3	T4	Postnatal telehealth attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at	73.95	0	0	62.9	0	0	13/03/2020	$	48,556	765	$	48,895	$	56,532	71%	0%	#DIV/0!	#DIV/0!
91852	3	T4	Postnatal telehealth attendance (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which any other item applies) if: (a) the attendance is	55.05	0	0	46.8	0	0	13/03/2020	$	10,100	216	$	10,159	$	11,880	100%	0%	#DIV/0!	#DIV/0!
91853	3	T4	Antenatal telehealth attendance.	48.6	0	0	41.35	0	0	13/03/2020	$	446,028	10,675	$	469,637	$	518,687	96%	0%	#DIV/0!	#DIV/0!
91855	3	T4	Antenatal phone service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: (a) the service is	28.1	0	0	23.9	0	0	13/03/2020	$	86,634	3,625	$	86,863	$	101,789	100%	0%	#DIV/0!	#DIV/0!
91856	3	T4	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	73.95	0	0	62.9	0	0	13/03/2020	$	117,136	1,848	$	117,734	$	136,563	91%	0%	#DIV/0!	#DIV/0!
91857	3	T4	Postnatal phone attendance other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which any other item applies) if: (a) the attendance is rendered by:	55.05	0	0	46.8	0	0	13/03/2020	$	94,949	2,028	$	95,030	$	111,592	100%	0%	#DIV/0!	#DIV/0!
91858	3	T4	Antenatal phone attendance.	48.6	0	0	41.35	0	0	13/03/2020	$	4,531,072	108,668	$	4,635,330	$	5,280,236	98%	0%	#DIV/0!	#DIV/0!
92004	1	A40	Telehealth attendance by a general practitioner for a health assessment of a patient - this item or items 93470 or 93479 not more than once in a 9 month period. NOTE: It is a legislative	257.5	0	0	218.9	0	0	30/03/2020	$	223,840	1,023	$	223,840	$	263,312	100%	0%	#DIV/0!	#DIV/0!
92011	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for a health assessment - this item or items 93470 or 93479 not more than	206	0	0	175.1	0	0	30/03/2020	$	1,223	7	$	1,223	$	1,439	100%	0%	#DIV/0!	#DIV/0!
92016	1	A40	Phone 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	257.5	0	0	218.9	0	0	30/03/2020	$	2,316,275	10,584	$	2,316,275	$	2,724,723	100%	0%	#DIV/0!	#DIV/0!
92023	1	A40	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for a health assessment of a patient - this item or items 93470 or 93479 not	206	0	0	175.1	0	0	30/03/2020	$	79,310	453	$	79,310	$	93,306	100%	0%	#DIV/0!	#DIV/0!
92024	1	A40	Telehealth attendance by a general practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items735 to 758, items	175	0	0	148.75	0	0	30/03/2020	$	1,854,191	12,468	$	1,855,400	$	2,181,317	100%	0%	#DIV/0!	#DIV/0!
92025	1	A40	Telehealth attendance by a general practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items735 to 758,	138.7	0	0	117.9	0	0	30/03/2020	$	1,236,885	10,492	$	1,237,152	$	1,454,900	100%	0%	#DIV/0!	#DIV/0!
92026	1	A40	Telehealth contribution by a general practitioner, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another	85.4	0	0	72.6	0	0	30/03/2020	$	23,300	321	$	23,337	$	27,408	100%	0%	#DIV/0!	#DIV/0!
92027	1	A40	Telehealth contribution by a general practitioner, to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan	85.4	0	0	72.6	0	0	30/03/2020	$	242,071	3,335	$	242,071	$	284,749	100%	0%	#DIV/0!	#DIV/0!
92028	1	A40	Telehealth attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to	87.4	0	0	74.3	0	0	30/03/2020	$	1,184,097	15,940	$	1,184,629	$	1,392,841	100%	0%	#DIV/0!	#DIV/0!
92055	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for preparation of a GP management plan for a patient (other than a	140	0	0	119	0	0	30/03/2020	$	15,467	130	$	15,467	$	18,196	100%	0%	#DIV/0!	#DIV/0!
92056	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to coordinate the development of team care arrangements for a	110.9	0	0	94.3	0	0	30/03/2020	$	8,767	93	$	8,767	$	10,310	100%	0%	#DIV/0!	#DIV/0!
92057	1	A40	Telehealth contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician), to a multidisciplinary care plan prepared by another provider or a	68.35	0	0	58.1	0	0	30/03/2020	$	290	5	$	290	$	341	100%	0%	#DIV/0!	#DIV/0!
92058	1	A40	Telehealth contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician),, to: (a) a multidisciplinary care plan for a patient in a residential aged care	68.35	0	0	58.1	0	0	30/03/2020	$	2,788	48	$	2,788	$	3,280	100%	0%	#DIV/0!	#DIV/0!
92059	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician),to review or coordinate a review of: (a) a GP management plan prepared by a	69.9	0	0	59.45	0	0	30/03/2020	$	8,734	147	$	8,734	$	10,269	100%	0%	#DIV/0!	#DIV/0!
92068	1	A40	Phone attendance by a general practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items735 to 758, items 235 to 240 or	175	0	0	148.75	0	0	30/03/2020	$	81,473,747	547,792	$	81,486,511	$	95,849,570	100%	0%	#DIV/0!	#DIV/0!
92069	1	A40	Phone attendance by a general practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items735 to 758,	138.7	0	0	117.9	0	0	30/03/2020	$	57,051,444	483,976	$	57,057,836	$	67,114,867	100%	0%	#DIV/0!	#DIV/0!
92070	1	A40	Phone contribution by a general practitioner, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other	85.4	0	0	72.6	0	0	30/03/2020	$	136,423	1,880	$	136,436	$	160,475	100%	0%	#DIV/0!	#DIV/0!

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92071	1	A40	Phone 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	85.4	0	0	72.6	0	0	30/03/2020	$ 429,257	5,914	$ 429,279	$ 504,937	100%	0%	#DIV/0!	#DIV/0!
92072	1	A40	Phone attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to	87.4	0	0	74.3	0	0	30/03/2020	$ 60,247,685	810,985	$ 60,259,553	$ 70,869,008	100%	0%	#DIV/0!	#DIV/0!
92099	1	A40	Telephone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for preparation of a GP management plan for a patient (other than a	140	0	0	119	0	0	30/03/2020	$ 1,098,057	9,229	$ 1,098,083	$ 1,291,827	100%	0%	#DIV/0!	#DIV/0!
92100	1	A40	Telephone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to coordinate the development of team care arrangements for a	110.9	0	0	94.3	0	0	30/03/2020	$ 754,238	8,000	$ 754,238	$ 887,009	100%	0%	#DIV/0!	#DIV/0!
92101	1	A40	Telephone contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician), to a multidisciplinary care plan prepared by another provider or a	68.35	0	0	58.1	0	0	30/03/2020	$ 4,994	86	$ 4,994	$ 5,875	100%	0%	#DIV/0!	#DIV/0!
92102	1	A40	Telephone contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician), to: (a) a multidisciplinary care plan for a patient in a residential aged care	68.35	0	0	58.1	0	0	30/03/2020	$ 5,578	96	$ 5,578	$ 6,563	100%	0%	#DIV/0!	#DIV/0!
92103	1	A40	Telephone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review or coordinate a review of: (a) a GP management plan prepared by a	69.9	0	0	59.45	0	0	30/03/2020	$ 712,715	11,991	$ 712,788	$ 838,013	100%	0%	#DIV/0!	#DIV/0!
92112	1	A40	Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 20 minutes but less	87	0	0	73.95	0	0	30/03/2020	$ 92,490	1,247	$ 98,446	$ 108,459	90%	0%	#DIV/0!	#DIV/0!
92113	1	A40	Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 40 minutes in	128.05	0	0	108.85	0	0	30/03/2020	$ 34,729	316	$ 36,585	$ 40,449	90%	0%	#DIV/0!	#DIV/0!
92114	1	A40	Telehealth attendance by a general practitionerto review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a	87	0	0	73.95	0	0	30/03/2020	$ 579,361	7,779	$ 616,548	$ 676,639	89%	0%	#DIV/0!	#DIV/0!
92115	1	A40	Telehealth attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to	87	0	0	73.95	0	0	30/03/2020	$ 974,039	13,126	$ 1,003,518	$ 1,141,671	91%	0%	#DIV/0!	#DIV/0!
92116	1	A40	Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental	110.45	0	0	93.9	0	0	30/03/2020	$ 839,099	8,912	$ 882,829	$ 984,108	89%	0%	#DIV/0!	#DIV/0!
