Australian Government Department of Health (Health) - Private Health Industry Branch (PHIB)
Private Health Insurance Classification of MBS Items - 1 January 2022 - as at 21 December 2021 ('the PHI Spreadsheet')

This PHI spreadsheet of 21 December 2021 contains the clinical category and procedure type assignments for each Medicare Benefits Schedule (MBS) item, for hospital insurance purposes, for MBS items commencing 1 January 2022.

The PHI spreadsheet of 21 December 2021 was derived from the MBS XML file published on 17 December 2021.

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

PHI assignment terminology

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

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

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

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

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

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

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

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

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

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

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

#na – indicates Excel calculation or formatting error in cell

Disclaimer

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

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

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

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

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

Office use only: *D21-6222486*

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
3	Common list	Type C	N	Professional attendance at consulting rooms (other than a service to which another item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-each attendance	17.9		17.9		
4	Common list	Type C	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies) that requires a short patient history and, if necessary, limited examination and management-an attendance on one or more patients at one place on one occasion-each patient		The fee for item 3, plus $27.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 3 plus $2.15 per patient.			
23	Common list	Type C	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	39.1		39.1		
24	Common list	Type C	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one place on one occasion-each patient		The fee for item 23, plus $27.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 23 plus $2.15 per patient.			
36	Common list	Type C	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	75.75		75.75		
37	Common list	Type C	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one place on one occasion-each patient		The fee for item 36, plus $27.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 36 plus $2.15 per patient.			
44	Common list	Type C	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	111.5		111.5		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
47	Common list	Type C	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one place on one occasion-each patient		The fee for item 44, plus $27.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 44 plus $2.15 per patient.			
52	Common list	Type C	N	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	11		11		
53	Common list	Type C	N	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	21		21		
54	Common list	Type C	N	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	38		38		
57	Common list	Type C	N	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	61		61		
58	Common list	Type C	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies), not more than 5 minutes in duration-an attendance on one or more patients at one place on one occasion-each patient, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).		An amount equal to $8.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $8.50 plus $.70 per patient			
59	Common list	Type C	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 5 minutes in duration but not more than 25 minutes-an attendance on one or more patients at one place on one occasion-each patient, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).		An amount equal to $16.00, plus $17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $16.00 plus $.70 per patient			
60	Common list	Type C	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 25 minutes in duration but not more than 45 minutes-an attendance on one or more patients at one place on one occasion-each patient, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).		An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $35.50 plus $.70 per patient			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
65	Common list	Type C	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 45 minutes in duration-an attendance on one or more patients at one place on one occasion-each patient, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).		An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $57.50 plus $.70 per patient			
104	Common list	Type C	N	Professional attendance at consulting rooms or hospital by a specialist in the practice of the specialist's specialty after referral of the patient to the specialist-each attendance, other than a second or subsequent attendance, in a single course of treatment, other than a service to which item 106, 109 or 16401 applies	90.35			67.8	76.8
105	Common list	Type C	N	Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-an attendance after the first in a single course of treatment, if that attendance is at consulting rooms or hospital, other than a service to which item 16404 applies	45.4			34.05	38.6
106	Common list	Type C	N	Professional attendance by a specialist in the practice of the specialist's specialty of ophthalmology and following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment) at which the only service provided is refraction testing for the issue of a prescription for spectacles or contact lenses, if that attendance is at consulting rooms or hospital (other than a service to which any of items 104, 109 and 10801 to 10816 applies)	74.95			56.25	63.75
107	Common list	Type C	N	Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment), if that attendance is at a place other than consulting rooms or hospital	132.6			99.45	112.75
108	Common list	Type C	N	Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-each attendance after the first in a single course of treatment, if that attendance is at a place other than consulting rooms or hospital	83.95			63	71.4
109	Common list	Type C	N	Professional attendance by a specialist in the practice of the specialist's specialty of ophthalmology following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment) at which a comprehensive eye examination, including pupil dilation, is performed on: (a) a patient aged 9 years or younger; or (b) a patient aged 14 years or younger with developmental delay; (other than a service to which any of items 104, 106 and 10801 to 10816 applies)	203.65			152.75	173.15
110	Common list	Type C	N	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-initial attendance in a single course of treatment	159.35			119.55	135.45
111	Common list	Type B Non-band specific	N	Professional attendance at consulting rooms or in hospital by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist by a referring practitioner-an attendance after the first attendance in a single course of treatment, if: (a) during the attendance, the specialist determines the need to perform an operation on the patient that had not otherwise been scheduled; and (b) the specialist subsequently performs the operation on the patient, on the same day; and (c) the operation is a service to which an item in Group T8 applies; and (d) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $312.15or more For any particular patient, once only on the same day	45.4			34.05	38.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
115	Common list	Type C	N	Professional attendance at consulting rooms or in hospital on a day by a medical practitioner (the attending practitioner) who is a specialist or consultant physician in the practice of the attending practitioner's specialty after referral of the patient to the attending practitioner by a referring practitioner—an attendance after the initial attendance in a single course of treatment, if: (a) the attending practitioner performs a scheduled operation on the patient on the same day; and (b) the operation is a service to which an item in Group T8 applies; and (c) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $312.15 or more; and (d) the attendance is unrelated to the scheduled operation; and (e) it is considered a clinical risk to defer the attendance to a later day For any particular patient, once only on the same day	45.4			34.05	38.6
116	Common list	Type C	N	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each attendance (other than a service to which item 119 applies) after the first in a single course of treatment	79.75			59.85	67.8
117	Common list	Type B Non-band specific	N	Professional attendance at consulting rooms or in hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-an attendance after the first attendance in a single course of treatment, if: (a) the attendance is not a minor attendance; and (b) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and (c) the consultant physician subsequently performs the operation on the patient, on the same day; and (d) the operation is a service to which an item in Group T8 applies; and (e) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $312.15 or more For any particular patient, once only on the same day	79.75			59.85	67.8
119	Common list	Type C	N	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each minor attendance after the first in a single course of treatment	45.4			34.05	38.6
120	Common list	Type B Non-band specific	N	Professional attendance at consulting rooms or in hospital by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-an attendance after the first attendance in a single course of treatment, if: (a) the attendance is a minor attendance; and (b) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and (c) the consultant physician subsequently performs the operation on the patient, on the same day; and (d) the operation is a service to which an item in Group T8 applies; and (e) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $312.15 or more For any particular patient, once only on the same day	45.4			34.05	38.6
122	Common list	Type C	N	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-initial attendance in a single course of treatment	193.35			145.05	164.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
128	Common list	Type C	N	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each attendance (other than a service to which item 131 applies) after the first in a single course of treatment	116.95			87.75	99.45
131	Common list	Type C	N	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each minor attendance after the first in a single course of treatment	84.25			63.2	71.65
132	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves: (i) an opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 applies did not take place on the same day by the same consultant physician; and (d) this item has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician	278.75			209.1	236.95
133	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on the diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 applies did not take place on the same day by the same consultant physician; and (d) item 132 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 or a locum tenens; and (f) this item has not applied more than twice in any 12 month period	139.55			104.7	118.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
135	Common list	Unlisted	N	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, following referral of the patient to the consultant by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient aged under 13 years with autism or another pervasive developmental disorder, if the consultant paediatrician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary-medical recommendations; (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 137, 139 or 289)	278.75			209.1	236.95
137	Common list	Unlisted	N	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 treatment and management plan for a child aged under 13 years, with an eligible disability, who has been referred to the specialist or consultant physician by a referring practitioner, if the specialist or consultant physician does the following: (a)undertakes a comprehensive assessment of the child and forms a diagnosis (using the assistance of one or more allied health providers where appropriate) (b)develops a treatment and management plan which must include the following: (i)the outcomes of the assessment; (ii)the diagnosis or diagnoses; (iii)opinion on risk assessment; (iv)treatment options and decisions; (v)appropriate medication recommendations, where necessary. (c)provides a copy of the treatment and management plan to the: (i)referring practitioner; and (ii)relevant allied health providers (where appropriate). Not being an attendance on a child in respect of whom payment has previously been made under this item or items 135, 139 or 289.	278.75			209.1	236.95
139	N/A (Not hospital treatment)	Unlisted	N	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 preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the general practitioner does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary-medication recommendations; (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137 or 289)	139.95		139.95		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
141	Common list	Type C	N	Professional attendance of more than 60 minutes in duration at consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (including a general practitioner, but not including a specialist or consultant physician) or a participating nurse practitioner; and (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and (c) during the attendance: (i) the medical, physical, psychological and social aspects of the patient's health are evaluated in detail using appropriately validated assessment tools if indicated (the assessment); and (ii) the patient's various health problems and care needs are identified and prioritised (the formulation); and (iii) a detailed management plan is prepared (the management plan) setting out: (A) the prioritised list of health problems and care needs; and (B) short and longer term management goals; and (C) recommended actions or intervention strategies to be undertaken by the patient's general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient and the patient's family and carers; and (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and (v) the management plan is communicated in writing to the referring practitioner; and (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and (e) an attendance to which this item or item 145 applies has not been provided to the patient by the same practitioner in the preceding 12 months	478.05			358.55	406.35
143	Common list	Type C	N	Professional attendance of more than 30 minutes in duration at consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141 or 145, if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan prepared under item 141 or 145 is reviewed and revised; and (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies was not provided to the patient on the same day by the same practitioner; and (d) an attendance to which item 141 or 145 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item or item 147 applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	298.85			224.15	254.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
145	Common list	Type C	N	Professional attendance of more than 60 minutes in duration at a place other than consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (including a general practitioner, but not including a specialist or consultant physician) or a participating nurse practitioner; and (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and (c) during the attendance: (i) the medical, physical, psychological and social aspects of the patient's health are evaluated in detail utilising appropriately validated assessment tools if indicated (the assessment); and (ii) the patient's various health problems and care needs are identified and prioritised (the formulation); and (iii) a detailed management plan is prepared (the management plan) setting out: (A) the prioritised list of health problems and care needs; and (B) short and longer term management goals; and (C) recommended actions or intervention strategies, to be undertaken by the patient's general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient, the patient's family and any carers; and (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and (v) the management plan is communicated in writing to the referring practitioner; and (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and (e) an attendance to which this item or item 141 applies has not been provided to the patient by the same practitioner in the preceding 12 months	579.65				492.75
147	Common list	Type C	N	Professional attendance of more than 30 minutes in duration at a place other than consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under items 141 or 145, if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan that was prepared under item 141 or 145 is reviewed and revised; and (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and (d) an attendance to which item 141 or 145 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item or 143 applies has not been provided by the same practitioner in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	362.35				308
160	Common list	Type C	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of not less than 1 hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of death	230.5		230.5	172.9	
161	Common list	Type C	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of death	384.15		384.15	288.15	
162	Common list	Type C	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of death	537.55		537.55	403.2	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
163	Common list	Type C	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of death	691.5		691.5	518.65	
164	Common list	Type C	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of 5 hours or more (other than a service to which another item applies) on a patient in imminent danger of death	768.3		768.3	576.25	
170	Hospital psychiatric services	Type C	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician's specialty of psychiatry) involving members of a family and persons with close personal relationships with that family-each group of 2 patients	122.35		122.35	91.8	
171	Hospital psychiatric services	Type C	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician's specialty of psychiatry) involving members of a family and persons with close personal relationships with that family-each group of 3 patients	128.9		128.9	96.7	
172	Hospital psychiatric services	Type C	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician's specialty of psychiatry) involving members of a family and persons with close personal relationships with that family-each group of 4 or more patients	156.8		156.8	117.6	
173	Common list	Type C	N	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 same occasion and another attendance on the same day related to the condition for which the acupuncture was performed	21.65		21.65	16.25	
177	N/A (Not hospital treatment)	Unlisted	N	Professional attendance on a patient who is 30 years of age or over for a heart health assessment by a medical practitioner at consulting rooms(other than a specialist or consultant physician) lasting at least 20 minutes and including: collection of relevant information, including taking a patient history; and a basic physical examination, which must include recording blood pressure and cholesterol; and initiating interventions and referrals as indicated; and implementing a management plan; and providing the patient with preventative health care advice and information.	60.6		60.6		
179	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area.	14.3		14.3		
181	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies), not more than 5 minutes in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area		The fee for item 179, plus $21.90 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 179 plus $1.70 per patient.			
185	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area	31.3		31.3		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
187	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area		The fee for item 185, plus $21.90 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 185 plus $1.70 per patient.			
189	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area	60.6		60.6		
191	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area		The fee for item 189, plus $21.90 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 189 plus $1.70 per patient.			
193	Common list	Type C	N	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 clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the qualified medical acupuncturist by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed	38.55		38.55		
195	Common list	Type C	N	Professional attendance by a general practitioner who is a qualified medical acupuncturist, on one or more patients at a hospital, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the qualified medical acupuncturist by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed		The fee for item 193, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 193 plus $2.10 per patient.			
197	Common list	Type C	N	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 clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the qualified medical acupuncturist by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed	74.6		74.6		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
199	Common list	Type C	N	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 clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the qualified medical acupuncturist by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed	109.85		109.85		
203	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area	89.2		89.2		
206	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 45 minutes in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area		The fee for item 203, plus $21.90 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 203 plus $1.70 per patient.			
214	Common list	Unlisted	N	Professional attendance by a medical practitioner for a period of not less than 1 hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of death	184.4		184.4	138.3	
215	Common list	Unlisted	N	Professional attendance by a medical practitioner for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of death	307.3		307.3	230.5	
218	Common list	Unlisted	N	Professional attendance by a medical practitioner for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of death	430.05		430.05	322.55	
219	Common list	Unlisted	N	Professional attendance by a medical practitioner for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of death	553.2		553.2	414.9	
220	Common list	Unlisted	N	Professional attendance by a medical practitioner for a period of 5 hours or more (other than a service to which another item applies) on a patient in imminent danger of death	614.65		614.65	461	
221	Common list	Unlisted	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 2 patients	97.9		97.9	73.45	
222	Common list	Unlisted	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 3 patients	103.1		103.1	77.35	
223	Common list	Unlisted	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 4 or more patients	125.45		125.45	94.1	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
224	Common list	Unlisted	N	Professional attendance by a medical practitioner to perform a brief health assessment, lasting not more than 30 minutes and including: (a) collection of relevant information, including taking a patient history; and (b) a basic physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing the patient with preventive health care advice and information	49.4		49.4		
225	Common list	Unlisted	N	Professional attendance by a medical practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including: (a) detailed information collection, including taking a patient history; and (b) an extensive physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing a preventive health care strategy for the patient	114.8		114.8		
226	Common list	Unlisted	N	Professional attendance by a medical practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition and physical function; and (c) initiating interventions and referrals as indicated; and (d) providing a basic preventive health care management plan for the patient	158.4		158.4		
227	Common list	Unlisted	N	Professional attendance by a medical practitioner to perform a prolonged health assessment (lasting at least 60 minutes) including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and (c) initiating interventions or referrals as indicated; and (d) providing a comprehensive preventive health care management plan for the patient	223.75		223.75		
228	Common list	Unlisted	N	Professional attendance by a medical practitioner at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent—this item or items 715, 93470 or 93479 not more than once in a 9 month period.	176.7		176.7		
229	Common list	Unlisted	N	Attendance by a medical practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items735 to 758 and items 235 to 240 apply)	120.1		120.1	90.1	
230	Common list	Unlisted	N	Attendance by a medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply)	95.15		95.15	71.4	
231	Common list	Unlisted	N	Contribution by a medical practitioner, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply)	58.6		58.6	43.95	
232	Common list	Unlisted	N	Contribution by a medical practitioner, to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items735 to 758 and items 235 to 240 apply)	58.6		58.6	43.95	
233	Common list	Unlisted	N	Attendance by a medical practitioner to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item721 or item 229 applies; or (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item723 or item 230 applies	59.95		59.95	45	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
235	Common list	Unlisted	N	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items721 to 732, items 229 to 233 or items 93469 or 93475 apply).	58.85		58.85	44.15	
236	Common list	Unlisted	N	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items721 to 732, items 229 to 233 or items 93469 or 93475 apply).	100.7		100.7	75.55	
237	Common list	Unlisted	N	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items721 to 732, items 229 to 233 or items 93469 or 93475 apply)	167.85		167.85	125.9	
238	Common list	Unlisted	N	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items721 to 732, items 229 to 233 or items 93469 or 93475 apply).	43.25		43.25	32.45	
239	Common list	Unlisted	N	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items721 to 732, items 229 to 233 or items 93469 or 93475 apply).	74.1		74.1	55.6	
240	Common list	Unlisted	N	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items721 to 732, items 229 to 233 or items 93469 or 93475 apply)	123.35		123.35	92.55	
243	Common list	Unlisted	N	Attendance by a medical practitioner, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 3 other medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	67.85		67.85	50.9	
244	Common list	Unlisted	N	Attendance by a medical practitioner, as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	31.6		31.6	23.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
245	N/A (Not hospital treatment)	Unlisted	N	Participation by a medical practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the medical practitioner, with the patient's consent: (a) assesses the patient as: (i) having a chronic medical condition or a complex medication regimen; and (ii) not having their therapeutic goals met; and (b) following that assessment: (i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and (ii) provides relevant clinical information required for the DMMR; and (c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and (d) develops a written medication management plan following discussion with the patient; and (e) provides the written medication management plan to a community pharmacy chosen by the patient For any particular patient—this item or item 900 is applicable not more than once in each 12 month period, except if there has been a significant change in the patient's condition or medication regimen requiring a new DMMR	128.9		128.9		