92117	1	A40	Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan	162.7	0	0	138.3	0	0	30/03/2020	$ 307,606	2,221	$ 315,470	$ 361,244	93%	0%	#DIV/0!	#DIV/0!
92118	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 20 minutes	69.55	0	0	59.15	0	0	30/03/2020	$ 2,295	38	$ 2,526	$ 2,641	92%	0%	#DIV/0!	#DIV/0!
92119	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 40 minutes	102.45	0	0	87.1	0	0	30/03/2020	$ 1,307	15	$ 1,307	$ 1,537	100%	0%	#DIV/0!	#DIV/0!
92120	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review a GP mental health treatment plan which he or she, or an associated	69.55	0	0	59.15	0	0	30/03/2020	$ 4,377	74	$ 4,430	$ 5,147	95%	0%	#DIV/0!	#DIV/0!
92121	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in relation to a mental disorder and of at least 20 minutes in duration,	69.55	0	0	59.15	0	0	30/03/2020	$ 107,115	1,516	$ 139,655	$ 105,393	56%	0%	#DIV/0!	#DIV/0!
92122	1	A40	Telehealth attendance by a medical practitioner, (not including a general practitioner, specialist or consultant physician),who has undertaken mental health skills training, of at least 20 minutes but	88.35	0	0	75.1	0	0	30/03/2020	$ 4,128	55	$ 4,128	$ 4,857	100%	0%	#DIV/0!	#DIV/0!
92123	1	A40	Telehealth attendance by a medical practitioner, (not including a general practitioner, specialist or consultant physician),who has undertaken mental health skills training, of at least 40 minutes in	130.15	0	0	110.65	0	0	30/03/2020	$ 6,163	54	$ 7,525	$ 7,028	65%	0%	#DIV/0!	#DIV/0!
92124	1	A40	Phone 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	87	0	0	73.95	0	0	30/03/2020	$ 1,349,308	18,218	$ 1,387,089	$ 1,584,698	95%	0%	#DIV/0!	#DIV/0!
92125	1	A40	Phone 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 GP mental health treatment plan	128.05	0	0	108.85	0	0	30/03/2020	$ 463,425	4,253	$ 473,292	$ 544,486	96%	0%	#DIV/0!	#DIV/0!
92126	1	A40	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	87	0	0	73.95	0	0	30/03/2020	$ 12,104,268	162,890	$ 12,570,478	$ 14,169,931	93%	0%	#DIV/0!	#DIV/0!
92127	1	A40	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	87	0	0	73.95	0	0	30/03/2020	$ 22,611,589	305,210	$ 22,835,339	$ 26,550,053	98%	0%	#DIV/0!	#DIV/0!
92128	1	A40	Phone 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	110.45	0	0	93.9	0	0	30/03/2020	$ 16,519,550	175,616	$ 17,014,125	$ 19,394,456	94%	0%	#DIV/0!	#DIV/0!
92129	1	A40	Phone 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	162.7	0	0	138.3	0	0	30/03/2020	$ 4,701,240	33,975	$ 4,742,214	$ 5,526,837	97%	0%	#DIV/0!	#DIV/0!
92130	1	A40	Phone 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	69.55	0	0	59.15	0	0	30/03/2020	$ 45,006	761	$ 45,448	$ 52,919	98%	0%	#DIV/0!	#DIV/0!
92131	1	A40	Phone 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	102.45	0	0	87.1	0	0	30/03/2020	$ 41,445	476	$ 41,981	$ 48,749	99%	0%	#DIV/0!	#DIV/0!
92132	1	A40	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	69.55	0	0	59.15	0	0	30/03/2020	$ 159,952	2,703	$ 160,465	$ 187,968	99%	0%	#DIV/0!	#DIV/0!
92133	1	A40	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,	69.55	0	0	59.15	0	0	30/03/2020	$ 1,024,988	17,285	$ 1,067,726	$ 1,202,006	95%	0%	#DIV/0!	#DIV/0!

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92134	1	A40	Phone 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	88.35	0	0	75.1	0	0	30/03/2020	$	136,096	1,812	$	136,393	$	160,047	99%	0%	#DIV/0!	#DIV/0!
92135	1	A40	Phone 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	130.15	0	0	110.65	0	0	30/03/2020	$	82,535	746	$	82,724	$	97,080	99%	0%	#DIV/0!	#DIV/0!
92136	1	A40	Telehealth attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision	92.9	0	0	79	0	0	30/03/2020	$	17,141	217	$	17,194	$	20,157	100%	0%	#DIV/0!	#DIV/0!
92137	1	A40	Telehealth attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician), who is registered with the Chief Executive	74.35	0	0	63.2	0	0	30/03/2020	$	253	4	$	253	$	297	100%	0%	#DIV/0!	#DIV/0!
92138	1	A40	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	92.9	0	0	79	0	0	30/03/2020	$	269,749	3,415	$	270,495	$	317,212	99%	0%	#DIV/0!	#DIV/0!
92139	1	A40	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	74.35	0	0	63.2	0	0	30/03/2020	$	6,446	102	$	6,446	$	7,584	100%	0%	#DIV/0!	#DIV/0!
92140	1	A40	Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the	276.25	0	0	234.85	0	0	30/03/2020	$	323,324	1,295	$	393,875	$	357,617	47%	0%	#DIV/0!	#DIV/0!
92141	1	A40	Telehealth attendance of at least 45 minutes in duration by a specialist or consultant physician following referral of the patient to the specialist or consultant physician by a referring practitioner,	276.25	0	0	234.85	0	0	30/03/2020	$	14,364	59	$	15,116	$	16,274	88%	0%	#DIV/0!	#DIV/0!
92142	1	A40	Telehealth attendance of at least 45 minutes in duration by a general practitioner for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with	163.15	0	0	138.7	0	0	30/03/2020	$	416	3	$	416	$	489	100%	0%	#DIV/0!	#DIV/0!
92143	1	A40	Phone attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the	276.25	0	0	234.85	0	0	30/03/2020	$	156,230	652	$	162,501	$	180,017	89%	0%	#DIV/0!	#DIV/0!
92144	1	A40	Phone attendance of at least 45 minutes in duration by a specialist or consultant physician following referral of the patient to the specialist or consultant physician by a referring practitioner, for	276.25	0	0	234.85	0	0	30/03/2020	$	8,209	35	$	8,209	$	9,656	100%	0%	#DIV/0!	#DIV/0!
92145	1	A40	Phone attendance of at least 45 minutes in duration by a general practitioner for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with	163.15	0	0	138.7	0	0	30/03/2020	$	1,526	11	$	1,526	$	1,795	100%	0%	#DIV/0!	#DIV/0!
92146	1	A40	Telehealth attendance by a general practitioner who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written	87	0	0	73.95	0	0	30/03/2020	$	1,838	24	$	1,934	$	2,088	88%	0%	#DIV/0!	#DIV/0!
92147	1	A40	Telehealth attendance by a general practitioner who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment	128.05	0	0	108.85	0	0	30/03/2020	$	1,306	12	$	1,475	$	1,537	83%	0%	#DIV/0!	#DIV/0!
92148	1	A40	Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written	110.45	0	0	93.9	0	0	30/03/2020	$	9,854	105	$	10,199	$	11,591	94%	0%	#DIV/0!	#DIV/0!
92149	1	A40	Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment	162.7	0	0	138.3	0	0	30/03/2020	$	9,326	67	$	9,833	$	10,901	85%	0%	#DIV/0!	#DIV/0!
92153	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 40 minutes in	130.15	0	0	110.65	0	0	30/03/2020	$	111	1	$	111	$	130	100%	0%	#DIV/0!	#DIV/0!
92154	1	A40	Phone 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	87	0	0	73.95	0	0	30/03/2020	$	16,573	223	$	17,173	$	19,404	95%	0%	#DIV/0!	#DIV/0!
92155	1	A40	Phone 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	128.05	0	0	108.85	0	0	30/03/2020	$	12,570	115	$	12,946	$	14,726	90%	0%	#DIV/0!	#DIV/0!
92156	1	A40	Phone 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	110.45	0	0	93.9	0	0	30/03/2020	$	109,186	1,147	$	113,189	$	126,678	90%	0%	#DIV/0!	#DIV/0!
92157	1	A40	Phone 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	162.7	0	0	138.3	0	0	30/03/2020	$	92,850	664	$	95,474	$	108,003	92%	0%	#DIV/0!	#DIV/0!
92158	1	A40	Phone 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	69.55	0	0	59.15	0	0	30/03/2020	$	414	7	$	414	$	487	100%	0%	#DIV/0!	#DIV/0!