249	N/A (Not hospital treatment)	Unlisted	N	Participation by a medical practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 903 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR	88.25		88.25		
251	N/A (Not hospital treatment)	Unlisted	N	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 patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	14.1		14.1		
252	N/A (Not hospital treatment)	Unlisted	N	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 screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	30.85		30.85		
253	Common list	Unlisted	N	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 cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years		The fee for item 252, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 252 plus $1.70 per patient.			
254	N/A (Not hospital treatment)	Unlisted	N	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 screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	59.7		59.7		
255	Common list	Unlisted	N	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 for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years		The fee for item 254, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 254 plus $1.70 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
256	N/A (Not hospital treatment)	Unlisted	N	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 the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	87.9		87.9		
257	Common list	Unlisted	N	Professional attendance at a place other than 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 the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years		The fee for item 256, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 256 plus $1.70 per patient			
259	N/A (Not hospital treatment)	Unlisted	N	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 requirements for a cycle of care of a patient with established diabetes mellitus	30.85		30.85		
260	Common list	Unlisted	N	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 minimum requirements for a cycle of care of a patient with established diabetes mellitus		The fee for item 259, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 259 plus $1.70 per patient.			
261	N/A (Not hospital treatment)	Unlisted	N	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 for a cycle of care of a patient with established diabetes mellitus	59.7		59.7		
262	Common list	Unlisted	N	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 minimum requirements for a cycle of care of a patient with established diabetes mellitus		The fee for item 261, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 261 plus $1.70 per patient.			
263	N/A (Not hospital treatment)	Unlisted	N	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 patient with established diabetes mellitus	87.9		87.9		
264	Common list	Unlisted	N	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 of care of a patient with established diabetes mellitus		The fee for item 263, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 263 plus $1.70 per patient.			
265	N/A (Not hospital treatment)	Unlisted	N	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 requirements of the Asthma Cycle of Care	30.85		30.85		
266	Common list	Unlisted	N	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 minimum requirements of the Asthma Cycle of Care		The fee for item 265, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 265 plus $1.70 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
268	N/A (Not hospital treatment)	Unlisted	N	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 requirements of the Asthma Cycle of Care	59.7		59.7		
269	Common list	Unlisted	N	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 minimum requirements of the Asthma Cycle of Care		The fee for item 268, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 268 plus $1.70 per patient.			
270	N/A (Not hospital treatment)	Unlisted	N	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 Care	87.9		87.9		
271	Common list	Unlisted	N	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 Asthma Cycle of Care		The fee for item 270, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 270 plus $1.70 per patient.			
272	Common list	Unlisted	N	Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	59.7		59.7	44.8	
276	Common list	Unlisted	N	Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	87.9		87.9	65.95	
277	Common list	Unlisted	N	Professional attendance by a medical practitioner to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan	59.7		59.7	44.8	
279	Common list	Unlisted	N	Professional attendance by a medical practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation	59.7		59.7	44.8	
281	Common list	Unlisted	N	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	75.8		75.8	56.85	
282	Common list	Unlisted	N	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	111.65		111.65	83.75	
283	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes	77.2		77.2		
285	Common list	Type C	N	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes		The fee for item 283, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 283 plus $1.70 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
286	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 40 minutes	110.5		110.5		
287	Common list	Type C	N	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 40 minutes		The fee for item 286, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 286 plus $1.70 per patient.			
289	Hospital psychiatric services	Type C	N	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 psychiatry, following referral of the patient to the consultant by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with autism or another pervasive developmental disorder, if the consultant psychiatrist does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary-medication recommendations; (c) provides a copy of the treatment and management plan to the referring practitioner; (d) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137 or 139)	278.75			209.1	236.95
291	Common list	Type C	N	Professional attendance of more than 45 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the attendance follows referral of the patient to the consultant for an assessment or management by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner; and (b) during the attendance, the consultant: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing treatment by the consultant; and (d) within 2 weeks after the attendance, the consultant: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and (E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees	478.05				406.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
293	Common list	Type C	N	Professional attendance of more than 30 minutes but not more than 45 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291; and (b) the attendance follows referral of the patient to the consultant for review of the management plan by the medical practitioner or a participating nurse practitioner managing the patient; and (c) during the attendance, the consultant: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the management plan; and (d) within 2 weeks after the attendance, the consultant: (i) prepares a written diagnosis of the patient; and (ii) revises the management plan; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees; and (e) in the preceding 12 months, a service to which item 291 applies has been provided; and (f) in the preceding 12 months, a service to which this item applies has not been provided	298.85				254.05
296	Common list	Type C	N	Professional attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance at consulting rooms if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist in the preceding 24 months; other than attendance on a patient in relation to whom this item, or item 297 or 299 or any of items 300 to 308, has applied in the preceding 24 months	274.95			206.25	233.75
297	Hospital psychiatric services	Type C	N	Professional attendance of more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance at hospital if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist in the preceding 24 months; other than attendance on a patient in relation to whom this item, or item 296 or 299 or any of items 300 to 308, has applied in the preceding 24 months (H)	274.95			206.25	233.75
299	Common list	Type C	N	Professional attendance of more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance at a place other than consulting rooms or a hospital if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist in the preceding 24 months; other than attendance on a patient in relation to whom this item, or item 296 or 297 or any of items 300 to 308, has applied in the preceding 24 months	328.75			246.6	279.45
300	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of not more than 15 minutes in duration at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient	45.75			34.35	38.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
302	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient	91.3			68.5	77.65
304	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration at consulting rooms), if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient	140.55			105.45	119.5
306	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient	194			145.5	164.9
308	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 75 minutes in duration at consulting rooms), if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient	225.1			168.85	191.35
310	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of not more than 15 minutes in duration at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient	22.8			17.1	19.4
312	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient	45.75			34.35	38.9
314	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient	70.45			52.85	59.9
316	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient	97.1			72.85	82.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
318	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 75 minutes in duration at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient	112.6			84.45	95.75
319	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 45 minutes in duration at consulting rooms, if the patient has: (a) been diagnosed as suffering severe personality disorder, anorexia nervosa, bulimia nervosa, dysthymic disorder, substance-related disorder, somatoform disorder or a pervasive development disorder; and (b) for patients 18 years and over—been rated with a level of functional impairment within the range 1 to 50 according to the Global Assessment of Functioning Scale; if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 160 attendances in a calendar year for the patient	194			145.5	164.9
320	Hospital psychiatric services	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of not more than 15 minutes in duration at hospital	45.75			34.35	38.9
322	Hospital psychiatric services	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration at hospital	91.3			68.5	77.65
324	Hospital psychiatric services	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration at hospital	140.55			105.45	119.5
326	Hospital psychiatric services	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration at hospital	194			145.5	164.9
328	Hospital psychiatric services	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 75 minutes in duration at hospital	225.1			168.85	191.35
330	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of not more than 15 minutes in duration if that attendance is at a place other than consulting rooms or hospital	84.05			63.05	71.45
332	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration if that attendance is at a place other than consulting rooms or hospital	131.6			98.7	111.9
334	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration if that attendance is at a place other than consulting rooms or hospital	191.8			143.85	163.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
336	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration if that attendance is at a place other than consulting rooms or hospital	232.05			174.05	197.25
338	Common list	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 75 minutes in duration if that attendance is at a place other than consulting rooms or hospital	263.55			197.7	224.05
342	Hospital psychiatric services	Type C	N	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry, involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a referring practitioner-each patient	52.05			39.05	44.25
344	Hospital psychiatric services	Type C	N	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry, involving a family group of 3 patients, each of whom is referred to the consultant physician by a referring practitioner-each patient	69.1			51.85	58.75
346	Hospital psychiatric services	Type C	N	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry, involving a family group of 2 patients, each of whom is referred to the consultant physician by a referring practitioner-each patient	102.2			76.65	86.9
348	Hospital psychiatric services	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 20 minutes, but less than 45 minutes, in duration, in the course of initial diagnostic evaluation of a patient	133.85			100.4	113.8
350	Hospital psychiatric services	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 45 minutes in duration, in the course of initial diagnostic evaluation of a patient	184.8			138.6	157.1
352	Hospital psychiatric services	Type C	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 20 minutes in duration, in the course of continuing management of a patient-if that attendance and another attendance to which this item applies have not exceeded 4 in a calendar year for the patient	133.85			100.4	113.8
385	Common list	Type C	N	Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner-initial attendance in a single course of treatment	90.35			67.8	76.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
386	Common list	Type C	N	Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner-each attendance after the first in a single course of treatment	45.4			34.05	38.6
387	Common list	Type C	N	Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner-initial attendance in a single course of treatment	132.6			99.45	112.75
388	Common list	Type C	N	Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner-each attendance after the first in a single course of treatment	83.95			63	71.4
410	Common list	Type C	N	LEVEL AProfessional attendance at consulting rooms by a public health physician in the practice of his or her specialty of public health medicine for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management.	20.65			15.5	17.6
411	Common list	Type C	N	LEVEL BProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting less than 20 minutes, including any of the following that are clinically relevant: a) taking a patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.	45.15			33.9	38.4
412	Common list	Type C	N	LEVEL CProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting at least 20 minutes, including any of the following that are clinically relevant: a) taking a detailed patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.	87.35			65.55	74.25
413	Common list	Type C	N	LEVEL DProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting at least 40 minutes, including any of the following that are clinically relevant: a) taking an extensive patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.	128.6			96.45	109.35
414	Common list	Type C	N	LEVEL AProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management		The fee for item 410, plus $26.90 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 410 plus $2.10 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
415	Common list	Type C	N	LEVEL BProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms, lasting less than 20 minutes, including any of the following that are clinically relevant: a) taking a patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.		The fee for item 411, plus $26.90 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 411 plus $2.10 per patient.			
416	Common list	Type C	N	LEVEL CProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms lasting at least 20 minutes, including any of the following that are clinically relevant: a) taking a detailed patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.		The fee for item 412, plus $26.90 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 412 plus $2.10 per patient.			
417	Common list	Type C	N	LEVEL DProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms lasting at least 40 minutes, including any of the following that are clinically relevant: a) taking an extensive patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.		The fee for item 413, plus $26.90 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 413 plus $2.10 per patient.			
585	Common list	Unlisted	N	Professional attendance by a general practitioner on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	135.1		135.1	101.35	
588	Common list	Unlisted	N	Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) the attendance is in an after-hours rural area; and (d) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	135.1		135.1	101.35	
591	Common list	Unlisted	N	Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) the attendance is not in an after-hours rural area; and (d) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	93.65		93.65	70.25	
594	Common list	Unlisted	N	Professional attendance by a medical practitioner—each additional patient at an attendance that qualifies for item 585, 588 or 591 in relation to the first patient	43.65		43.65	32.75	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
599	Common list	Unlisted	N	Professional attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	159.2		159.2	119.4	
600	Common list	Unlisted	N	Professional attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	127.25		127.25	95.45	
699	N/A (Not hospital treatment)	Unlisted	N	Professional attendance on a patient who is 30 years of age or over for a heart health assessment by a general practitioner at consulting rooms lasting at least 20 minutes and including: collection of relevant information, including taking a patient history; and a basic physical examination, which must include recording blood pressure and cholesterol; and initiating interventions and referrals as indicated; and implementing a management plan; and providing the patient with preventative health care advice and information.	75.75		75.75		
701	Common list	Unlisted	N	Professional attendance by a general practitioner to perform a brief health assessment, lasting not more than 30 minutes and including: (a) collection of relevant information, including taking a patient history; and (b) a basic physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing the patient with preventive health care advice and information	61.75		61.75		
703	Common list	Unlisted	N	Professional attendance by a general practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including: (a) detailed information collection, including taking a patient history; and (b) an extensive physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing a preventive health care strategy for the patient	143.5		143.5		
705	Common list	Unlisted	N	Professional attendance by a general practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition and physical function; and (c) initiating interventions and referrals as indicated; and (d) providing a basic preventive health care management plan for the patient	198		198		
707	Common list	Unlisted	N	Professional attendance by a general practitioner to perform a prolonged health assessment (lasting at least 60 minutes) including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and (c) initiating interventions or referrals as indicated; and (d) providing a comprehensive preventive health care management plan for the patient	279.7		279.7		
715	Common list	Unlisted	N	Professional attendance by a general practitioner at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent-not more than once in a 9 month period	220.85		220.85		
721	Common list	Type C	N	Attendance by a general practitioner for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 apply)	150.1		150.1	112.6	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
723	Common list	Type C	N	Attendance by a general practitioner to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 apply)	118.95		118.95	89.25	
729	Common list	Type C	N	Contribution by a general practitioner to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 apply)	73.25		73.25		
731	Common list	Type C	N	Contribution by a general practitioner to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items 735 to 758 apply)	73.25		73.25		
732	Common list	Type C	N	Attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to which item 721 applies; or (b) team care arrangements which have been coordinated by the general practitioner (or an associated general practitioner) to which item 723 applies	74.95		74.95	56.25	
733	Common list	Unlisted	N	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	24.1		24.1		
735	Common list	Unlisted	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 apply)	73.55		73.55	55.2	
737	Common list	Unlisted	N	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	40.8		40.8		
739	Common list	Unlisted	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 apply)	125.85		125.85	94.4	
741	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	69.9		69.9		
743	Common list	Unlisted	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 apply)	209.8		209.8	157.35	
745	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	98.05		98.05		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
747	Common list	Unlisted	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 apply)	54.05		54.05	40.55	
750	Common list	Unlisted	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 apply)	92.6		92.6	69.45	
758	Common list	Unlisted	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 apply)	154.2		154.2	115.65	
761	N/A (Not hospital treatment)	Unlisted	N	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting not more than 5 minutes—an attendance on one or more patients on one occasion—each patient		The fee for item 733, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 733 plus $1.70 per patient.			
763	N/A (Not hospital treatment)	Unlisted	N	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 5 minutes, but not more than 25 minutes—an attendance on one or more patients on one occasion—each patient		The fee for item 737, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 737 plus $1.70 per patient.			
766	N/A (Not hospital treatment)	Unlisted	N	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 25 minutes, but not more than 45 minutes—an attendance on one or more patients on one occasion—each patient		The fee for item 741, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 741 plus $1.70 per patient.			
769	N/A (Not hospital treatment)	Unlisted	N	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 45 minutes—an attendance on one or more patients on one occasion—each patient		The fee for item 745, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 745 plus $1.70 per patient.			
772	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self contained unit) of not more than 5 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 733, plus $38.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 733 plus $2.70 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
776	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self contained unit) of more than 5 minutes in duration but not more than 25 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 737, plus $38.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 737 plus $2.70 per patient.			
788	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self contained unit) of more than 25 minutes in duration but not more than 45 minutes by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 741, plus $38.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 741 plus $2.70 per patient.			
789	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self contained unit) of more than 45 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 745, plus $38.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 745 plus $2.70 per patient.			
792	N/A (Not hospital treatment)	Unlisted	N	Professional attendance of at least 20 minutes in duration at consulting rooms by a medical practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or items 4001, 81000, 81005 or 81010 applies in relation to that pregnancy	63.75		63.75		
820	Common list	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	146.9			110.2	124.9
822	Common list	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	220.45			165.35	187.4
823	Common list	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	293.7			220.3	249.65
825	Common list	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	105.5			79.15	89.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
826	Common list	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	168.25			126.2	143.05
828	Common list	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team	231.05			173.3	196.4
830	Common list	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	146.9			110.2	124.9
832	Common list	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	220.45			165.35	187.4
834	Common list	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	293.7			220.3	249.65
835	Common list	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	105.5			79.15	89.7
837	Common list	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	168.25			126.2	143.05
838	Common list	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	231.05			173.3	196.4
855	Hospital psychiatric services	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	146.9			110.2	124.9
857	Hospital psychiatric services	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	220.45			165.35	187.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
858	Hospital psychiatric services	Type C	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 45 minutes, with the multidisciplinary case conference team	293.7			220.3	249.65
861	Hospital psychiatric services	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	146.9			110.2	124.9
864	Hospital psychiatric services	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	220.45			165.35	187.4
866	Hospital psychiatric services	Unlisted	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	293.7			220.3	249.65
871	Common list	Unlisted	N	Attendance by a general practitioner, specialist or consultant physician as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 3 other medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	84.8			63.6	72.1
872	Common list	Unlisted	N	Attendance by a general practitioner, specialist or consultant physician as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	39.5			29.65	33.6
880	Common list	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of geriatric or rehabilitation medicine, as a member of a case conference team, to coordinate a case conference of at least 10 minutes but less than 30 minutes-for any particular patient, one attendance only in a 7 day period (other than attendance on the same day as an attendance for which item 832, 834, 835, 837 or 838 was applicable in relation to the patient) (H)	51.4			38.55	
894	N/A (Not hospital treatment)	Unlisted	N	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 mental health issues, if the patient is affected by bushfire.	36.75				31.25
896	N/A (Not hospital treatment)	Unlisted	N	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 mental health issues, if the patient is affected by bushfire.	71.25				60.6
898	N/A (Not hospital treatment)	Unlisted	N	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 is affected by bushfire.	104.9				89.2