92159	1	A40	Phone 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	102.45	0	0	87.1	0	0	30/03/2020	$	784	9	$	784	$	922	100%	0%	#DIV/0!	#DIV/0!
92160	1	A40	Phone 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	88.35	0	0	75.1	0	0	30/03/2020	$	3,391	45	$	3,391	$	3,989	100%	0%	#DIV/0!	#DIV/0!
92161	1	A40	Phone 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	130.15	0	0	110.65	0	0	30/03/2020	$	889	8	$	889	$	1,045	100%	0%	#DIV/0!	#DIV/0!
92162	1	A40	Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for the preparation of an eating disorder	473.8	0	0	402.75	0	0	30/03/2020	$	15,780	36	$	18,478	$	17,050	58%	0%	#DIV/0!	#DIV/0!
92163	1	A40	Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for the preparation of an eating disorder	276.25	0	0	234.85	0	0	30/03/2020	$	4,210	18	$	4,265	$	4,952	94%	0%	#DIV/0!	#DIV/0!
92166	1	A40	Phone 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	473.8	0	0	402.75	0	0	30/03/2020	$	9,722	24	$	9,802	$	11,364	92%	0%	#DIV/0!	#DIV/0!
92167	1	A40	Phone 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	276.25	0	0	234.85	0	0	30/03/2020	$	701	3	$	761	$	825	67%	0%	#DIV/0!	#DIV/0!

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92170	1	A40	Telehealth attendance by a general practitioner to review an eligible patient's eating disorder treatment and management plan prepared by the general practitioner, an associated medical	87	0	0	73.95	0	0	30/03/2020	$	9,512	127	$	9,945	$	11,046	92%	0%	#DIV/0!	#DIV/0!
92171	1	A40	Telehealth attendance by amedical practitioner (not including a general practitioner, specialist or consultant physician),to review an eligible patient's eating disorder treatment and management	69.55	0	0	59.15	0	0	30/03/2020	$	237	4	$	297	$	278	75%	0%	#DIV/0!	#DIV/0!
92172	1	A40	Telehealth attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an eligible patient, if: (a) the consultant	296.2	0	0	251.8	0	0	30/03/2020	$	24,252	73	$	28,844	$	21,618	32%	0%	#DIV/0!	#DIV/0!
92173	1	A40	Telehealth attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an eligible patient, if: (a) the consultant	138.3	0	0	117.6	0	0	30/03/2020	$	936	8	$	1,028	$	1,100	75%	0%	#DIV/0!	#DIV/0!
92176	1	A40	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	87	0	0	73.95	0	0	30/03/2020	$	92,232	1,222	$	95,535	$	106,300	91%	0%	#DIV/0!	#DIV/0!
92177	1	A40	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	69.55	0	0	59.15	0	0	30/03/2020	$	473	8	$	473	$	556	100%	0%	#DIV/0!	#DIV/0!
92178	1	A40	Phone 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	296.2	0	0	251.8	0	0	30/03/2020	$	12,519	46	$	13,979	$	13,621	57%	0%	#DIV/0!	#DIV/0!
92179	1	A40	Phone 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	138.3	0	0	117.6	0	0	30/03/2020	$	656	4	$	763	$	553	50%	0%	#DIV/0!	#DIV/0!
92184	1	A40	Telehealth attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as	161	0	0	136.85	0	0	30/03/2020	$	4,820	32	$	6,058	$	5,152	22%	0%	#DIV/0!	#DIV/0!
92188	1	A40	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a	128.8	0	0	109.5	0	0	30/03/2020	$	5,123	44	$	7,160	$	5,665	0%	0%	#DIV/0!	#DIV/0!
92194	1	A40	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	112.5	0	0	95.65	0	0	30/03/2020	$	765	8	$	765	$	900	100%	0%	#DIV/0!	#DIV/0!
92196	1	A40	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the	161	0	0	136.85	0	0	30/03/2020	$	46,349	332	$	49,144	$	53,452	86%	0%	#DIV/0!	#DIV/0!
92198	1	A40	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a	90	0	0	76.5	0	0	30/03/2020	$	77	1	$	77	$	90	100%	0%	#DIV/0!	#DIV/0!
92200	1	A40	Telehealth attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible	128.8	0	0	109.5	0	0	30/03/2020	$	436	4	$	436	$	513	100%	0%	#DIV/0!	#DIV/0!
92210	1	A40	Telehealth attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is	185.6	0	0	157.8	0	0	30/03/2020	$	877,074	5,559	$	877,501	$	1,031,591	100%	0%	#DIV/0!	#DIV/0!
92211	1	A40	Phone attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the	148.35	0	0	126.1	0	0	30/03/2020	$	350,994	2,783	$	351,378	$	412,836	100%	0%	#DIV/0!	#DIV/0!
92216	1	A40	Phone 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	185.6	0	0	157.8	0	0	30/03/2020	$	7,379,037	46,768	$	7,380,168	$	8,679,167	100%	0%	#DIV/0!	#DIV/0!
92217	1	A40	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient	148.35	0	0	126.1	0	0	30/03/2020	$	1,509,988	11,975	$	1,509,988	$	1,776,421	100%	0%	#DIV/0!	#DIV/0!
92422	1	A40	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single	276.25	0	0	234.85	0	0	6/04/2020	$	10,985,012	45,730	$	13,173,631	$	12,623,387	63%	0%	#DIV/0!	#DIV/0!
92423	1	A40	Phone 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	138.3	0	0	117.6	0	0	6/04/2020	$	5,057,904	40,347	$	6,867,750	$	5,576,816	53%	0%	#DIV/0!	#DIV/0!
92431	1	A40	Phone 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	276.25	0	0	234.85	0	0	6/04/2020	$	15,144,646	64,254	$	15,792,991	$	17,735,567	90%	0%	#DIV/0!	#DIV/0!
92432	1	A40	Telehealth attendance of at least 45 minutes in duration, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the	138.3	0	0	117.6	0	0	6/04/2020	$	11,141,121	93,622	$	12,260,213	$	12,941,450	83%	0%	#DIV/0!	#DIV/0!
92434	1	A40	Telehealth attendance of more than 45 minutes in by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the attendance follows referral of the patient to	276.25	0	0	234.85	0	0	6/04/2020	$	15,710	65	$	16,294	$	17,944	92%	0%	#DIV/0!	#DIV/0!
92435	1	A40	Telehealth attendance of more than 30 minutes but not more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the patient	473.8	0	0	402.75	0	0	6/04/2020	$	2,163,144	5,313	$	2,465,351	$	2,516,438	68%	0%	#DIV/0!	#DIV/0!
92436	1	A40	Telehealth attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to the	296.2	0	0	251.8	0	0	6/04/2020	$	183,669	724	$	197,387	$	214,339	85%	0%	#DIV/0!	#DIV/0!
92437	1	A40	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is	272.5	0	0	231.65	0	0	6/04/2020	$	3,638,842	14,567	$	5,756,808	$	3,967,653	24%	0%	#DIV/0!	#DIV/0!
92455	1	A40	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is	51.6	0	0	43.9	0	0	20/04/2020	$	337,876	3,299	$	420,527	$	169,958	6%	0%	#DIV/0!	#DIV/0!
92456	1	A40	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is	68.5	0	0	58.25	0	0	20/04/2020	$	3,056	46	$	5,430	$	3,149	9%	0%	#DIV/0!	#DIV/0!
92457	1	A40	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is	101.3	0	0	86.15	0	0	20/04/2020	$	136,813	991	$	177,351	$	100,316	5%	0%	#DIV/0!	#DIV/0!

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92458	1	A40	Telehealth 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	132.65	0	0	112.8	0	0	6/04/2020	$	243,176	2,000	$	284,554	$	265,195	75%	0%	#DIV/0!	#DIV/0!
92459	1	A40	Telehealth 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	183.15	0	0	155.7	0	0	6/04/2020	$	268,080	1,461	$	330,483	$	267,490	67%	0%	#DIV/0!	#DIV/0!
92460	1	A40	Telehealth 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	132.65	0	0	112.8	0	0	6/04/2020	$	426,369	3,252	$	519,485	$	431,120	73%	0%	#DIV/0!	#DIV/0!
92474	1	A40	Phone attendance of at least 45 minutes in duration , by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the	276.25	0	0	234.85	0	0	6/04/2020	$	705	3	$	705	$	829	100%	0%	#DIV/0!	#DIV/0!