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
900	Common list	Type C	N	Participation by a general practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the general practitioner, with the patient's consent: (a) assesses the patient as: (i) having a chronic medical condition or a complex medication regimen; and (ii) not having their therapeutic goals met; and (b) following that assessment: (i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and (ii) provides relevant clinical information required for the DMMR; and (c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and (d) develops a written medication management plan following discussion with the patient; and (e) provides the written medication management plan to a community pharmacy chosen by the patient For any particular patient—applicable not more than once in each 12 month period, except if there has been a significant change in the patient's condition or medication regimen requiring a new DMMR	161.1		161.1		
903	Common list	Type C	N	Participation by a general practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility-other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR	110.3		110.3		
941	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 mental disorders if: (a) the person is a care recipient in a residential aged care facility (but not as an admitted patient of a hospital); and (b)the service is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and (c) the service lasts at least 30 minutes, but less than 40 minutes	90.8				77.2
942	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 mental disorders if: (a) the person is a care recipient in a residential aged care facility (but not as an admitted patient of a hospital); and (b)the service is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and (c) the service lasts at least 40 minutes	130				110.5
2121	N/A (Not hospital treatment)	Unlisted	N	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 patient is affected by bushfire.	45.95				39.1
2150	N/A (Not hospital treatment)	Unlisted	N	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 patient is affected by bushfire.	89.05				75.7
2196	N/A (Not hospital treatment)	Unlisted	N	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 patient is affected by bushfire.	131.1				111.45
2497	Common list	Type C	N	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 specimen for a cervical screening service is collected from the patient; if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years.	17.6		17.6		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
2501	Common list	Type C	N	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) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years.	38.55		38.55		
2503	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years.		The fee for item 2501, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2501 plus $2.10 per patient.			
2504	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	74.6		74.6		
2506	Common list	Type C	N	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 detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years		The fee for item 2504, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2504 plus $2.10 per patient.			
2507	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	109.85		109.85		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
2509	Common list	Type C	N	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 extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years		The fee for item 2507, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2507 plus $2.10 per patient.			
2517	Common list	Type C	N	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) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus	38.55		38.55		
2518	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus		The fee for item 2517, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2517 plus $2.10 per patient.			
2521	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus	74.6		74.6		
2522	Common list	Type C	N	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 detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus		The fee for item 2521, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for 2521 plus $2.10 per patient.			
2525	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus	109.85		109.85		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
2526	Common list	Type C	N	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 extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus		The fee for item 2525, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for 2525 plus $2.10 per patient.			
2546	Common list	Type C	N	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) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care	38.55		38.55		
2547	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care		The fee for item 2546, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2546 plus $2.10 per patient.			
2552	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care	74.6		74.6		
2553	Common list	Type C	N	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 detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care		The fee for item 2552, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2552 plus $2.10 per patient.			
2558	Common list	Type C	N	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 history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care	109.85		109.85		
2559	Common list	Type C	N	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 extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care		The fee for item 2558, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2558 plus $2.10 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
2598	Common list	Type C	N	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 a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	11		11		
2600	Common list	Type C	N	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 practitioner),at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	21		21		
2603	Common list	Type C	N	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 practitioner), at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	38		38		
2606	Common list	Type C	N	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 specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	61		61		
2610	Common list	Type C	N	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 a general practitioner),at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years		An amount equal to $16.00, plus $17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $16.00 plus $0.70 per patient			
2613	Common list	Type C	N	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 than a general practitioner), at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years		An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $35.50 plus $0.70 per patient			
2616	Common list	Type C	N	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 which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years		An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $57.50 plus $0.70 per patient			
2620	Common list	Type C	N	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 practitioner), that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	21		21		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
2622	Common list	Type C	N	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 practitioner), that completes the requirements for a cycle of care of a patient with established diabetes mellitus	38		38		
2624	Common list	Type C	N	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 the minimum requirements for a cycle of care of a patient with established diabetes mellitus	61		61		
2631	Common list	Type C	N	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 a general practitioner), that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus		An amount equal to $16.00, plus $17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $16.00 plus $0.70 per patient			
2633	Common list	Type C	N	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 than a general practitioner), that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus		An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $35.50 plus $0.70 per patient			
2635	Common list	Type C	N	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), that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus		An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $57.50 plus $0.70 per patient			
2664	Common list	Type C	N	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 practitioner), that completes the minimum requirements of the Asthma Cycle of Care	21		21		
2666	Common list	Type C	N	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 practitioner), that completes the minimum requirements of the Asthma Cycle of Care	38		38		
2668	Common list	Type C	N	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 the minimum requirements of the Asthma Cycle of Care	61		61		
2673	Common list	Type C	N	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 a general practitioner), that completes the minimum requirements of the Asthma Cycle of Care		An amount equal to $16.00, plus $17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $16.00 plus $0.70 per patient.			
2675	Common list	Type C	N	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 than a general practitioner), that completes the minimum requirements of the Asthma Cycle of Care		An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $35.50 plus $0.70 per patient			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
2677	Common list	Type C	N	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), that completes the minimum requirements of the Asthma Cycle of Care		An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $57.50 plus $0.70 per patient			
2700	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner (including a general practitioner who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	74.6		74.6	55.95	
2701	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner (including a general practitioner who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	109.85		109.85	82.4	
2712	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner to review a GP mental health treatment plan which he or she, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan	74.6		74.6	55.95	
2713	Hospital psychiatric services	Type C	N	Professional attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation	74.6		74.6		
2715	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner (including a general practitioner who has undertaken mental health skills training of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	94.75		94.75	71.1	
2717	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner (including a general practitioner who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	139.55		139.55	104.7	
2721	Hospital psychiatric services	Type C	N	Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes	96.5		96.5		
2723	Hospital psychiatric services	Type C	N	Professional attendance at a place other than consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes		The fee for item 2721, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2721 plus $2.10 per patient.			
2725	Hospital psychiatric services	Type C	N	Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes	138.1		138.1		
2727	Hospital psychiatric services	Type C	N	Professional attendance at a place other than consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes		The fee for item 2725, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2725 plus $2.10 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
2733	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 care facility (but not as an admitted patient of a hospital); and (b)the service is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and (c)the service lasts at least 30 minutes, but less than 40 minutes	113.5				96.5
2735	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 care facility (but not as an admitted patient of a hospital); and (b)the service is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and (c) the service lasts at least 40 minutes	162.45				138.1
2801	Common list	Type C	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-initial attendance in a single course of treatment	159.35			119.55	135.45
2806	Common list	Type C	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each attendance (other than a service to which item 2814 applies) after the first in a single course of treatment	79.75			59.85	67.8
2814	Common list	Type C	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each minor attendance after the first attendance in a single course of treatment	45.4			34.05	38.6
2824	Common list	Type C	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-initial attendance in a single course of treatment	193.35				164.35
2832	Common list	Type C	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each attendance (other than a service to which item 2840 applies) after the first in a single course of treatment	116.95				99.45
2840	Common list	Type C	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each minor attendance after the first attendance in a single course of treatment	84.25				71.65
2946	Common list	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes	146.9			110.2	124.9
2949	Common list	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes	220.45			165.35	187.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
2954	Common list	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 45 minutes	293.7			220.3	249.65
2958	Common list	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes	105.5			79.15	89.7
2972	Common list	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes	168.25			126.2	143.05
2974	Common list	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes	231.05			173.3	196.4
2978	Common list	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H)	146.9			110.2	124.9
2984	Common list	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H)	220.45			165.35	187.4
2988	Common list	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, before the patient is discharged from a hospital (H)	293.7			220.3	249.65
2992	Common list	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H)	105.5			79.15	89.7
2996	Common list	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H)	168.25			126.2	143.05
3000	Common list	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, before the patient is discharged from a hospital (H)	231.05			173.3	196.4
3005	Palliative care	Type C	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-initial attendance in a single course of treatment	159.35			119.55	135.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
3010	Palliative care	Type C	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each attendance (other than a service to which item 3014 applies) after the first in a single course of treatment	79.75			59.85	67.8
3014	Palliative care	Type C	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each minor attendance after the first attendance in a single course of treatment	45.4			34.05	38.6
3018	Palliative care	Type C	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-initial attendance in a single course of treatment	193.35				164.35
3023	Palliative care	Type C	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each attendance (other than a service to which item 3028 applies) after the first in a single course of treatment	116.95				99.45
3028	Palliative care	Type C	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each minor attendance after the first attendance in a single course of treatment	84.25				71.65
3032	Palliative care	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes	146.9			110.2	124.9
3040	Palliative care	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes	220.45			165.35	187.4
3044	Palliative care	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 45 minutes	293.7			220.3	249.65
3051	Palliative care	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes	105.5			79.15	89.7
3055	Palliative care	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	168.25			126.2	143.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
3062	Palliative care	Type C	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes	231.05			173.3	196.4
3069	Palliative care	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H)	146.9			110.2	124.9
3074	Palliative care	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H)	220.45			165.35	187.4
3078	Palliative care	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, before the patient is discharged from a hospital (H)	293.7			220.3	249.65
3083	Palliative care	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H)	105.5			79.15	89.7
3088	Palliative care	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H)	168.25			126.2	143.05
3093	Palliative care	Unlisted	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, before the patient is discharged from a hospital (H)	231.05			173.3	196.4
4001	Common list	Type C	N	Professional attendance of at least 20 minutes in duration at consulting rooms by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a patient who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 81000, 81005 or 81010 applies in relation to that pregnancy Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act.	79.7		79.7		
5000	Common list	Type C	N	Professional attendance at consulting rooms (other than a service to which another item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-each attendance	30.15		30.15		
5001	Common list	Type C	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision-making of ordinary complexity	61.05			45.8	51.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
5003	Common list	Type C	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies) that requires a short patient history and, if necessary, limited examination and management-an attendance on one or more patients on one occasion-each patient		The fee for item 5000, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5000 plus $2.10 per patient.			
5004	Common list	Type C	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity	102.5			76.9	87.15
5010	Common list	Type C	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is accommodated in a residential aged care facility (other than accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		The fee for item 5000, plus $48.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5000 plus $3.45 per patient.			
5011	Common list	Type C	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity	102.5			76.9	87.15
5012	Common list	Type C	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	160.7			120.55	136.6
5013	Common list	Type C	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	202.15			151.65	171.85
5014	Common list	Type C	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	202.15			151.65	171.85
5016	Common list	Type C	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	271.25			203.45	230.6
5017	Common list	Type C	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	312.8			234.6	265.9
5019	Common list	Type C	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	312.8			234.6	265.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
5020	Common list	Type C	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	51		51		
5021	Common list	Type C	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	45.75			34.35	38.9
5022	Common list	Type C	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	76.9			57.7	65.4
5023	Common list	Type C	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients on one occasion-each patient		The fee for item 5020, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5020 plus $2.10 per patient.			
5027	Common list	Type C	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	76.9			57.7	65.4
5028	Common list	Type C	N	Professional attendance by a general practitioner (other than a service to which another item in the table applies), at a residential aged care facility to residents of the facility, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		The fee for item 5020, plus $48.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5020 plus $3.45 per patient.			
5030	Common list	Type C	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	120.45			90.35	102.4
5031	Common list	Type C	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	151.6			113.7	128.9
5032	Common list	Type C	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	151.6			113.7	128.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
5033	Common list	Type C	N	Professional attendance, on a patient 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	203.45			152.6	172.95
5035	Common list	Type C	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	234.6			175.95	199.45
5036	Common list	Type C	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	234.6			175.95	199.45
5039	Common list	Type C	N	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if: (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019	148.25			111.2	126.05
5040	Common list	Type C	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	87.4		87.4		
5041	Common list	Type C	N	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if: (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is not in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and (d) the attendance is for at least 60 minutes	278.75			209.1	236.95
5042	Common list	Type C	N	Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if: (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036	111.25			83.45	94.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
5043	Common list	Type C	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients on one occasion-each patient		The fee for item 5040, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5040 plus $2.10 per patient.			
5044	Common list	Type C	N	Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if: (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is not in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (d) the attendance is for at least 60 minutes	209			156.75	177.65
5049	Common list	Type C	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		The fee for item 5040, plus $48.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5040 plus $3.45 per patient.			
5060	Common list	Type C	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	122.55		122.55		
5063	Common list	Type C	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients on one occasion-each patient		The fee for item 5060, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5060 plus $2.10 per patient.			
5067	Common list	Type C	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		The fee for item 5060, plus $48.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5060 plus $3.45 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
5200	Common list	Type C	N	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance	21		21		
5203	Common list	Type C	N	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance	31		31		
5207	Common list	Type C	N	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance	48		48		
5208	Common list	Type C	N	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance	71		71		
5220	Common list	Type C	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting not more than 5 minutes-an attendance on one or more patients on one occasion-each patient		An amount equal to $18.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $18.50 plus $.70 per patient			
5223	Common list	Type C	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 5 minutes, but not more than 25 minutes-an attendance on one or more patients on one occasion-each patient		An amount equal to $26.00, plus $17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $26.00 plus $.70 per patient			
5227	Common list	Type C	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 25 minutes, but not more than 45 minutes-an attendance on one or more patients on one occasion-each patient		An amount equal to $45.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $45.50 plus $.70 per patient			
5228	Common list	Type C	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 45 minutes-an attendance on one or more patients on one occasion-each patient		An amount equal to $67.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $67.50 plus $.70 per patient			
5260	Common list	Type C	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of not more than 5 minutes in duration by a medical practitioner (other than a general practitioner)-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		An amount equal to $18.50, plus $27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $18.50 plus $1.25 per patient			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
5263	Common list	Type C	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes in duration by a medical practitioner (other than a general practitioner)-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		An amount equal to $26.00, plus $31.55 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $26.00 plus $1.25 per patient			
5265	Common list	Type C	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes by a medical practitioner (other than a general practitioner)-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		An amount equal to $45.50, plus $27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $45.50 plus $1.25 per patient			
5267	Common list	Type C	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 45 minutes in duration by a medical practitioner (other than a general practitioner)-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		An amount equal to $67.50, plus $27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $67.50 plus $1.25 per patient			
6007	Brain and nervous system	Type C	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment) at consulting rooms or hospital	136.85			102.65	116.35
6009	Brain and nervous system	Type C	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-a minor attendance after the first in a single course of treatment at consulting rooms or hospital	45.4			34.05	38.6
6011	Brain and nervous system	Type C	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first in a single course of treatment, involving an extensive and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and of more than 15 minutes in duration but not more than 30 minutes in duration at consulting rooms or hospital	90.35			67.8	76.8
6013	Brain and nervous system	Type C	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first in a single course of treatment, involving a detailed and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and of more than 30 minutes in duration but not more than 45 minutes in duration at consulting rooms or hospital	125.15			93.9	106.4
6015	Brain and nervous system	Type C	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first in a single course of treatment, involving an exhaustive and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and of more than 45 minutes in duration at consulting rooms or hospital	159.35			119.55	135.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
6018	Hospital psychiatric services	Type C	N	Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty following referral of the patient to the addiction medicine specialist by a referring practitioner, if the attendance: (a) includes a comprehensive assessment; and (b) is the first or only time in a single course of treatment that a comprehensive assessment is provided	159.35			119.55	135.45
6019	Hospital psychiatric services	Type C	N	Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty following referral of the patient to the addiction medicine specialist by a referring practitioner, if the attendance is a patient assessment: (a) before or after a comprehensive assessment under item 6018 in a single course of treatment; or (b) that follows an initial assessment under item 6023 in a single course of treatment; or (c) that follows a review under item 6024 in a single course of treatment	79.75			59.85	67.8
6023	Hospital psychiatric services	Type C	N	Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to the addiction medicine specialist by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) a comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) an addiction medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner: (i) an opinion on diagnosis and risk assessment; (ii) treatment options and decisions; (iii) medication recommendations; and (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018 or 6019 applies did not take place on the same day by the same addiction medicine specialist; and (d) neither this item nor item 132 has applied to an attendance on the patient in the preceding 12 months by the same addiction medicine specialist	278.75			209.1	236.95
6024	Hospital psychiatric services	Type C	N	Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty of at least 20 minutes, after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified addiction medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018 or 6019 applies did not take place on the same day by the same addiction medicine specialist; and (d) item 6023 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same addiction medicine specialist who claimed item 6023 or by a locum tenens; and (f) this item has not applied more than twice in any 12 month period	139.55			104.7	118.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
6028	Hospital psychiatric services	Type C	N	Group therapy (including any associated consultation with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour, given under the continuous direct supervision of an addiction medicine specialist in the practice of the addiction medicine specialist's specialty for a group of 2 to 9 unrelated patients, or a family group of more than 2 patients, each of whom is referred to the addiction medicine specialist by a referring practitioner-for each patient	52.05			39.05	44.25
6029	Hospital psychiatric services	Type C	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of less than 15 minutes, with the multidisciplinary case conference team	45.1			33.85	38.35
6031	Hospital psychiatric services	Type C	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	79.75			59.85	67.8
6032	Hospital psychiatric services	Type C	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	119.65			89.75	101.75
6034	Hospital psychiatric services	Type C	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate the multidisciplinary case conference of at least 45 minutes, with the multidisciplinary case conference team	159.35			119.55	135.45
6035	Hospital psychiatric services	Type C	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of less than 15 minutes, with the multidisciplinary case conference team	36.05			27.05	30.65
6037	Hospital psychiatric services	Type C	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	63.8			47.85	54.25
6038	Hospital psychiatric services	Type C	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	95.7			71.8	81.35
6042	Hospital psychiatric services	Type C	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team	127.5			95.65	108.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
6051	Common list	Type C	N	Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner, if the attendance: (a) includes a comprehensive assessment; and (b) is the first or only time in a single course of treatment that a comprehensive assessment is provided	159.35			119.55	135.45
6052	Common list	Type C	N	Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner, if the attendance is a patient assessment: (a) before or after a comprehensive assessment under item 6051 in a single course of treatment; or (b) that follows an initial assessment under item 6057 in a single course of treatment; or (c) that follows a review under item 6058 in a single course of treatment	79.75			59.85	67.8
6057	Common list	Type C	N	Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to the sexual health medicine specialist by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) a comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) a sexual health medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner: (i) an opinion on diagnosis and risk assessment; (ii) treatment options and decisions; (iii) medication recommendations; and (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6051 or 6052 applies did not take place on the same day by the same sexual health medicine specialist; and (d) neither this item nor item 132 has applied to an attendance on the patient in the preceding 12 months by the same sexual health medicine specialist	278.75			209.1	236.95
6058	Common list	Type C	N	Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty of at least 20 minutes, after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified sexual health medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient, being an attendance to which item 104, 105, 110, 116, 119, 132, 133, 6051 or 6052 applies did not take place on the same day by the same sexual health medicine specialist; and (d) item 6057 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same sexual health medicine specialist who claimed item 6057 or by a locum tenens; and (f) this item has not applied more than twice in any 12 month period	139.55			104.7	118.65
6062	Common list	Type C	N	Professional attendance at a place other than consulting rooms or a hospital by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner-initial attendance in a single course of treatment	193.35				164.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
6063	Common list	Type C	N	Professional attendance at a place other than consulting rooms or a hospital by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner-each attendance after the attendance under item 6062 in a single course of treatment	116.95				99.45
6064	Common list	Type C	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of less than 15 minutes, with the multidisciplinary case conference team	45.1			33.85	38.35
6065	Common list	Type C	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	79.75			59.85	67.8
6067	Common list	Type C	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	119.65			89.75	101.75
6068	Common list	Type C	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 45 minutes, with the multidisciplinary case conference team	159.35			119.55	135.45
6071	Common list	Type C	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of less than 15 minutes, with the multidisciplinary case conference team	36.05			27.05	30.65
6072	Common list	Type C	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	63.8			47.85	54.25
6074	Common list	Type C	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	95.7			71.8	81.35
6075	Common list	Type C	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team	127.5			95.65	108.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
6080	Heart and Vascular system	Type C	N	Coordination of a TAVI Case Conference by a TAVI Practitioner where the TAVI Case Conference has a duration of 10 minutes or more. (Not payable more than once per patient in a five year period.)	52.95			39.75	45.05
6081	Heart and Vascular system	Type C	N	Attendance at a TAVI Case Conference by a specialist or consultant physician who does not also perform the service described in item 6080 for the same case conference where the TAVI Case Conference has a duration of 10 minutes or more. (Not payable more than twice per patient in a five year period.)	39.5			29.65	33.6
6082	Heart and Vascular system	Type C	N	Attendance at a TMVr suitability case conference, by a cardiothoracic surgeon or an interventional cardiologist, to coordinate the conference, if: (a) the attendance lasts at least 10 minutes; and (b) the surgeon or cardiologist is accredited by the TMVr accreditation committee to perform the service Applicable once each 5 years	52.95			39.75	45.05
6084	Heart and Vascular system	Type C	N	Attendance at a TMVr suitability case conference, by a specialist or consultant physician, other than to coordinate the conference, if the attendance lasts at least 10 minutes Applicable once each 5 years	39.5			29.65	33.6
10660	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 applies; (b) the service requires personal attendance by the general practitioner, lasting more than 10 minutes in duration, to provide in-depth clinical advice on the individual risks and benefits associated with receiving a COVID-19 vaccine; (c) one or both of the following is undertaken, where clinically relevant: (i) a detailed patient history; (ii) complex examination and management; (d) the service is bulk-billed Note: Effective 29 June2021, age restrictions on the use of this item have been removed.	45.95				39.1
10661	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Professional attendance by a medical practitioner (other than a general practitioner), if all of the following apply: (a) the service is associated with a service to which item 93626, 93627, 93636, 93637, 93646, 93647, 93655 or 93656 applies; (b) the service requires personal attendance by the medical practitioner (other than a general practitioner), lasting more than 10 minutes in duration, to provide in-depth clinical advice on the individual risks and benefits associated with receiving a COVID-19 vaccine; (c) one or both of the following is undertaken, where clinically relevant: (i) a detailed patient history; (ii) complex examination and management; (d) the service is bulk-billed Note: Effective 29 June2021, age restrictions on the use of this item have been removed.	36.8				31.3
10801	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with myopia of 5.0 dioptres or greater (spherical equivalent) in one eye	128.5			96.4	109.25
10802	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in one eye	128.5			96.4	109.25
10803	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with astigmatism of 3.0 dioptres or greater in one eye	128.5			96.4	109.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10804	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12) and if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens	128.5			96.4	109.25
10805	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)	128.5			96.4	109.25
10806	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes and for whom a contact lens is prescribed as part of a telescopic system	128.5			96.4	109.25
10807	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by pathological mydriasis, aniridia, coloboma of the iris, pupillary malformation or distortion, significant ocular deformity or corneal opacity-whether congenital, traumatic or surgical in origin	128.5			96.4	109.25
10808	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient who, because of physical deformity, are unable to wear spectacles	128.5			96.4	109.25
10809	Support list	Type C	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10806, 10807 or 10808 applies) requiring the use of a contact lens for correction, if the condition is specified on the patient's account	128.5			96.4	109.25
10816	Support list	Type C	N	Attendance for the refitting of contact lenses with keratometry and testing with trial lenses and the issue of a prescription, if the patient requires a change in contact lens material or basic lens parameters, other than simple power change, because of a structural or functional change in the eye or an allergic response within 36 months after the fitting of a contact lens to which items 10801 to 10809 apply	128.5			96.4	109.25
10905	Common list	Unlisted	N	REFERRED COMPREHENSIVE INITIAL CONSULTATION Professional attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has been referred by another optometrist who is not associated with the optometrist to whom the patient is referred	69.45				59.05
10907	Common list	Unlisted	N	COMPREHENSIVE INITIAL CONSULTATION BY ANOTHER PRACTITIONER Professional attendance of more than 15 minutes in duration, being the first in a course of attention if the patient has attended another optometrist for an attendance to which this item or item 10905, 10910, 10911, 10912, 10913, 10914 or 10915 applies, or to which old item 10900 applied: (a) for a patient who is less than 65 years of age-within the previous 36 months; or (b) for a patient who is at least 65 years or age-within the previous 12 months	34.8				29.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10910	Common list	Unlisted	N	COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS LESS THAN 65 YEARS OF AGE Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: (a) the patient is less than 65 years of age; and (b) the patient has not, within the previous 36 months, received a service to which: (i)this item or item 10905, 10907, 10912, 10913, 10914 or 10915 applies; or (ii) old item 10900 applied	69.45				59.05
10911	Common list	Unlisted	N	COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS AT LEAST 65 YEARS OF AGE Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: (a) the patient is at least 65 years of age; and (b) the patient has not, within the previous 12 months, received a service to which: (i)this item, or item 10905, 10907, 10910, 10912, 10913, 10914 or 10915 applies; or (ii) old item 10900 applied	69.45				59.05
10912	Common list	Unlisted	N	OTHER COMPREHENSIVE CONSULTATIONS Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has suffered a significant change of visual function requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10913, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10913, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied	69.45				59.05
10913	Common list	Unlisted	N	Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has new signs or symptoms, unrelated to the earlier course of attention, requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10912, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10912, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied	69.45				59.05
10914	Common list	Unlisted	N	Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has a progressive disorder (excluding presbyopia) requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10912, 10913 or 10915 applies; or (ii) old item 10900 applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10912, 10913 or 10915 applies; or (ii) old item 10900 applied	69.45				59.05
10915	Common list	Unlisted	N	Professional attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes, with the instillation of a mydriatic, of a patient with diabetes mellitus requiring comprehensive reassessment.	69.45				59.05
10916	Common list	Unlisted	N	BRIEF INITIAL CONSULTATION Professional attendance, being the first in a course of attention, of not more than 15 minutes duration, not being a service associated with a service to which item 10931, 10932, 10933, 10940, 10941, 10942 or 10943 applies	34.8				29.6
10918	Common list	Unlisted	N	SUBSEQUENT CONSULTATION Professional attendance being the second or subsequent in a course of attention not related to the prescription and fitting of contact lenses, not being a service associated with a service to which item 10940 or 10941 applies	34.8				29.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10921	Common list	Unlisted	N	CONTACT LENSES FOR SPECIFIED CLASSES OF PATIENTS - BULK ITEMS FOR ALL SUBSEQUENT CONSULTATIONS All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a)item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with myopia of 5.0 dioptres or greater (spherical equivalent) in one eye	172.55				146.7
10922	Common list	Unlisted	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in one eye	172.55				146.7
10923	Common list	Unlisted	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with astigmatism of 3.0 dioptres or greater in one eye	172.55				146.7
10924	Common list	Unlisted	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12) and if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens	217.7				185.05
10925	Common list	Unlisted	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)	172.55				146.7
10926	Common list	Unlisted	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes, being patients for whom a contact lens is prescribed as part of a telescopic system	172.55				146.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10927	Common list	Unlisted	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by: i.pathological mydriasis; or ii.aniridia; or iii.coloboma of the iris; or iv.pupillary malformation or distortion; or v.significant ocular deformity or corneal opacity -whether congenital, traumatic or surgical in origin	217.7				185.05
10928	Common list	Unlisted	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients who, because of physical deformity, are unable to wear spectacles	172.55				146.7
10929	Common list	Unlisted	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10926, 10927 or 10928 applies) requiring the use of a contact lens for correction, if the condition is specified on the patient's account Note: Benefits may not be claimed under Item 10929 where the patient wants the contact lenses for appearance, sporting, work or psychological reasons - see paragraph O6 of explanatory notes to this category.	217.7				185.05
10930	Common list	Unlisted	N	All professional attendances regarded as a single service in a single course of attention involving the prescription and fitting of contact lenses where the patient meets the requirements of an item in the range 10921-10929 and requires a change in contact lens material or basic lens parameters, other than a simple power change, because of a structural or functional change in the eye or an allergic response within 36 months of the fitting of a contact lens covered by item 10921 to 10929	172.55				146.7
10931	Support list	Unlisted	N	DOMICILIARY VISITS An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10932, 10933, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on one patient at a single location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: -this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item	24.2				20.6
10932	Support list	Unlisted	N	An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10931, 10933, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on two patients at the same location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: -this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item	12.1				10.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10933	Support list	Unlisted	N	An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10931, 10932, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on three patients at the same location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: -this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item	7.95				6.8
10940	Support list	Unlisted	N	COMPUTERISED PERIMETRY Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multi channel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918, 10931, 10932 or 10933 applies To a maximum of 2 examinations per patient (including examinations to which item 10941 applies) in any 12 month period.	66.3				56.4
10941	Support list	Unlisted	N	COMPUTERISED PERIMETRY Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multichannel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918 10931, 10932 or 10933 applies To a maximum of 2 examinations per patient (including examinations to which item 10940 applies) in any 12 month period.	40				34
10942	Support list	Unlisted	N	LOW VISION ASSESSMENT Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N.12 or worse in the better eye or a horizontal visual field of less than 120 degrees and within 10 degrees above and below the horizontal midline, involving 1 or more of the following: (a) spectacle correction; (b) determination of contrast sensitivity; (c) determination of glare sensitivity; (d) prescription of magnification aids; not being a service associated with a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies Not payable more than twice per patient in a 12 month period.	34.8				29.6
10943	Support list	Unlisted	N	CHILDREN'S VISION ASSESSMENT Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction, in a patient aged 3 to 14 years, including assessment of 1 or more of the following: (a) accommodation; (b) ocular motility; (c) vergences; (d) fusional reserves; (e) cycloplegic refraction; not being a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies Not to be used for the assessment of learning difficulties or learning disabilities. Not payable more than once per patient in a 12 month period.	34.8				29.6
10944	Support list	Type C	N	CORNEA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) The item is not to be billed on the same occasion as MBS items 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915, 10916 or 10918. If the embedded foreign body is not completely removed, this item does not apply but item 10916 may apply.	75.05				63.8
10945	Common list	Type C	N	A professional attendance of less than 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical support to a patient who: (a)is participating in a video conferencing consultation with a specialist practising in his or her speciality of ophthalmology; and (b)is not an admitted patient	34.8				29.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10946	Common list	Type C	N	A professional attendance of at least 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical support to a patient who: (a)is participating in a video conferencing consultation with a specialist practising in his or her speciality of ophthalmology; and (b)is not an admitted patient	69.45			52.1	59.05
90001	N/A (Not hospital treatment)	Unlisted	N	A flag fall service to which item 2733, 2735, 90020, 90035, 90043, 90051, 93287, 93288, 93400, 93401, 93402, 93403, 93421, 93469 or 93470 applies. For the initial attendance at one residential aged care facility on one occasion, applicable to a maximum of one patient attended on.	57.25		57.25		
90002	N/A (Not hospital treatment)	Unlisted	N	A flag fall service to which item 941, 942, 90092, 90093, 90095, 90096, 90183, 90188, 90202, 90212, 93291, 93292, 93431, 93432, 93433, 93434, 93451, 93475 and 93479 applies. For the initial attendance at one residential aged care facility on one occasion, applicable to a maximum of one patient attended on.	41.6		41.6		
90005	N/A (Not hospital treatment)	Unlisted	N	A flag fall service to which item 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 93644, 93645, 93646, 93647, 93653, 93654, 93655, 93656, 93660 or 93661 applies. For the first patient attended during one attendance by a general practitioner or by a medical practitioner (other than a general practitioner) at: a. one residential aged care facility, or at consulting rooms situated within such a complex, on one occasion; orb. one residential disability setting facility, or at consulting rooms situated within such a complex, on one occasion; or c. a person's place of residence (other than a residential aged care facility) on one occasion.	67.35				57.25
90020	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in a residential aged care facility (other than accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management—an attendance on one or more patients at one residential aged care facility on one occasion - each patient.	17.9		17.9		
90035	N/A (Not hospital treatment)	Unlisted	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	39.1		39.1		
90043	N/A (Not hospital treatment)	Unlisted	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	75.75		75.75		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
90051	N/A (Not hospital treatment)	Unlisted	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	111.5		111.5		
90092	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of not more than 5 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.	8.5		8.5		
90093	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.	16		16		
90095	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.	35.5		35.5		
90096	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 45 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.	57.5		57.5		
90183	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of not more than 5 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by medical practitioner in an eligible area.	14.3		14.3		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
90188	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area.	31.3		31.3		
90202	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area.	60.6		60.6		
90212	N/A (Not hospital treatment)	Unlisted	N	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 45 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area.	89.2		89.2		
90250	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes.	74.6		74.6		
90251	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes	109.85		109.85		
90252	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes, if the practitioner has successfully completed mental health skills training.	94.75		94.75		
90253	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes, if the practitioner has successfully completed mental health skills training.	139.55		139.55		
90254	Hospital psychiatric services	Unlisted	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plant, lasting at least 20 minutes but less than 40 minutes.	59.7		59.7		
90255	Hospital psychiatric services	Unlisted	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 40 minutes.	87.9		87.9		
90256	Hospital psychiatric services	Unlisted	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes, if the practitioner has successfully completed mental health skills training.	75.8		75.8		
90257	Hospital psychiatric services	Unlisted	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 40 minutes, if the practitioner has successfully completed mental health skills training.	111.65		111.65		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
90260	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a consultant physician in the practice of the physician's specialty of psychiatry to prepare an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 45 minutes	478.05				406.35
90261	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a consultant physician in the practice of the physician's specialty of paediatrics to prepare an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 45 minutes	278.75				236.95
90264	Hospital psychiatric services	Unlisted	N	Professional attendance by a general practitioner to review an eating disorder treatment and management plan.	74.6		74.6		
90265	Hospital psychiatric services	Unlisted	N	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to review an eating disorder treatment and management plan.	59.7		59.7		
90266	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a consultant physician in the practice of the physician's specialty of psychiatry to review an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 30 minutes	298.85				254.05
90267	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a consultant physician in the practice of the physician's specialty of paediatrics to review an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 20 minutes	139.55				118.65
90271	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes.	96.5		96.5		
90272	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes.		The fee for item 90271, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90271 plus $2.10 per patient.			
90273	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes.	138.1		138.1		
90274	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes.		Derived Fee: The fee for item 90273, plus $27.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90273 plus $2.10 per patient.			
90275	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes.	77.2		77.2		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
90276	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes.		Derived Fee: The fee for item 90275, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90275 plus $1.70 per patient.			
90277	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes.	110.5		110.5		
90278	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes.		Derived Fee: The fee for item 90277, plus $21.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90277 plus $1.70 per patient.			
90279	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes, if the attendance is by video conference .	96.5		96.5		
90280	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes, if the attendance is by video conference.	138.1		138.1		
90281	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes, if the attendance is by video conference.	77.2		77.2		
90282	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes, if the attendance is by video conference.	110.5		110.5		
90300	Heart and Vascular system	Unlisted	N	Professional attendance by a cardiothoracic surgeon in the practice of the surgeon's speciality, if: (a) the service is performed in conjunction with a service (the lead extraction service) to which item 38358 applies; and (b) the surgeon is: (i) providing surgical backup for the provider (who is not a cardiothoracic surgeon) who is performing, the lead extraction service; and (ii) present for the duration of the lead extraction service, other than during the low risk pre and post extraction phases; and (iii) able to immediately scrub in and perform a thoracotomy if major complications occur (H)	895.25			671.45	
91283	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for mental health services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the service is at least 30 minutes but less than 40 minutes duration	90.8				77.2
91285	Hospital psychiatric services	Type C	N	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for mental health services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the service is at least 30 minutes but less than 40 minutes duration		The fee for item 91283, plus $25.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 91283 plus $1.95 per patient.			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91286	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for mental health services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the service is at least 40 minutes duration	129.95				110.5
91287	Hospital psychiatric services	Type C	N	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for mental health services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the service is at least 40 minutes duration		The fee for item 91286, plus $25.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 91286 plus $1.95 per patient.			
91371	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for mental health services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the service is at least 30 minutes but less than 40 minutes duration	90.8				77.2
91372	N/A (Not hospital treatment)	Unlisted	N	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for mental health services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the service is at least 40 minutes duration	129.95				110.5
91721	N/A (Not hospital treatment)	Unlisted	N	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 services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the service is at least 30 minutes but less than 40 minutes duration	113.5				96.5
91723	Hospital psychiatric services	Type C	N	Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician), for providing focussed psychological strategies for mental health services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the service is at least 30 minutes but less than 40 minutes duration		The fee for item 91721, plus $31.75 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 91721 plus $2.45 per patient.			
91725	N/A (Not hospital treatment)	Unlisted	N	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 services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the service is at least 40 minutes duration	162.45				138.1
91727	Hospital psychiatric services	Type C	N	Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician), for providing focussed psychological strategies for mental health services to a patient with mental health issues, if: (a) the patient is affected by bushfire; and (b) the service is at least 40 minutes duration		The fee for item 91725, plus $31.75 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 91725 plus $2.45 per patient.			
91729	N/A (Not hospital treatment)	Unlisted	N	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 health issues, if: (a) the patient is affected by bushfire; and (b) the attendance is by video conference; and (c) the service is at least 30 minutes but less than 40 minutes duration	113.5				96.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91731	N/A (Not hospital treatment)	Unlisted	N	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 health issues, if: (a) the patient is affected by bushfire; and (b) the attendance is by video conference; and (c) the services is at least 40 minutes duration	162.45				138.1
91790	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	21.05				17.9
91792	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner of not more than 5 minutes. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	13				11.05
91794	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an eligible area, of not more than 5 minutes. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	16.8				14.3
91800	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	46				39.1
91801	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	89.1				75.75
91802	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	131.15				111.5
91803	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	24.7				21