92475	1	A40	Phone attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the attendance follows referral of the	473.8	0	0	402.75	0	0	6/04/2020	$	1,975,287	4,899	$	2,035,936	$	2,320,271	91%	0%	#DIV/0!	#DIV/0!
92476	1	A40	Phone attendance of more than 30 minutes but not more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the patient is	296.2	0	0	251.8	0	0	6/04/2020	$	589,663	2,339	$	597,809	$	692,570	95%	0%	#DIV/0!	#DIV/0!
92477	1	A40	Phone 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	272.5	0	0	231.65	0	0	6/04/2020	$	963,482	4,024	$	1,272,414	$	1,095,811	55%	0%	#DIV/0!	#DIV/0!
92495	1	A40	Phone 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	51.6	0	0	43.9	0	0	20/04/2020	$	18,316	285	$	19,978	$	14,696	68%	0%	#DIV/0!	#DIV/0!
92496	1	A40	Phone 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	68.5	0	0	58.25	0	0	20/04/2020	$	2,772	30	$	3,931	$	2,043	0%	0%	#DIV/0!	#DIV/0!
92497	1	A40	Phone 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	101.3	0	0	86.15	0	0	20/04/2020	$	19,565	143	$	22,895	$	14,454	15%	0%	#DIV/0!	#DIV/0!
92498	1	A40	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,	132.65	0	0	112.8	0	0	6/04/2020	$	361,220	3,173	$	369,957	$	420,768	97%	0%	#DIV/0!	#DIV/0!
92499	1	A40	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,	183.15	0	0	155.7	0	0	6/04/2020	$	196,199	1,237	$	202,468	$	226,505	96%	0%	#DIV/0!	#DIV/0!
92500	1	A40	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,	132.65	0	0	112.8	0	0	6/04/2020	$	901,121	7,866	$	934,366	$	1,043,101	95%	0%	#DIV/0!	#DIV/0!
92514	1	A40	Telehealth 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	44.75	0	0	38.05	0	0	20/04/2020	$	38	1	$	38	$	45	100%	0%	#DIV/0!	#DIV/0!
92515	1	A40	Telehealth 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	86.55	0	0	73.6	0	0	20/04/2020	$	147	2	$	147	$	173	100%	0%	#DIV/0!	#DIV/0!
92516	1	A40	Telehealth 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	127.45	0	0	108.35	0	0	20/04/2020	$	325	3	$	325	$	382	100%	0%	#DIV/0!	#DIV/0!
92521	1	A40	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	20.45	0	0	17.4	0	0	20/04/2020	$	139	8	$	139	$	164	100%	0%	#DIV/0!	#DIV/0!
92522	1	A40	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	44.75	0	0	38.05	0	0	20/04/2020	$	5,898	155	$	6,273	$	6,936	92%	0%	#DIV/0!	#DIV/0!
92523	1	A40	Phone 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	86.55	0	0	73.6	0	0	20/04/2020	$	661	9	$	661	$	778	100%	0%	#DIV/0!	#DIV/0!
92524	1	A40	Phone 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	127.45	0	0	108.35	0	0	20/04/2020	$	542	5	$	542	$	637	100%	0%	#DIV/0!	#DIV/0!
92610	1	A40	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist (other than a second or subsequent attendance in a single course	135.65	0	0	115.35	0	0	20/04/2020	$	481,800	3,907	$	934,000	$	529,725	26%	0%	#DIV/0!	#DIV/0!
92611	1	A40	neurosurgery following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment.	45	0	0	38.25	0	0	20/04/2020	$	43,870	1,008	$	91,423	$	45,323	33%	0%	#DIV/0!	#DIV/0!
92612	1	A40	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving	89.55	0	0	76.15	0	0	20/04/2020	$	386,700	4,707	$	629,412	$	421,236	49%	0%	#DIV/0!	#DIV/0!
92613	1	A40	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving	124.05	0	0	105.45	0	0	20/04/2020	$	70,622	663	$	75,331	$	82,217	90%	0%	#DIV/0!	#DIV/0!
92614	1	A40	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving following referral of the patient to the specialist (other than a second or subsequent attendance in a single course of treatment).	157.95	0	0	134.3	0	0	20/04/2020	$	25,914	193	$	26,082	$	30,477	98%	0%	#DIV/0!	#DIV/0!
92617	1	A40	following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment.	135.65	0	0	115.35	0	0	20/04/2020	$	789,939	6,614	$	1,213,329	$	896,782	55%	0%	#DIV/0!	#DIV/0!
92618	1	A40	Phone 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	45	0	0	38.25	0	0	20/04/2020	$	307,927	7,246	$	526,441	$	325,924	49%	0%	#DIV/0!	#DIV/0!
92619	1	A40	Phone 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	89.55	0	0	76.15	0	0	20/04/2020	$	1,227,223	15,559	$	1,582,033	$	1,392,674	72%	0%	#DIV/0!	#DIV/0!
92620	1	A40	Phone 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	124.05	0	0	105.45	0	0	20/04/2020	$	217,802	2,030	$	245,989	$	251,764	82%	0%	#DIV/0!	#DIV/0!

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92621	1	A40	Phone 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	157.95		0	0	134.3	0	0	20/04/2020	$	35,141	258	$	41,366	$	40,737	87%	0%	#DIV/0!	#DIV/0!
92623	1	A40	Telehealth attendance of more than 60 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the	473.8		0	0	402.75	0	0	6/04/2020	$	523,050	1,296	$	530,721	$	613,569	93%	0%	#DIV/0!	#DIV/0!
92624	1	A40	Telehealth attendance of more than 30 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a	296.2		0	0	251.8	0	0	6/04/2020	$	188,943	750	$	190,586	$	221,961	95%	0%	#DIV/0!	#DIV/0!
92628	1	A40	Phone 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	473.8		0	0	402.75	0	0	6/04/2020	$	465,683	1,157	$	466,996	$	547,690	99%	0%	#DIV/0!	#DIV/0!
92629	1	A40	Phone 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	296.2		0	0	251.8	0	0	6/04/2020	$	450,674	1,790	$	452,049	$	529,859	98%	0%	#DIV/0!	#DIV/0!
92701	1	A40	Telehealth attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a	89.55		0	0	76.15	0	0	22/05/2020	$	285,006	3,219	$	538,922	$	288,057	87%	0%	#DIV/0!	#DIV/0!
92712	1	A40	Phone 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	89.55		0	0	76.15	0	0	22/05/2020	$	1,549,099	20,223	$	1,603,222	$	1,809,908	99%	0%	#DIV/0!	#DIV/0!
93000	8	M18	Telehealth attendance by an eligible allied health practitioner if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii)complex care needs being managed by a medical	64.2		0	0	54.6	0	0	30/03/2020	$	2,244,683	36,294	$	3,439,028	$	2,328,078	48%	0%	#DIV/0!	#DIV/0!
93013	8	M18	Phone attendance by an eligible allied health practitioner if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii)complex care needs being managed by a medical practitioner	64.2		0	0	54.6	0	0	30/03/2020	$	4,377,309	79,628	$	4,602,597	$	5,110,356	93%	0%	#DIV/0!	#DIV/0!
93026	8	M18	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, (but not as an admitted	75.4		0	0	64.1	0	0	30/03/2020	$	7,536	101	$	8,893	$	7,585	79%	0%	#DIV/0!	#DIV/0!
93029	8	M18	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, (but not as an admitted	75.4		0	0	64.1	0	0	30/03/2020	$	4,300	65	$	4,663	$	4,877	89%	0%	#DIV/0!	#DIV/0!
93032	8	M18	Psychology health service provided by telehealth attendance to a child aged under 13 years by an eligible psychologist if: (a) the child was referred to the eligible psychologist by an eligible practitioner:	102.85		0	0	87.45	0	0	30/03/2020	$	69,559	425	$	141,013	$	43,651	4%	0%	#DIV/0!	#DIV/0!
93033	8	M18	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a child aged under 13 years by an eligible speech	90.7		0	0	77.1	0	0	30/03/2020	$	11,802	138	$	18,181	$	12,495	57%	0%	#DIV/0!	#DIV/0!
93035	8	M18	Psychology health service provided by telehealth attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible	102.85		0	0	87.45	0	0	30/03/2020	$	25,747	186	$	35,591	$	19,106	14%	0%	#DIV/0!	#DIV/0!
93036	8	M18	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a child aged under 15 years for treatment of a	90.7		0	0	77.1	0	0	30/03/2020	$	48,027	430	$	65,557	$	38,934	10%	0%	#DIV/0!	#DIV/0!
93040	8	M18	Psychology health service provided by phone attendance to a child aged under 13 years by an eligible psychologist if: (a) the child was referred to the eligible psychologist by an eligible practitioner: (i)	102.85		0	0	87.45	0	0	30/03/2020	$	3,356	28	$	8,405	$	2,878	25%	0%	#DIV/0!	#DIV/0!
93041	8	M18	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a child aged under 13 years by an eligible speech	90.7		0	0	77.1	0	0	30/03/2020	$	1,033	12	$	2,618	$	1,084	25%	0%	#DIV/0!	#DIV/0!
93043	8	M18	Psychology health service provided by phone attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible psychologist, if:	102.85		0	0	87.45	0	0	30/03/2020	$	2,529	28	$	3,122	$	2,880	46%	0%	#DIV/0!	#DIV/0!
93044	8	M18	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a child aged under 15 years for treatment of a	90.7		0	0	77.1	0	0	30/03/2020	$	935	8	$	1,243	$	723	0%	0%	#DIV/0!	#DIV/0!
93048	8	M18	Telehealth attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) either: (i) a medical practitioner has undertaken	64.2		0	0	54.6	48.15	0	30/03/2020	$	23,412	412	$	26,713	$	26,429	86%	0%	#DIV/0!	#DIV/0!
93061	8	M18	Phone attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) either: (i) a medical practitioner has undertaken	64.2		0	0	54.6	0	0	30/03/2020	$	241,007	4,413	$	241,844	$	283,214	99%	0%	#DIV/0!	#DIV/0!
93074	8	M18	Dietetics health service provided by telehealth attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and	64.2		0	0	54.6	0	0	30/03/2020	$	881,961	12,029	$	1,291,342	$	771,879	18%	0%	#DIV/0!	#DIV/0!
93076	8	M18	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's	102.85		0	0	87.45	0	0	30/03/2020	$	10,436	102	$	12,179	$	10,488	39%	0%	#DIV/0!	#DIV/0!
93079	8	M18	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's	151.05		0	0	128.4	0	0	30/03/2020	$	2,371,908	15,326	$	2,996,331	$	2,314,106	17%	0%	#DIV/0!	#DIV/0!
93084	8	M18	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's	72.9		0	0	62	0	0	30/03/2020	$	3,588	47	$	4,711	$	3,426	36%	0%	#DIV/0!	#DIV/0!
93087	8	M18	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's	102.85		0	0	87.45	0	0	30/03/2020	$	1,056,466	8,954	$	1,505,802	$	920,524	17%	0%	#DIV/0!	#DIV/0!
93092	8	M18	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the	64.2		0	0	54.6	0	0	30/03/2020	$	55	1	$	55	$	64	100%	0%	#DIV/0!	#DIV/0!
93095	8	M18	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the	90.7		0	0	77.1	0	0	30/03/2020	$	5,735	48	$	6,797	$	4,351	31%	0%	#DIV/0!	#DIV/0!
93100	8	M18	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating	64.2		0	0	54.6	0	0	30/03/2020	$	210	3	$	323	$	193	0%	0%	#DIV/0!	#DIV/0!

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93103	8	M18	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating	90.7	0	0	77.1	0	0	30/03/2020	$	84,664	814	$	111,453	$	73,783	20%	0%	#DIV/0!	#DIV/0!
93108	8	M18	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	64.2	0	0	54.6	0	0	30/03/2020	$	109,761	1,757	$	132,305	$	112,709	57%	0%	#DIV/0!	#DIV/0!
93110	8	M18	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	102.85	0	0	87.45	0	0	30/03/2020	$	8,908	85	$	10,624	$	8,736	38%	0%	#DIV/0!	#DIV/0!
93113	8	M18	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	151.05	0	0	128.4	0	0	30/03/2020	$	302,290	2,051	$	357,034	$	309,723	41%	0%	#DIV/0!	#DIV/0!
93118	8	M18	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	72.9	0	0	62	0	0	30/03/2020	$	2,355	38	$	3,210	$	2,768	21%	0%	#DIV/0!	#DIV/0!
93121	8	M18	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	102.85	0	0	87.45	0	0	30/03/2020	$	69,127	680	$	86,614	$	69,899	49%	0%	#DIV/0!	#DIV/0!
93129	8	M18	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	90.7	0	0	77.1	0	0	30/03/2020	$	308	4	$	308	$	363	100%	0%	#DIV/0!	#DIV/0!
93134	8	M18	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	64.2	0	0	54.6	0	0	30/03/2020	$	71	1	$	75	$	64	0%	0%	#DIV/0!	#DIV/0!
93137	8	M18	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	90.7	0	0	77.1	0	0	30/03/2020	$	10,740	119	$	13,740	$	10,793	35%	0%	#DIV/0!	#DIV/0!
93200	8	M18	Follow-up telehealth attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has	29.1	0	0	24.75	0	0	20/04/2020	$	12,059	487	$	12,059	$	14,177	100%	0%	#DIV/0!	#DIV/0!
93201	8	M18	Telehealth attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease if: (a) the service is provided on behalf of	14.55	0	0	12.4	0	0	20/04/2020	$	211,919	17,093	$	211,931	$	248,669	100%	0%	#DIV/0!	#DIV/0!
93202	8	M18	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	29.1	0	0	24.75	0	0	20/04/2020	$	217,073	8,768	$	217,073	$	255,209	100%	0%	#DIV/0!	#DIV/0!
93203	8	M18	Phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease if: (a) the service is provided on behalf of and	14.55	0	0	12.4	0	0	20/04/2020	$	3,152,149	254,263	$	3,152,476	$	3,698,814	100%	0%	#DIV/0!	#DIV/0!
93284	8	M18	Telehealth attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including	82.35	0	0	70	0	0	22/05/2020	$	1,960	28	$	2,065	$	2,306	96%	0%	#DIV/0!	#DIV/0!
93285	8	M18	Telehealth attendance by an eligible dietitian to provide a dietetics health service, as a group service for the management of type 2 diabetes if: (a) the person has been assessed as suitable for a type	20.5	0	0	17.45	0	0	22/05/2020	$	1,291	74	$	1,291	$	1,517	100%	0%	#DIV/0!	#DIV/0!
93286	8	M18	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	82.35	0	0	70	0	0	22/05/2020	$	10,079	144	$	10,079	$	11,857	100%	0%	#DIV/0!	#DIV/0!
93300	1	A41	Professional attendance at consulting rooms by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (b) the person is	112.5	0	0	95.65	0	0	7/08/2020	$	9,454	96	$	10,473	$	10,800	82%	0%	#DIV/0!	#DIV/0!
93301	1	A41	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (b) the person is referred by a medical practitioner	112.5	0	0	95.65	0	0	7/08/2020	$	4,539	47	$	4,678	$	5,288	94%	0%	#DIV/0!	#DIV/0!
93302	1	A41	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (b) the person is referred by a medical practitioner	112.5	0	0	95.65	0	0	7/08/2020	$	6,231	65	$	6,310	$	7,313	95%	0%	#DIV/0!	#DIV/0!
93303	1	A41	Professional attendance at consulting rooms by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (b) the person is	161	0	0	136.85	0	0	7/08/2020	$	375,781	2,289	$	421,655	$	368,529	58%	0%	#DIV/0!	#DIV/0!
93304	1	A41	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (b) the person is referred by a medical practitioner	161	0	0	136.85	0	0	7/08/2020	$	118,109	813	$	144,152	$	130,893	34%	0%	#DIV/0!	#DIV/0!
93305	1	A41	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (b) the person is referred by a medical practitioner	161	0	0	136.85	0	0	7/08/2020	$	108,898	768	$	119,911	$	123,648	73%	0%	#DIV/0!	#DIV/0!
93306	1	A41	Professional attendance at consulting rooms by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed	90	0	0	76.5	0	0	7/08/2020	$	77	1	$	77	$	90	100%	0%	#DIV/0!	#DIV/0!
93307	1	A41	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed	90	0	0	76.5	0	0	7/08/2020	$	536	7	$	629	$	630	86%	0%	#DIV/0!	#DIV/0!
93308	1	A41	Phone attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed	90	0	0	76.5	0	0	7/08/2020	$	1,530	20	$	1,530	$	1,800	100%	0%	#DIV/0!	#DIV/0!
93309	1	A41	Professional attendance at consulting rooms by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed	128.8	0	0	109.5	0	0	7/08/2020	$	46,623	395	$	63,157	$	50,876	19%	0%	#DIV/0!	#DIV/0!
93310	1	A41	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed	128.8	0	0	109.5	0	0	7/08/2020	$	69,231	552	$	88,195	$	71,098	29%	0%	#DIV/0!	#DIV/0!