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91804	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care; NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	44.7				38
91805	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	71.75				61
91806	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an eligible area, of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	36.8				31.3
91807	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an eligible area, of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	71.25				60.6
91808	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an eligible area, of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	104.9				89.2
91818	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	113.5				96.5
91819	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	162.45				138.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91820	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	90.8				77.2
91821	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	130				110.5
91822	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	90.35				76.8
91823	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is after the first attendance as part of a single course of treatment.	45.4				38.6
91824	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	159.35				135.45
91825	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is not a minor attendance after the first as part of a single course of treatment.	79.75				67.8
91826	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is a minor attendance after the first as part of a single course of treatment.	45.4				38.6
91827	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration.	45.75				38.9
91828	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration.	91.3				77.65
91829	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration.	140.55				119.5
91830	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 45 minutes, but not more than 75 minutes in duration.	194				164.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91831	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 75 minutes in duration.	225.1				191.35
91833	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is after the first attendance as part of a single course of treatment.	45.4				38.6
91836	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is a minor attendance after the first as part of a single course of treatment.	45.4				38.6
91837	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration; Where the attendance is after the first attendance as part of a single course of treatment	45.75				38.9
91838	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration; Where the attendance is after the first attendance as part of a single course of treatment	91.3				77.65
91839	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration Where the attendance is after the first attendance as part of a single course of treatment	140.55				119.5
91842	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	113.5				96.5
91843	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	162.45				138.1
91844	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	90.8				77.2
91845	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	130				110.5
91890	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner lasting less than 6 minutes for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	21.05				17.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91891	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner lasting at least 6 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	46				39.1
91892	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting less than 6 minutes for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	12.9				11
91893	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 6 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	24.7				21
91894	N/A (Not hospital treatment)	Unlisted	Y	Phone attendance by a general practitioner lasting at least 20 minutes, if: (a) the attendance is performed from a practice location in Modified Monash areas 6 or 7; and (b) the attendance includes any of the following that are clinically relevant: (i) taking a detailed patient history; (ii) arranging any necessary investigation; (iii) implementing a management plan; (iv) providing appropriate preventative health care	89.1				75.75
91895	N/A (Not hospital treatment)	Unlisted	Y	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), of more than 25 minutes in duration but not more than 45 minutes, if: (a) the attendance is performed from a practice location in Modified Monash areas 6 or 7; and (b) the attendance includes any of the following that are clinically relevant: (i) taking a detailed patient history; (ii) arranging any necessary investigation; (iii) implementing a management plan; (iv) providing appropriate preventative health care	71.25				60.6
92004	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner for a health assessment of a patient - this item or items 93470 or 93479 not more than once in a 9 month period. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	259.8				220.85
92011	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for a health assessment - this item or items 93470 or 93479 not more than once in a 9 month period. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	207.85				176.7
92024	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items735 to 758, items 92074 to 92078 or items 92030 to 92034 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	176.55				150.1
92025	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items735 to 758, items 92074 to 92078 or items 92030 to 92034apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	139.9				118.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92026	N/A (Not hospital treatment)	Unlisted	N	Telehealth contribution by a general practitioner, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items735 to 758, items 92074 to 92078 or items 92030 to 92034apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	86.15				73.25
92027	N/A (Not hospital treatment)	Unlisted	N	Telehealth contribution by a general practitioner, to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items735 to 758, items 92074 to 92078 or items 92030 to 92034apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	86.15				73.25
92028	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to which item721 of the general medical services table, or item 229or item 92024 or 92068 applies; or (b) team care arrangements which have been coordinated by the general practitioner (or an associated general practitioner) to which item723 of the general medical services table, or item 230or item 92025 or 92069 or items applies NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	88.15				74.95
92055	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items735 to 758 of the general medical services table, or items 92074 to 92078 or items 92030 to 92034or items 235 to 240 in the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	141.25				120.1
92056	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items735 to 758 of the general medical services table, or items 92074 to 92078 or items 92030 to 92034, or items 235 to 240 in the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	111.9				95.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92057	N/A (Not hospital treatment)	Unlisted	N	Telehealth contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician), to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items735 to 758 of the general medical services table, or items 92074 to 92078 or items 92030 to 92034or items 235 to 240 in the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	68.9				58.6
92058	N/A (Not hospital treatment)	Unlisted	N	Telehealth contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician),, to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items735 to 758 of the general medical services table, or items 92074 to 92078 or items 92030 to 92034or items 235 to 240 in the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply). NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	68.9				58.6
92059	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician),to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 229, 721 or item 229 or item 92024, 92055, 92068 or 92099 applies; or (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item230, 723, 92025, 92056, 92069 or 92100 applies. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	70.5				59.95
92112	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	87.75				74.6
92113	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	129.2				109.85
92114	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.	87.75				74.6
92115	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	87.75				74.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92116	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	111.45				94.75
92117	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	164.15				139.55
92118	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	70.2				59.7
92119	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	103.4				87.9
92120	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.	70.2				59.7
92121	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	70.2				59.7
92122	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner, (not including a general practitioner, specialist or consultant physician),who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	89.15				75.8
92123	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner, (not including a general practitioner, specialist or consultant physician),who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	131.35				111.65
92126	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.	87.75				74.6
92127	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	87.75				74.6
92132	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.	70.2				59.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92133	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician),in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	70.2				59.7
92136	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92137, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy	93.75				79.7
92137	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician), who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy	75				63.75
92138	N/A (Not hospital treatment)	Unlisted	N	Phone attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92137, 92139, 93026 or 93029 applies in relation to that pregnancy	93.75				79.7
92139	N/A (Not hospital treatment)	Unlisted	N	Phone attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician), who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination or item 92136, 92137, 92138, 93026 or 93029 applies in relation to that pregnancy	75				63.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92140	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient aged under 13 years with autism or another pervasive developmental disorder, if the consultant paediatrician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medical recommendations; (c) provides a copy of the treatment and management plan to the referring practitioner and one or more allied health providers, if appropriate, for the treatment of the patient.	278.75				236.95
92141	N/A (Not hospital treatment)	Unlisted	N	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, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the specialist or consultant physician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient (other than attendance on a patient for whom payment has previously been made under this item or item137, 139 or 289)	278.75				236.95
92142	N/A (Not hospital treatment)	Unlisted	N	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 an eligible disability if the general practitioner does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).	164.6				139.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92146	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b)the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c)the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d)the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	87.75				74.6
92147	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d)the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	129.2				109.85
92148	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d)the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	111.45				94.75
92149	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b)the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	164.15				139.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92150	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	70.2				59.7
92151	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d)the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	103.4				87.9
92152	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	89.15				75.8
92153	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b)the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	131.35				111.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92162	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for the preparation of an eating disorder treatment and management plan for an eligible patient, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and (E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	478.05				406.35
92163	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for the preparation of an eating disorder treatment and management plan for an eligible patient, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant paediatrician undertakes an assessment that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of diagnoses; and (c) within 2 weeks after the attendance, the consultant paediatrician: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that involves: (A) an opinion on diagnosis and risk assessment; and (B) treatment options and decisions; and (C) medication recommendations; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	278.75				236.95
92170	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner to review an eligible patient's eating disorder treatment and management plan prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the general practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	87.75				74.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92171	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician),to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the speciality of psychiatry or paediatrics, if: (a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the speciality of psychiatry or paediatrics, where appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	70.2				59.7
92172	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an eligible patient, if: (a) the consultant psychiatrist reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	298.85				254.05
92173	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an eligible patient, if: (a) the consultant paediatrician reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant paediatrician: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	139.55				118.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92176	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner to review an eligible patient's eating disorder treatment and management plan prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the general practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	87.75				74.6
92177	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	70.2				59.7
92182	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	113.5				96.5
92184	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	162.45				138.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92186	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	90.8				77.2
92188	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	130				110.5
92194	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	113.5				96.5
92196	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	162.45				138.1
92198	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	90.8				77.2
92200	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	130				110.5
92210	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment.	187.25				159.2
92211	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment.	149.7				127.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92422	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves: (i) an opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) medication recommendations; and (c) an attendance on the patient to which item 110, 116, 119 of the general medical services table or item 91824, 91825, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) this item, or item 132 of the general medical services table, has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician	278.75				236.95
92423	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on the diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 110, 116, 119 of the general medical services table or 91824, 91825, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) item 132 of the general medical services table or item 92422 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 of the general medical services table or 92422; and (f) this item, or item 133 of the general medical services table has not applied more than twice in any 12 month period	139.55				118.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92434	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of at least 45 minutes in duration, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with autism or another pervasive developmental disorder, if the consultant physician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; (c) provides a copy of the treatment and management plan to the referring practitioner; (d) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item, or item 135, 137, 139, 289 of the general medical services table, or item 92140, 92141, 92142 or 92145)	278.75				236.95
92435	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of more than 45 minutes in by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the attendance follows referral of the patient to the consultant for an assessment or management by a medical practitioner in general practice (not including a specialist or consultant physician) or a participating nurse practitioner; and (b) during the attendance, the consultant: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing treatment by the consultant; and (d) within 2 weeks after the attendance, the consultant: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and (E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees; and (e) in the preceding 12 months, a service to which this item or item 291 of the general medical services table applies has not been provided	478.05				406.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92436	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of more than 30 minutes but not more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or 92435; and (b) the attendance follows referral of the patient to the consultant for review of the management plan by the medical practitioner or a participating nurse practitioner managing the patient; and (c) during the attendance, the consultant: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the management plan; and (d) within 2 weeks after the attendance, the consultant: (i) prepares a written diagnosis of the patient; and (ii) revises the management plan; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees; and (e) in the preceding 12 months, a service to which item 291 of the general medical services table or92435 applies has been provided; and (f) in the preceding 12 months, a service to which this item, or item 293 of the general medical services table applies has not been provided	298.85				254.05
92437	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner: (a) if the patient: (i) is a new patient for this consultant physician; or (ii) has not received an attendance from this consultant physician in the preceding 24 months; and (b) the patient has not received an attendance under this item, or item 91827 to 91831, 91837 to 91839, 92455 to 92457, or item296, 297, 299 or300 to 346 of the general medical services table, in the preceding 24 months	274.95				233.75
92455	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	52.05				44.25
92456	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a family group of 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	69.1				58.75
92457	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a family group of 2 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	102.2				86.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92458	N/A (Not hospital treatment)	Unlisted	N	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 practitioner, involving an interview of a person other than the patient of not less than 20 minutes, but less than 45 minutes, in duration, in the course of initial diagnostic evaluation of a patient. .	133.85				113.8
92459	N/A (Not hospital treatment)	Unlisted	N	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 practitioner, involving an interview of a person other than the patient of not less than 45 minutes in duration, in the course of initial diagnostic evaluation of a patient.	184.8				157.1
92460	N/A (Not hospital treatment)	Unlisted	N	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 practitioner, involving an interview of a person other than the patient of not less than 20 minutes in duration, in the course of continuing management of a patient—if that attendance and another attendance to which this item or item 352 of the general medical services table applies have not exceeded 4 in a calendar year for the patient	133.85				113.8
92513	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a public health physician in the practice of the public health physician's specialty of public health medicine—attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.	20.65				17.6
92514	N/A (Not hospital treatment)	Unlisted	N	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 are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	45.15				38.4
92515	N/A (Not hospital treatment)	Unlisted	N	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 are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation.	87.35				74.25
92516	N/A (Not hospital treatment)	Unlisted	N	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 are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation.	128.6				109.35
92521	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine—attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management; Where the attendance is not the first attendance for that particular clinical indication	20.65				17.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92522	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, where the attendance is not the first attendance for those particular health-related issues, with appropriate documentation	45.15				38.4
92610	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist (other than a second or subsequent attendance in a single course of treatment).	136.85				116.35
92611	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment.	45.4				38.6
92612	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 15 minutes in duration but not more than 30 minutes in duration.	90.35				76.8
92613	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 30 minutes in duration but not more than 45 minutes in duration.	125.15				106.4
92614	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 45 minutes in duration.	159.35				135.45
92618	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment.	45.4				38.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92623	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of more than 60 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (not including a specialist or consultant physician) or a participating nurse practitioner; and (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and (c) during the attendance: (i) all relevant aspects of the patient's health are evaluated in detail using appropriately validated assessment tools if indicated (the assessment); and (ii) the patient's various health problems and care needs are identified and prioritised (the formulation); and (iii) a detailed management plan is prepared (the management plan) setting out: (A) the prioritised list of health problems and care needs; and (B) short and longer term management goals; and (C) recommended actions or intervention strategies to be undertaken by the patient's general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient and the patient's family and carers; and (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and (v) the management plan is communicated in writing to the referring practitioner; and (d) an attendance to which item 104, 105, 107, 108, 110, 116, 119 of the general medical services table or item, 91822, 91823, 91833, 91824, 91825, 91826 or 91836 applies has not been provided to the patient on the same day by the same practitioner; and (e) an attendance to which this item or item 145 of the general medical services table applies has not been provided to the patient by the same practitioner in the preceding 12 months	478.05				406.35
92624	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance of more than 30 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141, 92623 or 145, if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan prepared under item 141, 92623 or 145 is reviewed and revised; and (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and (c) an attendance to which item 104, 105, 107, 108, 110, 116, 119 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826 or 91836 applies was not provided to the patient on the same day by the same practitioner; and (d) an attendance to which item 141 or 145 of the general medical services table or item 92623 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item, or item 147 of the general medical services table applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	298.85				254.05
92701	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a selective history and the formulation of a written patient management plan documented in the patient notes, and lasting more than 15 minutes (other than a service associated with a service to which any of items 2801 to 3000 of the general medical services table apply)	90.35				76.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92715	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	21.05				17.9
92716	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	12.9				11
92717	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	16.8				14.3
92718	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	46				39.1
92719	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	24.7				21
92720	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	36.8				31.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92721	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	89.1				75.75
92722	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	44.7				38
92723	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	71.25				60.6
92724	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	131.15				111.5
92725	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	71.75				61

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92726	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	104.9				89.2
92731	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	21.05				17.9
92732	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	12.9				11
92733	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	16.7				14.2
92734	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	46				39.1
92735	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	24.7				21

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92736	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	36.45				31
92737	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	89.1				75.75
92738	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	44.7				38
92739	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	70.6				60.05
92740	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	131.15				111.5
92741	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	71.75				61

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
92742	N/A (Not hospital treatment)	Unlisted	N	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.	104.9				89.2
93287	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 care facility (but not as an admitted patient of a hospital); and (b)the service is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and (c)the service lasts at least 30 minutes, but less than 40 minutes	113.5				96.5
93288	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 care facility (but not as an admitted patient of a hospital); and (b)the service is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and (c) the service lasts at least 40 minutes	162.45				138.1
93291	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 mental disorders if: (a) the person is a care recipient in a residential aged care facility (but not as an admitted patient of a hospital); and (b)the service is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and (c) the service lasts at least 30 minutes, but less than 40 minutes	90.8				77.2
93292	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 mental disorders if: (a) the person is a care recipient in a residential aged care facility (but not as an admitted patient of a hospital); and (b)the service is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and (c) the service lasts at least 40 minutes	130				110.5
93300	Hospital psychiatric services	Type C	N	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 referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 30 minutes, but less than 40 minutes	113.5				96.5
93301	N/A (Not hospital treatment)	Unlisted	N	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 working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 30 minutes, but less than 40 minutes	113.5				96.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93302	N/A (Not hospital treatment)	Unlisted	N	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 working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 30 minutes, but less than 40 minutes	113.5				96.5
93303	Hospital psychiatric services	Type C	N	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 referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 40 minutes	162.45				138.1
93304	N/A (Not hospital treatment)	Unlisted	N	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 working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 40 minutes	162.45				138.1
93305	N/A (Not hospital treatment)	Unlisted	N	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 working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 40 minutes	162.45				138.1
93306	Hospital psychiatric services	Type C	N	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 psychological strategies for assessed mental disorders if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 30 minutes, but less than 40 minutes	90.8				77.2
93307	N/A (Not hospital treatment)	Unlisted	N	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 mental disorders if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 30 minutes, but less than 40 minutes	90.8				77.2
93308	N/A (Not hospital treatment)	Unlisted	N	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 mental disorders if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 30 minutes, but less than 40 minutes	90.8				77.2
93309	Hospital psychiatric services	Type C	N	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 psychological strategies for assessed mental disorders if:(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 40 minutes	130				110.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93310	N/A (Not hospital treatment)	Unlisted	N	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 mental disorders if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 40 minutes	130				110.5
93311	N/A (Not hospital treatment)	Unlisted	N	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 mental disorders if: (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service lasts at least 40 minutes	130				110.5
93400	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 20 minutes, but less than 40 minutes	87.75				74.6
93401	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 40 minutes	129.2				109.85
93402	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 20 minutes, but less than 40 minutes	111.45				94.75
93403	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 40 minutes	164.15				139.55
93404	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 20 minutes but less than 40 minutes	87.75				74.6
93405	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 40 minutes	129.2				109.85
93406	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 20 minutes but less than 40 minutes	111.45				94.75
93407	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 40 minutes	164.15				139.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93421	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 psychiatrist assessment and management plan (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) one of the following services has been provided to the patient: (i) a mental health treatment plan under items 93400 to 93411 or 93431 to 93442; or (ii) a psychiatrist assessment and management plan; and (c) the reviewing practitioner modifies the person's GP mental health treatment plan or psychiatrist assessment and management plan to record that they recommend the person have an additional number of better access treatment services	87.75				74.6
93422	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 psychiatrist assessment and management plan (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) one of the following services has been provided to the patient: (i) a mental health treatment plan under items 93400 to 93411 or 93431 to 93442; or (ii) a psychiatrist assessment and management plan; and (c) the reviewing practitioner modifies the person's GP mental health treatment plan or psychiatrist assessment and management plan to record that they recommend the person have an additional number of better access treatment services	87.75				74.6
93423	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 psychiatrist assessment and management plan (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) one of the following services has been provided to the patient: (i) a mental health treatment plan under items 93400 to 93411 or 93431 to 93442; or (ii) a psychiatrist assessment and management plan; and (c) the reviewing practitioner modifies the person's GP mental health treatment plan or psychiatrist assessment and management plan to record that they recommend the person have an additional number of better access treatment services	87.75				74.6
93431	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 preparation of a GP mental health treatment plan for a patient (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 20 minutes, but less than 40 minutes	70.25				59.75
93432	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 preparation of a GP mental health treatment plan for a patient (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 40 minutes	103.4				87.9
93433	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 preparation of a GP mental health treatment plan for a patient (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 20 minutes, but less than 40 minutes	89.2			66.9	75.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93434	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 40 minutes	131.35				111.65
93435	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 a GP mental health treatment plan for a patient (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 20 minutes but less than 40 minutes	70.2				59.7
93436	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 a GP mental health treatment plan for a patient (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 40 minutes	103.4				87.9
93437	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 GP mental health treatment plan for a patient (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 20 minutes but less than 40 minutes	89.15				75.8
93438	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 GP mental health treatment plan for a patient (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) the service lasts at least 40 minutes	131.3				111.65
93451	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Professional attendance by a medical practitioner to review a GP mental health treatment plan which the medical practitioner, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) one of the following services has been provided to the patient: (i) a mental health treatment plan under items 93400 to 93411 or 93431 to 93442; or (ii) a psychiatrist assessment and management plan; and (c) the reviewing practitioner modifies the person's GP mental health treatment plan or psychiatrist assessment and management plan to record that they recommend the person have an additional number of better access treatment services	70.2				59.7
93452	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review a GP mental health treatment plan which the medical practitioner, or an associated medical practitioner has prepared, or to review a psychiatrist assessment and management plan (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) one of the following services has been provided to the patient: (i) a mental health treatment plan under items 93400 to 93411 or 93431 to 93442; or (ii) a psychiatrist assessment and management plan; and (c) the reviewing practitioner modifies the person's GP mental health treatment plan or psychiatrist assessment and management plan to record that they recommend the person have an additional number of better access treatment services	70.2				59.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93453	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review a GP mental health treatment plan which the medical practitioner, or an associated medical practitioner has prepared, or to review a psychiatrist assessment and management plan (but not as an admitted patient of a hospital) if: (a) the person is a care recipient in a residential aged care facility; and (b) one of the following services has been provided to the patient: (i) a mental health treatment plan under items 93400 to 93411 or 93431 to 93442; or (ii) a psychiatrist assessment and management plan; and (c) the reviewing practitioner modifies the person's GP mental health treatment plan or psychiatrist assessment and management plan to record that they recommend the person have an additional number of better access treatment services	70.2				59.7
93469	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 such a facility, if the practitioner performs any of the following as a face-to-face service: (a) prepares part of a multidisciplinary care plan and adding a copy of that part of the plan to the person's medical records; or (b) preparing amendments to part of a multidisciplinary care plan and adding a copy of the amendments to the person's medical records; (c) giving advice to a practitioner who prepares part of a multidisciplinary care plan and recording in writing, on the person's medical records, any advice provided to the practitioner; or (d) giving advice to a practitioner who reviews part of a multidisciplinary care plan and recording in writing, on the person's medical records, any advice provided to the practitioner not more than once in a 3 month period	86.15				73.25
93470	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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; and (b) a care recipient in a residential aged care facility not more than once in a 9 month period	259.8				220.85
93475	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 care plan, prepared by that facility, or to a review of such a plan prepared by such a facility, if the practitioner performs any of the following as a face-to-face service: (a) prepares part of a multidisciplinary care plan and adding a copy of that part of the plan to the person's medical records; or (b) preparing amendments to part of a multidisciplinary care plan and adding a copy of the amendments to the person's medical records; (c) giving advice to a practitioner who prepares part of a multidisciplinary care plan and recording in writing, on the person's medical records, any advice provided to the practitioner; or (d) giving advice to a practitioner who reviews part of a multidisciplinary care plan and recording in writing, on the person's medical records, any advice provided to the practitioner not more than once in a 3 month period	68.9				58.6
93479	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 assessment of a person who is: (a) of Aboriginal or Torres Strait Islander descent; and (b) a care recipient in a residential aged care facility not more than once in a 9 month period	207.85				176.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93624	N/A (Not hospital treatment)	N/A	N	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 is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	36.5				31.05
93625	N/A	N/A	N	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 is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	44.3				37.7
93626	N/A	N/A	N	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 following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	28.45				24.2
93627	N/A	N/A	N	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 following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	40.1				34.1
93634	N/A	N/A	N	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 is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area; (d) the service is rendered in an after-hours period Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	50.9				43.3
93635	N/A	N/A	N	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 is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area; (d) the service is rendered in an after-hours period Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	58.7				49.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93636	N/A	N/A	N	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 following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area; (d) the service is rendered in an after-hours period Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	40.3				34.3
93637	N/A	N/A	N	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 following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area; (d) the service is rendered in an after-hours period Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	51.6				43.9
93644	N/A	N/A	N	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 both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	28.75				24.45
93645	N/A	N/A	N	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 both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	32.7				27.8
93646	N/A	N/A	N	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 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	20.75				17.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93647	N/A	N/A	N	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 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	28.45				24.2
93653	N/A	N/A	N	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 both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area; (d) the service is rendered in an after-hours period Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	43.2				36.75
93654	N/A	N/A	N	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 both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area; (d) the service is rendered in an after-hours period Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	47.1				40.05
93655	N/A	N/A	N	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 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area; (d) the service is rendered in an after-hours period Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	32.6				27.75
93656	N/A	N/A	N	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 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area; (d) the service is rendered in an after-hours period Note: Effective 31 May 2021, age restrictions on the use of this item have been removed.	39.95				34
93660	N/A	Unlisted	Y	Attendance by a relevant health professional on behalf of a medical practitioner for the purpose of assessing a patient's suitability for a dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b)the service is bulk-billed; (c) the service is not provided at a practice location; and (d) the service is provided from a practice location in a Modified Monash 1 area	24.7				21