93311	1	A41	Phone attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed	128.8	0	0	109.5	0	0	7/08/2020	$	10,403	95	$	10,544	$	12,236	97%	0%	#DIV/0!	#DIV/0!
93312	8	M25	Psychological therapy health service provided to a person (but not as an admitted patient of a hospital), by an eligible clinical psychologist if: (a) the person is a care recipient in a residential	102.85	0	0	87.45	0	0	10/12/2020	$	1,312	15	$	1,312	$	1,543	100%	0%	#DIV/0!	#DIV/0!

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93313	8	M25	Psychological therapy health service provided to a person (but not as an admitted patient of a hospital), by an eligible clinical psychologist if: (a) the person is a care recipient in a residential	151.05	0	0	128.4	0	0	10/12/2020	$ 13,662	101	$ 15,248	$ 15,256	69%	0%	#DIV/0!	#DIV/0!
93316	8	M26	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible psychologist if: (a) the person is a care recipient in a residential	72.9	0	0	62	0	0	10/12/2020	$ 310	5	$ 566	$ 365	60%	0%	#DIV/0!	#DIV/0!
93319	8	M26	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital), by an eligible psychologist if: (a) the person is a care recipient in a residential	102.85	0	0	87.45	0	0	10/12/2020	$ 7,653	86	$ 8,647	$ 8,845	84%	0%	#DIV/0!	#DIV/0!
93323	8	M26	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (a) the person is a care recipient in a	90.7	0	0	77.1	0	0	10/12/2020	$ 757	7	$ 1,110	$ 635	0%	0%	#DIV/0!	#DIV/0!
93326	8	M26	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the person is a care recipient in a residential	64.2	0	0	54.6	0	0	10/12/2020	$ 710	13	$ 1,531	$ 835	69%	0%	#DIV/0!	#DIV/0!
93327	8	M26	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the person is a care recipient in a residential	90.7	0	0	77.1	0	0	10/12/2020	$ 13,860	175	$ 14,168	$ 15,873	92%	0%	#DIV/0!	#DIV/0!
93330	8	M25	Psychological therapy health service provided to a person in consulting rooms (but not as an admitted patient of a hospital), by an eligible clinical psychologist if: (b) the person is referred by a	102.85	0	0	87.45	0	0	7/08/2020	$ 153,916	1,436	$ 212,243	$ 147,693	41%	0%	#DIV/0!	#DIV/0!
93331	8	M25	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (b) the person is referred by a medical practitioner working in general practice, a	102.85	0	0	87.45	0	0	7/08/2020	$ 92,329	875	$ 123,524	$ 89,994	36%	0%	#DIV/0!	#DIV/0!
93332	8	M25	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a	102.85	0	0	87.45	0	0	7/08/2020	$ 78,614	837	$ 89,176	$ 86,085	72%	0%	#DIV/0!	#DIV/0!
93333	8	M25	Psychological therapy health service provided to a person in consulting rooms (but not as an admitted patient of a hospital), by an eligible clinical psychologist if: (b) the person is referred by a	151.05	0	0	128.4	0	0	7/08/2020	$ 27,879,606	197,373	$ 36,928,374	$ 29,812,593	25%	0%	#DIV/0!	#DIV/0!
93334	8	M25	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (b) the person is referred by a medical practitioner working in general practice, a	151.05	0	0	128.4	0	0	7/08/2020	$ 16,804,226	120,172	$ 21,621,517	$ 18,151,981	29%	0%	#DIV/0!	#DIV/0!
93335	8	M25	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a	151.05	0	0	128.4	0	0	7/08/2020	$ 4,196,957	31,386	$ 4,782,390	$ 4,740,855	64%	0%	#DIV/0!	#DIV/0!
93350	8	M26	Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist if: (b) the person is referred by	72.9	0	0	62	0	0	7/08/2020	$ 247,104	2,978	$ 376,105	$ 217,096	34%	0%	#DIV/0!	#DIV/0!
93351	8	M26	Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (b) the person is referred by a medical practitioner working in general practice, a	72.9	0	0	62	0	0	7/08/2020	$ 110,787	1,421	$ 176,268	$ 103,591	29%	0%	#DIV/0!	#DIV/0!
93352	8	M26	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist	72.9	0	0	62	0	0	7/08/2020	$ 133,216	2,044	$ 148,198	$ 149,008	81%	0%	#DIV/0!	#DIV/0!
93353	8	M26	Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital), by an eligible psychologist if: (b) the person is referred by	102.85	0	0	87.45	0	0	7/08/2020	$ 15,541,328	153,343	$ 22,435,542	$ 15,771,328	31%	0%	#DIV/0!	#DIV/0!
93354	8	M26	Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (b) the person is referred by a medical practitioner working in general practice, a	102.85	0	0	87.45	0	0	7/08/2020	$ 8,980,917	88,984	$ 12,740,116	$ 9,152,004	33%	0%	#DIV/0!	#DIV/0!
93355	8	M26	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist	102.85	0	0	87.45	0	0	7/08/2020	$ 2,670,372	28,837	$ 3,194,582	$ 2,965,885	69%	0%	#DIV/0!	#DIV/0!
93356	8	M26	Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (b) the person is	64.2	0	0	54.6	0	0	7/08/2020	$ 24,584	297	$ 36,746	$ 19,067	29%	0%	#DIV/0!	#DIV/0!
93357	8	M26	Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (b) the person is referred by a medical practitioner working in general	64.2	0	0	54.6	0	0	7/08/2020	$ 1,034	13	$ 1,143	$ 835	46%	0%	#DIV/0!	#DIV/0!
93358	8	M26	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (b) the person is referred by a medical practitioner working in general practice, a	64.2	0	0	54.6	0	0	7/08/2020	$ 849	15	$ 1,252	$ 963	47%	0%	#DIV/0!	#DIV/0!
93359	8	M26	Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (b) the person is	90.7	0	0	77.1	0	0	7/08/2020	$ 335,443	3,514	$ 486,850	$ 318,720	21%	0%	#DIV/0!	#DIV/0!
93360	8	M26	Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (b) the person is referred by a medical practitioner working in general	90.7	0	0	77.1	0	0	7/08/2020	$ 130,664	1,371	$ 178,204	$ 124,350	35%	0%	#DIV/0!	#DIV/0!
93361	8	M26	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (b) the person is referred by a medical practitioner working in general practice, a	90.7	0	0	77.1	0	0	7/08/2020	$ 17,418	182	$ 20,861	$ 16,507	57%	0%	#DIV/0!	#DIV/0!
93362	8	M26	Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker if: (b) the person is referred	64.2	0	0	54.6	0	0	7/08/2020	$ 32,762	501	$ 50,758	$ 32,164	56%	0%	#DIV/0!	#DIV/0!
93363	8	M26	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (b) the person is referred by a medical practitioner working in general practice, a	64.2	0	0	54.6	0	0	7/08/2020	$ 42,272	715	$ 52,426	$ 45,903	75%	0%	#DIV/0!	#DIV/0!
93364	8	M26	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist	64.2	0	0	54.6	0	0	7/08/2020	$ 9,002	163	$ 9,549	$ 10,465	90%	0%	#DIV/0!	#DIV/0!
93365	8	M26	Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker if: (b) the person is referred	90.7	0	0	77.1	0	0	7/08/2020	$ 1,715,414	19,493	$ 2,329,468	$ 1,768,015	46%	0%	#DIV/0!	#DIV/0!
93366	8	M26	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (b) the person is referred by a medical practitioner working in general practice, a	90.7	0	0	77.1	0	0	7/08/2020	$ 1,111,842	12,729	$ 1,497,891	$ 1,154,520	44%	0%	#DIV/0!	#DIV/0!

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93367	8	M26	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist	90.7	0	0	77.1	0	0	7/08/2020	$	290,538	3,585	$	337,981	$	325,160	73%	0%	#DIV/0!	#DIV/0!
93375	8	M27	Psychological therapy health service provided to a person (but not as an admitted patient of a hospital), by an eligible clinical psychologist if: (a) the person is a care recipient in a residential	102.85	0	0	87.45	0	0	10/12/2020	$	437	5	$	437	$	514	100%	0%	#DIV/0!	#DIV/0!
93376	8	M27	Psychological therapy health service provided to a person (but not as an admitted patient of a hospital), by an eligible clinical psychologist if: (a) the person is a care recipient in a residential	151.05	0	0	128.4	0	0	10/12/2020	$	5,008	39	$	5,439	$	5,891	90%	0%	#DIV/0!	#DIV/0!