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93661	N/A	Unlisted	Y	Attendance by a relevant health professional on behalf of a medical practitioner for the purpose of assessing a patient's suitability for a dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b)the service is bulk-billed; (c) the service is not provided at a practice location; and (d) the service is provided from a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area	28.2				24
93680	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Professional attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner at consulting rooms lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation	46				39.1
93681	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Professional attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) at consulting rooms lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation	24.7				21
93682	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Professional attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) at consulting rooms, in an eligible area, lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation	36.8				31.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93683	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Professional attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner at consulting rooms lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation	89.1				75.75
93684	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Professional attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) at consulting rooms lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation	44.7				38
93685	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Professional attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) at consulting rooms, in an eligible area, lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	71.25				60.6
93690	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	46				39.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93691	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	24.7				21
93692	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	36.8				31.3
93693	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	89.1				75.75
93694	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	44.7				38

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93695	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	71.25				60.6
93700	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Phone attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	46				39.1
93701	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Phone attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	24.7				21
93702	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Phone attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	36.8				31.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93703	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Phone attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	89.1				75.75
93704	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Phone attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	44.7				38
93705	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Phone attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.	71.25				60.6
93715	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Attendance by a medical practitioner (other than a specialist or consultant physician) for the assessment and management of a person with COVID-19 infection of recent onset and confirmed by laboratory testing.	29.4				25
11000	Support list	Type C	N	ELECTROENCEPHALOGRAPHY, not being a service: (a)associated with a service to which item 11003 or 11009 applies; or (b)involving quantitative topographic mapping using neurometrics or similar devices (Anaes.)	128.1			96.1	108.9
11003	Support list	Type C	N	Electroencephalography, prolonged recording lasting at least 3 hours, that requires multi-channel recording using: (a) for a service not associated with a service to which an item in Group T8 applies—standard 10-20 electrode placement; or (b) for a service associated with a service to which an item in Group T8 applies—either standard 10-20 electrode placement or a different electrode placement and number of recorded channels; other than a service: (c) associated with a service to which item11000, 11004 or 11005 applies; or (d) involving quantitative topographic mapping using neurometrics or similar devices.	338.85			254.15	288.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11004	Support list	Unlisted	N	Electroencephalography, ambulatory or video, prolonged recording lasting at least 3 hours and up to 24 hours, that requires multi channel recording using standard 10-20 electrode placement, first day, other than a service:(a) associated with a service to which item 11000, 11003 or 11005 applies; or(b) involving quantitative topographic mapping using neurometrics or similar devices.	338.85			254.15	288.05
11005	Support list	Unlisted	N	Electroencephalography, ambulatory or video, prolonged recording lasting at least 3 hours and up to 24 hours, that requires multi channel recording using standard 10-20 electrode placement, each day after the first day, other than a service:(a) associated with a service to which item 11000, 11003 or 11004 applies; or(b) involving quantitative topographic mapping using neurometrics or similar devices.	338.85			254.15	288.05
11009	Support list	Unlisted	N	ELECTROCORTICOGRAPHY	338.85			254.15	288.05
11012	Support list	Type C	N	NEUROMUSCULAR ELECTRODIAGNOSIS conduction studies on 1 nerve OR ELECTROMYOGRAPHY of 1 or more muscles using concentric needle electrodes OR both these examinations (not being a service associated with a service to which item 11015 or 11018 applies)	116.55			87.45	99.1
11015	Support list	Type C	N	NEUROMUSCULAR ELECTRODIAGNOSIS conduction studies on 2 or 3 nerves with or without electromyography (not being a service associated with a service to which item 11012 or 11018 applies)	156			117	132.6
11018	Support list	Type C	N	NEUROMUSCULAR ELECTRODIAGNOSIS conduction studies on 4 or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not being a service associated with a service to which item 11012 or 11015 applies)	233.05			174.8	198.1
11021	Support list	Unlisted	N	NEUROMUSCULAR ELECTRODIAGNOSIS repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations	156			117	132.6
11024	Support list	Type C	N	CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials or multifocal multichannel objective perimetry - 1 or 2 studies	118.45			88.85	100.7
11027	Support list	Type C	N	CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials or multifocal multichannel objective perimetry - 3 or more studies	175.7			131.8	149.35
11200	Support list	Type C	N	PROVOCATIVE TEST OR TESTS FOR OPEN ANGLE GLAUCOMA, including water drinking	42.45			31.85	36.1
11204	Support list	Type C	N	ELECTRORETINOGRAPHY of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards, performed by or on behalf of a specialist or consultant physician in the practice of his or her speciality.	112.65			84.5	95.8
11205	Support list	Type C	N	ELECTROOCULOGRAPHY of one or both eyes performed according to current professional guidelines or standards, performed by or on behalf of a specialist or consultant physician in the practice of his or her speciality.	112.65			84.5	95.8
11210	Support list	Type C	N	PATTERN ELECTRORETINOGRAPHY of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards	112.65			84.5	95.8
11211	Support list	Type C	N	DARK ADAPTOMETRY of one or both eyes with a quantitative (log cd/m2) estimation of threshold in log lumens at 45 minutes of dark adaptations	112.65			84.5	95.8
11215	Support list	Type C	N	RETINAL ANGIOGRAPHY, multiple exposures of 1 eye with intravenous dye injection	127.95			96	108.8
11218	Support list	Type C	N	RETINAL ANGIOGRAPHY, multiple exposures of both eyes with intravenous dye injection	158.1			118.6	134.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11219	Support list	Type C	N	Optical coherence tomography for diagnosis of an ocular condition for the treatment of which there is a medication that is: (a) listed on the pharmaceutical benefits scheme; and (b) indicated for intraocular administration Applicable only once in any 12 month period	41.6			31.2	35.4
11220	Support list	Type C	N	OPTICAL COHERENCE TOMOGRAPHY for the assessment of the need for treatment following provision of pharmaceutical benefits scheme-subsidised ocriplasmin. Maximum of one service per eye per lifetime.	41.6			31.2	35.4
11221	Support list	Type C	N	Full quantitative computerised perimetry (automated absolute static threshold), other than a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of his or her specialty, if indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, bilateral—to a maximum of 3 examinations (including examinations to which item 11224 applies) in any 12 month period	70.55			52.95	60
11224	Support list	Type C	N	Full quantitative computerised perimetry (automated absolute static threshold), other than a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of his or her specialty, if indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, unilateral—to a maximum of 3 examinations (including examinations to which item 11221 applies) in any 12 month period	42.5			31.9	36.15
11235	Support list	Type C	N	EXAMINATION OF THE EYE BY IMPRESSION CYTOLOGY OF CORNEA for the investigation of ocular surface dysplasia, including the collection of cells, processing and all cytological examinations and preparation of report	127.7			95.8	108.55
11237	Support list	Type C	N	OCULAR CONTENTS, simultaneous ultrasonic echography by both unidimensional and bidimensional techniques, for the diagnosis, monitoring or measurement of choroidal and ciliary body melanomas, retinoblastoma or suspicious naevi or simulating lesions, one eye, not being a service associated with a service to which items in Group I1 of Category 5 apply	84.75			63.6	72.05
11240	Support list	Type C	N	ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of one eye prior to lens surgery on that eye, not being a service associated with a service to which items in Group I1 of Category 5 apply.	84.75			63.6	72.05
11241	Support list	Type C	N	ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for bilateral eye measurement prior to lens surgery on both eyes, not being a service associated with a service to which items in Group I1 apply	107.85			80.9	91.7
11242	Support list	Type C	N	ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of an eye previously measured and on which lens surgery has been performed, and where further lens surgery is contemplated in that eye, not being a service associated with a service to which items in Group I1 apply	83.35			62.55	70.85
11243	Support list	Type C	N	ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of a second eye where surgery for the first eye has resulted in more than 1 dioptre of error or where more than 3 years have elapsed since the surgery for the first eye, not being a service associated with a service to which items in Group I1 apply	83.35			62.55	70.85
11244	Support list	Type C	N	Orbital contents, diagnostic B-scan of, by a specialist practising in his or her speciality of ophthalmology, not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies.	80.1			60.1	68.1
11300	Ear, nose and throat	Type C	N	BRAIN stem evoked response audiometry (Anaes.)	200.3			150.25	170.3
11303	Support list	Unlisted	N	ELECTROCOCHLEOGRAPHY, extratympanic method, 1 or both ears	200.3			150.25	170.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11304	Support list	Unlisted	N	ELECTROCOCHLEOGRAPHY, transtympanic membrane insertion technique, 1 or both ears	329.8			247.35	280.35
11306	Support list	Type C	N	Nondeterminate AUDIOMETRY	22.8			17.1	19.4
11309	Support list	Type C	N	AUDIOGRAM, air conduction	27.35			20.55	23.25
11312	Support list	Type C	N	AUDIOGRAM, air and bone conduction or air conduction and speech discrimination	38.65			29	32.9
11315	Support list	Type C	N	AUDIOGRAM, air and bone conduction and speech	51.2			38.4	43.55
11318	Support list	Type C	N	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests	63.2			47.4	53.75
11324	Support list	Type C	N	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 specialty, where the patient is referred by a medical practitioner - not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	34.2			25.65	29.1
11327	Support list	Type C	N	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 specialty, where the patient is referred by a medical practitioner - being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	20.55			15.45	17.5
11330	Support list	Unlisted	N	IMPEDANCE AUDIOGRAM where the patient is not referred by a medical practitioner - 1 examination in any 4 week period	8.2			6.15	7
11332	Support list	Type C	N	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 who is at risk due to one or more of the following factors:- (i)admission to a neonatal intensive care unit; or (ii)family history of hearing impairment; or (iii)intra-uterine or perinatal infection (either suspected or confirmed); or (iv)birthweight less than 1.5kg; or (v)craniofacial deformity: or (vi)birth asphyxia; or (vii)chromosomal abnormality, including Down's Syndrome; or (viii)exchange transfusion; and where:- -the patient is referred by another medical practitioner; and -middle ear pathology has been excluded by specialist opinion	60.95			45.75	51.85
11333	Support list	Type C	N	CALORIC TEST OF LABYRINTH OR LABYRINTHS	46.4			34.8	39.45
11336	Support list	Type C	N	SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS	46.4			34.8	39.45
11339	Support list	Type C	N	ELECTRONYSTAGMOGRAPHY	46.4			34.8	39.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11503	Support list	Type C	N	Complex measurement of properties of the respiratory system, including the lungs and respiratory muscles, that is performed: (a) in a respiratory laboratory; and (b) under the supervision of a specialist or consultant physician who is responsible for staff training, supervision, quality assurance and the issuing of written reports on tests performed; and (c) using any of the following tests: (i) measurement of absolute lung volumes by any method; (ii) measurement of carbon monoxide diffusing capacity by any method; (iii) measurement of airway or pulmonary resistance by any method; (iv) inhalation provocation testing, including pre-provocation spirometry and the construction of a dose response curve, using a recognised direct or indirect bronchoprovocation agent and post-bronchodilator spirometry; (v) provocation testing involving sequential measurement of lung function at baseline and after exposure to specific sensitising agents, including drugs, or occupational asthma triggers; (vi) spirometry performed before and after simple exercise testing undertaken as a provocation test for the investigation of asthma, in premises equipped with resuscitation equipment and personnel trained in Advanced Life Support; (vii) measurement of the strength of inspiratory and expiratory muscles at multiple lung volumes; (viii) simulated altitude test involving exposure to hypoxic gas mixtures and oxygen saturation at rest and/or during exercise with or without an observation of the effect of supplemental oxygen; (ix) calculation of pulmonary or cardiac shunt by measurement of arterial oxygen partial pressure and haemoglobin concentration following the breathing of an inspired oxygen concentration of 100% for a duration of 15 minutes or greater; (x) if the measurement is for the purpose of determining eligibility for pulmonary arterial hypertension medications subsidised under the Pharmaceutical Benefits Scheme or eligibility for the provision of portable oxygen—functional exercise test by any method (including 6 minute walk test and shuttle walk test); each occasion at which one or more tests are performed Not applicable to a service performed in association with a spirometry or sleep study service to which item11505, 11506, 11507, 11508, 11512, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Not applicable to a service to which item11507 applies	144.25			108.2	122.65
11505	Support list	Type C	N	Measurement of spirometry, that: (a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and (b) is performed to confirm diagnosis of: (i) asthma; or (ii) chronic obstructive pulmonary disease (COPD); or (iii) another cause of airflow limitation; each occasion at which 3 or more recordings are made Applicable only once in any 12 month period	42.8			32.1	36.4
11506	Support list	Type C	N	Measurement of spirometry, that: (a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and (b) is performed to: (i) confirm diagnosis of chronic obstructive pulmonary disease (COPD); or (ii) assess acute exacerbations of asthma; or (iii) monitor asthma and COPD; or (iv) assess other causes of obstructive lung disease or the presence of restrictive lung disease; each occasion at which recordings are made	21.4			16.05	18.2
11507	Support list	Type C	N	Measurement of spirometry: (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before and after inhalation of a bronchodilator; and (b) fractional exhaled nitric oxide (FeNO) concentration in exhaled breath; if: (c) the measurement is performed: (i) under the supervision of a specialist or consultant physician; and (ii) with continuous attendance by a respiratory scientist; and (iii) in a respiratory laboratory equipped to perform complex lung function tests; and (d) a permanently recorded tracing and written report is provided; and (e) 3 or more spirometry recordings are performed unless difficult to achieve for clinical reasons; each occasion at which one or more such tests are performed Not applicable to a service associated with a service to which item11503 or 11512 applies	104.3			78.25	88.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11508	Support list	Type C	N	Maximal symptom-limited incremental exercise test using a calibrated cycle ergometer or treadmill, if: (a) the test is performed for the evaluation of: (i) breathlessness of uncertain cause from tests performed at rest; or (ii) breathlessness out of proportion with impairment due to known conditions; or (iii) functional status and prognosis in a patient with significant cardiac or pulmonary disease for whom complex procedures such as organ transplantation are considered; or (iv) anaesthetic and perioperative risks in a patient undergoing major surgery who is assessed as substantially above average risk after standard evaluation; and (b) the test has been requested by a specialist or consultant physician following professional attendance on the patient by the specialist or consultant physician; and (c) a respiratory scientist and a medical practitioner are in constant attendance during the test; and (d) the test is performed in a respiratory laboratory equipped with airway management and defibrillator equipment; and (e) there is continuous measurement of at least the following: (i) work rate; (ii) pulse oximetry; (iii) respired oxygen and carbon dioxide partial pressures and respired volumes; (iv) ECG; (v) heart rate and blood pressure; and (f) interpretation and preparation of a permanent report is provided by a specialist or consultant physician who is also responsible for the supervision of technical staff and quality assurance	302.6			226.95	257.25