93381	8	M28	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible psychologist if: (a) the person is a care recipient in a residential	72.9	0	0	62	0	0	10/12/2020	$	1,736	28	$	1,736	$	2,041	100%	0%	#DIV/0!	#DIV/0!
93382	8	M28	Focussed psychological strategies health service provided to a person(but not as an admitted patient of a hospital), by an eligible psychologist if: (a) the person is a care recipient in a residential	102.85	0	0	87.45	0	0	10/12/2020	$	9,620	110	$	10,262	$	11,314	89%	0%	#DIV/0!	#DIV/0!
93384	8	M28	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (a) the person is a care recipient in a	90.7	0	0	77.1	0	0	10/12/2020	$	2,853	37	$	2,853	$	3,356	100%	0%	#DIV/0!	#DIV/0!
93385	8	M28	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the person is a care recipient in a residential	64.2	0	0	54.6	0	0	10/12/2020	$	218	4	$	218	$	257	100%	0%	#DIV/0!	#DIV/0!
93386	8	M28	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the person is a care recipient in a residential	90.7	0	0	77.1	0	0	10/12/2020	$	848	11	$	848	$	998	100%	0%	#DIV/0!	#DIV/0!
93400	1	A42	Professional attendance by a general practitioner who has not undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	87	0	0	73.95	0	0	10/12/2020	$	1,997	27	$	1,997	$	2,349	100%	0%	#DIV/0!	#DIV/0!
93401	1	A42	Professional attendance by a general practitioner who has not undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	128.05	0	0	108.85	0	0	10/12/2020	$	4,027	37	$	4,027	$	4,738	100%	0%	#DIV/0!	#DIV/0!
93402	1	A42	Professional attendance, by a general practitioner who has undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	110.45	0	0	93.9	0	0	10/12/2020	$	16,620	177	$	16,764	$	19,550	99%	0%	#DIV/0!	#DIV/0!
93403	1	A42	Professional attendance, by a general practitioner who has undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	162.7	0	0	138.3	0	0	10/12/2020	$	10,373	75	$	10,373	$	12,203	100%	0%	#DIV/0!	#DIV/0!
93404	1	A42	Telehealth attendance by a general practitioner who has not undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	87	0	0	73.95	0	0	10/12/2020	$	74	1	$	74	$	87	100%	0%	#DIV/0!	#DIV/0!
93405	1	A42	Telehealth attendance by a general practitioner who has not undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	128.05	0	0	108.85	0	0	10/12/2020	$	327	3	$	327	$	384	100%	0%	#DIV/0!	#DIV/0!
93406	1	A42	Telehealth attendance by a general practitioner who has undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	110.45	0	0	93.9	0	0	10/12/2020	$	1,127	12	$	1,127	$	1,325	100%	0%	#DIV/0!	#DIV/0!
93407	1	A42	Telehealth attendance by a general practitioner who has undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	162.7	0	0	138.3	0	0	10/12/2020	$	277	2	$	277	$	325	100%	0%	#DIV/0!	#DIV/0!
93408	1	A42	Phone attendance by a general practitioner who has not undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	87	0	0	73.95	0	0	10/12/2020	$	813	11	$	857	$	957	91%	0%	#DIV/0!	#DIV/0!
93409	1	A42	Phone attendance by a general practitioner who has not undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	128.05	0	0	108.85	0	0	10/12/2020	$	762	7	$	762	$	896	100%	0%	#DIV/0!	#DIV/0!
93410	1	A42	Phone attendance by a general practitioner who has undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an admitted patient	110.45	0	0	93.9	0	0	10/12/2020	$	7,644	81	$	8,016	$	8,946	90%	0%	#DIV/0!	#DIV/0!
93411	1	A42	Phone attendance by a general practitioner who has undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an admitted patient	162.7	0	0	138.3	0	0	10/12/2020	$	3,734	27	$	3,801	$	4,393	96%	0%	#DIV/0!	#DIV/0!
93421	1	A42	Professional attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated medical practitioner has prepared, or to review a	87	0	0	73.95	0	0	10/12/2020	$	3,771	51	$	4,103	$	4,437	90%	0%	#DIV/0!	#DIV/0!
93422	1	A42	Telehealth attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated medical practitioner has prepared, or to review a	87	0	0	73.95	0	0	10/12/2020	$	1,109	15	$	1,109	$	1,305	100%	0%	#DIV/0!	#DIV/0!
93423	1	A42	Phone attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated medical practitioner has prepared, or to review a	87	0	0	73.95	0	0	10/12/2020	$	4,500	60	$	4,595	$	5,220	92%	0%	#DIV/0!	#DIV/0!
93431	1	A42	Professional attendance by a medical practitioner who has not undertaken mental health skills training (not including a general practitioner, specialist or a consultant physician), for the	69.55	0	0	59.15	0	0	10/12/2020	$	118	2	$	409	$	139	50%	0%	#DIV/0!	#DIV/0!
93432	1	A42	Professional attendance by a medical practitioner who has not undertaken mental health skills training (not including a general practitioner, specialist or a consultant physician), for the	102.45	0	0	87.1	0	0	10/12/2020	$	87	1	$	87	$	102	100%	0%	#DIV/0!	#DIV/0!
93433	1	A42	Professional attendance, by a medical practitioner who has undertaken mental health skills training (but not including a general practitioner, specialist or consultant physician), for the	88.35	0	0	75.1	0	0	10/12/2020	$	75	1	$	75	$	88	100%	0%	#DIV/0!	#DIV/0!
93434	1	A42	Professional attendance, by a medical practitioner who has undertaken mental health skills training, for the preparation of a GP mental health treatment plan for a patient (but not as an	130.15	0	0	110.65	0	0	10/12/2020	$	664	6	$	664	$	781	100%	0%	#DIV/0!	#DIV/0!
93436	1	A42	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, for the preparation of	102.45	0	0	87.1	0	0	10/12/2020	$	436	5	$	436	$	512	100%	0%	#DIV/0!	#DIV/0!
93437	1	A42	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has undertaken mental health skills training, for the preparation of a	88.35	0	0	75.1	0	0	10/12/2020	$	225	3	$	225	$	265	100%	0%	#DIV/0!	#DIV/0!

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93469	1	A43	Professional attendance by a general practitioner at a residential aged care facility to contribute to a multidisciplinary care plan, prepared by that facility, or to a review of such a plan prepared by	85.4	0	0	72.6	0	0	10/12/2020	$	193,842	2,670	$	193,940	$	228,018	100%	0%	#DIV/0!	#DIV/0!
93470	1	A43	Professional face-to-face attendance by a general practitioner at a residential aged care facility to perform a health assessment of a person who is: (a) of Aboriginal or Torres Strait Islander descent;	257.5	0	0	218.9	0	0	10/12/2020	$	15,104	69	$	15,104	$	17,768	100%	0%	#DIV/0!	#DIV/0!
93475	1	A43	Professional attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician) at a residential aged care facility to contribute to a multidisciplinary	68.35	0	0	58.1	0	0	10/12/2020	$	232	4	$	232	$	273	100%	0%	#DIV/0!	#DIV/0!
93479	1	A43	Professional face-to-face attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician) at a residential aged care facility to perform a health	206	0	0	175.1	0	0	10/12/2020	$	175	1	$	175	$	206	100%	0%	#DIV/0!	#DIV/0!
93502	8	M29	Diabetes education health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible diabetes educator if all of the following apply: (a) the	96.3	0	0	81.9	0	0	10/12/2020	$	2,621	32	$	2,621	$	3,082	100%	0%	#DIV/0!	#DIV/0!
93503	8	M29	Audiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible audiologist if all of the following apply: (a) the person's	96.3	0	0	81.9	0	0	10/12/2020	$	9,337	114	$	9,337	$	10,978	100%	0%	#DIV/0!	#DIV/0!
93504	8	M29	Exercise physiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply: (a) the	96.3	0	0	81.9	0	0	10/12/2020	$	30,139	368	$	30,139	$	35,438	100%	0%	#DIV/0!	#DIV/0!
93505	8	M29	Dietetics health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible dietitian if all of the following apply: (a)the person's chronic or	96.3	0	0	81.9	0	0	10/12/2020	$	63,473	775	$	63,473	$	74,633	100%	0%	#DIV/0!	#DIV/0!
93506	8	M29	Mental health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible mental health worker if all of the following apply: (a)the person's	96.3	0	0	81.9	0	0	10/12/2020	$	655	8	$	655	$	770	100%	0%	#DIV/0!	#DIV/0!
93507	8	M29	Occupational therapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:	96.3	0	0	81.9	0	0	10/12/2020	$	164	2	$	164	$	193	100%	0%	#DIV/0!	#DIV/0!
93508	8	M29	Physiotherapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible physiotherapist if all of the following apply: (a)the	96.3	0	0	81.9	0	0	10/12/2020	$	66,646	814	$	66,689	$	78,388	100%	0%	#DIV/0!	#DIV/0!
93509	8	M29	Podiatry health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible podiatrist if all of the following apply: (a)the person's chronic or	96.3	0	0	81.9	0	0	10/12/2020	$	443,079	5,410	$	443,087	$	520,983	100%	0%	#DIV/0!	#DIV/0!
93510	8	M29	Chiropractic health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible chiropractor if all of the following apply: (a)the person's	96.3	0	0	81.9	0	0	10/12/2020	$	1,474	18	$	1,474	$	1,733	100%	0%	#DIV/0!	#DIV/0!
93513	8	M29	Speech pathology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible speech pathologist if all of the following apply: (a)the	96.3	0	0	81.9	0	0	10/12/2020	$	328	4	$	328	$	385	100%	0%	#DIV/0!	#DIV/0!
93518	8	M29	Additional exercise physiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible exercise physiologist if all of the	64.2	0	0	54.6	0	0	10/12/2020	$	30,358	556	$	30,358	$	35,695	100%	0%	#DIV/0!	#DIV/0!
93520	8	M29	Additional physiotherapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible physiotherapist if all of the following	64.2	0	0	54.6	0	0	10/12/2020	$	18,752	342	$	19,513	$	21,956	96%	0%	#DIV/0!	#DIV/0!
93525	8	M29	Diabetes education health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible diabetes educator if all of the following apply: (a)the	64.2	0	0	54.6	0	0	10/12/2020	$	55	1	$	55	$	64	100%	0%	#DIV/0!	#DIV/0!
93526	8	M29	Audiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible audiologist if all of the following apply: (a)the service is	64.2	0	0	54.6	0	0	10/12/2020	$	55	1	$	55	$	64	100%	0%	#DIV/0!	#DIV/0!
93527	8	M29	Exercise physiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply: (a) the	64.2	0	0	54.6	0	0	10/12/2020	$	35,490	650	$	35,502	$	41,730	100%	0%	#DIV/0!	#DIV/0!
93529	8	M29	Mental health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible mental health worker if all of the following apply: (a)the service is	64.2	0	0	54.6	0	0	10/12/2020	$	764	14	$	764	$	899	100%	0%	#DIV/0!	#DIV/0!
93530	8	M29	Occupational therapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:	64.2	0	0	54.6	0	0	10/12/2020	$	328	6	$	328	$	385	100%	0%	#DIV/0!	#DIV/0!
93531	8	M29	Physiotherapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible physiotherapist if all of the following apply: (a)the	64.2	0	0	54.6	0	0	10/12/2020	$	17,636	323	$	18,411	$	20,737	96%	0%	#DIV/0!	#DIV/0!
93532	8	M29	Podiatry health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible podiatrist if all of the following apply: (a)the service is provided to	64.2	0	0	54.6	0	0	10/12/2020	$	872,563	15,982	$	872,563	$	1,026,044	100%	0%	#DIV/0!	#DIV/0!
93536	8	M29	Speech pathology service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible speech pathologist if all of the following apply: (a)the	64.2	0	0	54.6	0	0	10/12/2020	$	55	1	$	55	$	64	100%	0%	#DIV/0!	#DIV/0!
93538	8	M29	Phone attendance provided to a care recipient in a residential aged care facility, by an eligible allied health practitioner, if all of the following apply: (a)the service is provided to a person whose	64.2	0	0	54.6	0	0	10/12/2020	$	164	3	$	164	$	193	100%	0%	#DIV/0!	#DIV/0!
93586	8	M30	Physiotherapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible	64.2	0	0	54.6	0	0	10/12/2020	$	55	1	$	149	$	64	0%	0%	#DIV/0!	#DIV/0!
93592	8	M30	Telehealth attendance provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an by an eligible allied health	64.2	0	0	54.6	0	0	10/12/2020	$	15	1	$	15	$	64	0%	0%	#DIV/0!	#DIV/0!
93607	8	M31	Exercise physiology health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible exercise physiologist for assessing	96.3	0	0	81.9	0	0	10/12/2020	$	901	11	$	901	$	1,059	100%	0%	#DIV/0!	#DIV/0!
93614	8	M31	Exercise physiology health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible exercise physiologist as a group	20.5	0	0	17.45	0	0	10/12/2020	$	262	15	$	262	$	308	100%	0%	#DIV/0!	#DIV/0!

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93624	1	A44	Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for the first dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following	36.15	0	0	30.75	0	0	26/02/2021	$	57,833,696	1,880,775	$	57,834,255	$	67,989,782	100%	0%	#DIV/0!	#DIV/0!
93625	1	A44	Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for the first dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following	43.9	0	0	37.35	0	0	26/02/2021	$	31,142,935	833,816	$	31,143,638	$	36,604,425	100%	0%	#DIV/0!	#DIV/0!
93626	1	A44	Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for the first dose of a COVID-19 vaccine if all of the	28.2	0	0	24	0	0	26/02/2021	$	928,632	38,693	$	928,632	$	1,091,143	100%	0%	#DIV/0!	#DIV/0!
93627	1	A44	Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for the first dose of a COVID-19 vaccine if all of the	39.75	0	0	33.8	0	0	26/02/2021	$	926,999	27,426	$	926,999	$	1,090,184	100%	0%	#DIV/0!	#DIV/0!
93634	1	A44	Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for the first dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following	50.45	0	0	42.9	0	0	26/02/2021	$	8,691,840	202,607	$	8,691,840	$	10,221,523	100%	0%	#DIV/0!	#DIV/0!
93635	1	A44	Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for the first dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following	58.2	0	0	49.5	0	0	26/02/2021	$	4,282,740	86,520	$	4,282,757	$	5,035,464	100%	0%	#DIV/0!	#DIV/0!
93636	1	A44	Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for the first dose of a COVID-19 vaccine if all of the	39.95	0	0	34	0	0	26/02/2021	$	153,843	4,525	$	153,843	$	180,774	100%	0%	#DIV/0!	#DIV/0!
93637	1	A44	Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for the first dose of a COVID-19 vaccine if all of the	51.15	0	0	43.5	0	0	26/02/2021	$	47,676	1,096	$	47,676	$	56,060	100%	0%	#DIV/0!	#DIV/0!
93644	1	A44	Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for the second or subsequent dose of a COVID-19 vaccine if all of the following apply: (a) one or	28.5	0	0	24.25	0	0	26/02/2021	$	4,248,503	175,196	$	4,248,540	$	4,993,086	100%	0%	#DIV/0!	#DIV/0!
93645	1	A44	Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for the second or subsequent dose of a COVID-19 vaccine if all of the following apply: (a) one or	32.4	0	0	27.55	0	0	26/02/2021	$	2,506,031	90,963	$	2,506,036	$	2,947,201	100%	0%	#DIV/0!	#DIV/0!
93646	1	A44	Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for the second or subsequent dose of a COVID-19	20.55	0	0	17.5	0	0	26/02/2021	$	56,508	3,229	$	56,508	$	66,356	100%	0%	#DIV/0!	#DIV/0!
93647	1	A44	Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for the second or subsequent dose of a COVID-19	28.2	0	0	24	0	0	26/02/2021	$	73,803	3,075	$	73,804	$	86,715	100%	0%	#DIV/0!	#DIV/0!
93653	1	A44	Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for the second or subsequent dose of a COVID-19 vaccine if all of the following apply: (a) one or	42.8	0	0	36.4	0	0	26/02/2021	$	737,646	20,265	$	737,646	$	867,342	100%	0%	#DIV/0!	#DIV/0!
93654	1	A44	Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for the second or subsequent dose of a COVID-19 vaccine if all of the following apply: (a) one or	46.7	0	0	39.7	0	0	26/02/2021	$	461,592	11,627	$	461,592	$	542,981	100%	0%	#DIV/0!	#DIV/0!
93655	1	A44	Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for the second or subsequent dose of a COVID-19	32.3	0	0	27.5	0	0	26/02/2021	$	12,733	463	$	12,733	$	14,955	100%	0%	#DIV/0!	#DIV/0!
93656	1	A44	Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for the second or subsequent dose of a COVID-19	39.6	0	0	33.7	0	0	26/02/2021	$	1,112	33	$	1,112	$	1,307	100%	0%	#DIV/0!	#DIV/0!

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