11512	Support list	Type C	N	Measurement of spirometry: (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before and after inhalation of a bronchodilator; and (b) that is performed with a respiratory scientist in continuous attendance; and (c) that is performed in a respiratory laboratory equipped to perform complex lung function tests; and (d) that is performed under the supervision of a specialist or consultant physician who is responsible for staff training, supervision, quality assurance and the issuing of written reports; and (e) for which a permanently recorded tracing and written report is provided; and (f) for which 3 or more spirometry recordings are performed; each occasion at which one or more such tests are performed Not applicable for a service associated with a service to which item11503 or 11507 applies	64.25			48.2	54.65
11600	Support list	Unlisted	N	BLOOD PRESSURE MONITORING (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - once only for each type of pressure on any calendar day up to a maximum of 4 pressures (not being a service to which item 13876 applies and where not performed in association with the administration of general anaesthesia)	72.1			54.1	61.3
11602	Support list	Type C	N	Investigation of venous reflux or obstruction in one or more limbs at rest by CW Doppler or pulsed Doppler involving examination at multiple sites along each limb using intermittent limb compression or Valsalva manoeuvres, or both, to detect prograde and retrograde flow, other than a service associated with a service to which item 32500 applies—hard copy trace and written report, the report component of which must be performed by a medical practitioner, maximum of 2 examinations in a 12 month period, not to be used in conjunction with sclerotherapy	60.1			45.1	51.1
11604	Support list	Type C	N	Investigation of chronic venous disease in the upper and lower extremities, one or more limbs, by plethysmography (excluding photoplethysmography)—examination, hard copy trace and written report, not being a service associated with a service to which item 32500 applies	78.75			59.1	66.95
11605	Support list	Type C	N	Investigation of complex chronic lower limb reflux or obstruction, in one or more limbs, by infrared photoplethysmography, during and following exercise to determine surgical intervention or the conservative management of deep venous thrombotic disease—hard copy trace, calculation of 90% recovery time and written report, not being a service associated with a service to which item 32500 applies	78.75			59.1	66.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11607	Heart and vascular system	Type C	N	Continuous ambulatory blood pressure recording for 24 hours or more for a patient if: (a) the patient has a clinic blood pressure measurement (using a sphygmomanometer or a validated oscillometric blood pressure monitoring device) of either or both of the following measurements: (i) systolic blood pressure greater than or equal to 140 mmHg and less than or equal to 180 mmHg; (ii) diastolic blood pressure greater than or equal to 90 mmHg and less than or equal to 110 mmHg; and (b) the patient has not commenced anti-hypertensive therapy; and (c) the recording includes the patient's resting blood pressure; and (d) the recording is conducted using microprocessor-based analysis equipment; and (e) the recording is interpreted by a medical practitioner and a report is prepared by the same medical practitioner; and (f) a treatment plan is provided for the patient; and (g) the service: (i) is not provided in association with ambulatory electrocardiogram recording, and (ii) is not associated with a service to which any of the following items apply: (A) 177; (B) 224 to 228; (C) 229 to 244; (D) 699; (E) 701 to 707; (F) 721 to 732; (G) 735 to 758. Applicable only once in any 12 month period	107.2			80.4	91.15
11610	Support list	Type C	N	MEASUREMENT OF ANKLE: BRACHIAL INDICES AND ARTERIAL WAVEFORM ANALYSIS, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of lower extremity arterial disease, examination, hard copy trace and report.	66.3			49.75	56.4
11611	Support list	Type C	N	MEASUREMENT OF WRIST: BRACHIAL INDICES AND ARTERIAL WAVEFORM ANALYSIS, measurement of radial and ulnar (or finger) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of the wrist (or finger) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of upper extremity arterial disease, examination, hard copy trace and report.	66.3			49.75	56.4
11612	Support list	Type C	N	EXERCISE STUDY FOR THE EVALUATION OF LOWER EXTREMITY ARTERIAL DISEASE, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices for the evaluation of lower extremity arterial disease at rest and following exercise using a treadmill or bicycle ergometer or other such equipment where the exercise workload is quantifiably documented, examination and report.	116.95			87.75	99.45
11614	Support list	Type C	N	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 with a service to which items 55229 or 55280 in Group I1 of Category 5 apply.	78.75			59.1	66.95
11615	Support list	Type C	N	MEASUREMENT OF DIGITAL TEMPERATURE, 1 or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing.	78.95			59.25	67.15
11627	Support list	Unlisted	N	PULMONARY ARTERY pressure monitoring during open heart surgery, in a patient under 12 years of age	237.9			178.45	202.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11704	N/A (Not hospital treatment)	Unlisted	N	Twelve-lead electrocardiography, trace and formal report, by a specialist or a consultant physician, if the service: (a) is requested by a requesting practitioner; and (b) is not associated with a service to which item12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies. Note: the following are also requirements of the service: a formal report is completed; and a copy of the formal report is provided to the requesting practitioner; and the service is not provided to the patient as part of an episode of hospital treatment or hospital-substitute treatment; and is not provided in association with an attendance item (Part 2 of the schedule); and the specialist or consultant physician who renders the service does not have a financial relationship with the requesting practitioner.	32.55				27.7
11705	Support list	Type C	N	Twelve-lead electrocardiography, formal report only, by a specialist or a consultant physician, if the service: (a) is requested by a requesting practitioner; and (b) is not associated with a service to which item12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable not more than twice on the same day Note: the following are also requirements of the service: a formal report is completed; and a copy of the formal report is provided to the requesting practitioner; and the specialist or consultant physician who renders the service does not have a financial relationship with the requesting practitioner.	19.15			14.4	16.3
11707	N/A (Not hospital treatment)	Unlisted	N	Twelve-lead electrocardiography, trace only, by a medical practitioner, if: (a) the trace: (i) is required to inform clinical decision making; and (ii) is reviewed in a clinically appropriate timeframe to identify potentially serious or life-threatening abnormalities; and (iii) does not need to be fully interpreted or reported on; and (b) the service is not associated with a service to which item12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable not more than twice on the same day Note: the service is not provided to the patient as part of an episode of: hospital treatment; or hospital-substitute treatment.	19.15				16.3
11713	Support list	Type C	N	SIGNAL AVERAGED ECG RECORDING involving not more than 300 beats, using at least 3 leads with data acquisition at not less than 1000Hz of at least 100 QRS complexes, including analysis, interpretation and report of recording by a specialist physician or consultant physician	72.55			54.45	61.7
11714	N/A (Not hospital treatment)	Unlisted	N	Twelve-lead electrocardiography, trace and clinical note, by a specialist or consultant physician, if the service is not associated with a service to which item12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable not more than twice on the same day Note: the service is not provided to the patient as part of an episode of: hospital treatment; or hospital-substitute treatment.	25.2				21.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11716	N/A (Not hospital treatment)	Unlisted	N	Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 Continuous ambulatory electrocardiogram recording for 12 or more hours, by a specialist or consultant physician, if the service: (a) is indicated for the evaluation of any of the following: (i) syncope; (ii) pre-syncopal episodes; (iii) palpitations where episodes are occurring more than once a week; (iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; (v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and (b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded electrocardiogram data (including resting electrocardiogram and the recording of parameters) and microprocessor based scanning analysis; and (c) includes interpretation and report; and (d) is not provided in association with ambulatory blood pressure monitoring; and (e) is not associated with a service to which item11704, 11705, 11707, 11714, 11717, 11723, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable only once in any 4 week period Note: this services does not apply if the patient is being provided with the service as part of an episode of: hospital treatment; or hospital-substitute treatment.	174.3				148.2
11717	N/A (Not hospital treatment)	Unlisted	N	Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 Ambulatory electrocardiogram monitoring, by a specialist or consultant physician, if the service: (a) utilises a patient activated, single or multiple event memory recording device that: (i) is connected continuously to the patient for between 7 and 30 days; and (ii) is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and (b) includes transmission, analysis, interpretation and reporting (including the indication for the investigation); and (c) is for the investigation of recurrent episodes of: unexplained syncope; or palpitation; or other symptoms where a cardiac rhythm disturbance is suspected and where infrequent episodes have occurred; and (d) is not associated with a service to which item11716, 11723, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable only once in any 3 month period Note: the service does not apply if the patient is being provided with the service as part of an episode of: hospital treatment; or hospital-substitute treatment.	102.4				87.05
11719	Support list	Type C	N	IMPLANTED PACEMAKER (including cardiac resynchronisation pacemaker) REMOTE MONITORING involving reviews (without patient attendance) of arrhythmias, lead and device parameters, if at least one remote review is provided in a 12 month period. Payable only once in any 12 month period	69.5			52.15	59.1
11720	Support list	Type C	N	IMPLANTED PACEMAKER TESTING, with patient attendance, following detection of abnormality by remote monitoring involving electrocardiography, measurement of rate, width and amplitude of stimulus including reprogramming when required, not being a service associated with a service to which item11721 applies.	69.5			52.15	59.1
11721	Support list	Type C	N	IMPLANTED PACEMAKER TESTING of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service associated with a service to which Item 11704, 11719, 11720, 11725 or 11726 applies	72.55			54.45	61.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11723	N/A (Not hospital treatment)	Unlisted	N	Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 Ambulatory electrocardiogram monitoring, by a specialist or consultant physician, if the service: (a) utilises a patient activated, single or multiple event recording, on a memory recording device that: (i) is connected continuously to the patient for up to 7 days; and (ii) is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and (b) includes transmission, analysis, interpretation and formal report (including the indication for the investigation); and (c) is for the investigation of recurrent episodes of: (i) unexplained syncope; or (ii) palpitation; or (iii) other symptoms where a cardiac rhythm disturbance is suspected and where infrequent episodes have occurred; and (d) is not associated with a service to which item11716, 11717, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable only once in any 3 month period Note: The service does not apply if the patient is an admitted patient.	54.05				45.95
11724	Support list	Type C	N	UP-RIGHT TILT TABLE TESTING for the investigation of syncope of suspected cardiothoracic origin, including blood pressure monitoring, continuous ECG monitoring and the recording of the parameters, and involving an established intravenous line and the continuous attendance of a specialist or consultant physician - on premises equipped with a mechanical respirator and defibrillator	175.7			131.8	149.35
11725	Support list	Type C	N	IMPLANTED DEFIBRILLATOR (including cardiac resynchronisation defibrillator) REMOTE MONITORING involving reviews (without patient attendance) of arrhythmias, lead and device parameters, if at least 2 remote reviews are provided in a 12 month period. Payable only once in any 12 month period	197.2			147.9	167.65
11726	Support list	Type C	N	IMPLANTED DEFIBRILLATOR TESTING with patient attendance following detection of abnormality by remote monitoring involving electrocardiography, measurement of rate, width and amplitude of stimulus, not being a service associated with a service to which item 11727 applies.	98.6			73.95	83.85
11727	Support list	Type C	N	IMPLANTED DEFIBRILLATOR TESTING involving electrocardiography, assessment of pacing and sensing thresholds for pacing and defibrillation electrodes, download and interpretation of stored events and electrograms, including programming when required, not being a service associated with a service to which item11719, 11720, 11721, 11725 or 11726 applies	98.6			73.95	83.85
11728	Support list	Type C	N	Implanted loop recording for the investigation of atrial fibrillation if the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source, including reprogramming when required, retrieval of stored data, analysis, interpretation and report, other than a service to which item38288 applies For any particular patient—applicable not more than 4 times in any 12 months	36.15			27.15	30.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11729	Support list	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements in note DR.1.2 Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if: (a) the patient is 17 years or more; and (b) the patient: (i) has symptoms consistent with cardiac ischemia; or (ii) has other cardiac disease which may be exacerbated by exercise; or (iii) has a first degree relative with suspected heritable arrhythmia; and (c) the monitoring and recording: (i) is not less than 20 minutes; and (ii) includes resting electrocardiogram; and (d) a written report is produced by a medical practitioner that includes interpretation of the monitoring and recording data, commenting on the significance of the data, and the relationship of the data to clinical decision making for the patient in the clinical context; and (e) the service is not a service: (i) provided on the same occasion as a service to which item11704, 11705, 11707 or 11714 applies; or (ii) performed within 24 months of a service to which item 55141, 55143, 55145, 55146, 61311, 61324, 61329, 61332, 61345, 61349, 61357, 61365, 61377, 61380, 61394, 61398, 61406, 61410, 61414 or 61418 applies Applicable only once in any 24 month period	158.35			118.8	134.6
11730	Support list	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements in note DR.1.3 Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), if: (a) the patient is less than 17 years; and (b) the patient: (i) has symptoms consistent with cardiac ischemia; or (ii) has other cardiac disease which may be exacerbated by exercise; or (iii) has a first degree relative with suspected heritable arrhythmia; and (c) the monitoring and recording: (i) is not less than 20 minutes in duration; and (ii) includes resting electrocardiogram; and (d) a written report is produced by a medical practitioner that includes interpretation of the monitoring and recording data, commenting on the significance of the data, and the relationship of the data to clinical decision making for the patient in the clinical context; and (e) the service is not a service: (i) provided on the same occasion as a service to which item11704, 11705, 11707 or 11714 applies; or (ii) performed within 24 months of a service to which item 55141, 55143, 55145, 55146, 61311, 61324, 61329, 61332, 61345, 61349, 61357, 61365, 61377, 61380, 61394, 61398, 61406, 61410, 61414 or 61418 applies	158.35			118.8	134.6
11731	Support list	Type C	N	Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming (if required), retrieval of stored data, analysis, interpretation and report, if the service is: (a) an investigation for a patient with: (i) cryptogenic stroke; or (ii) recurrent unexplained syncope; and (b) not a service to which item38285 applies Applicable only once in any 4 week period	36.15			27.15	30.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11735	N/A (Not hospital treatment)	Unlisted	N	Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 Continuous ambulatory electrocardiogram recording for 7 days, by a specialist or consultant physician, if the service: (a) utilises intelligent microprocessor based monitoring, with patient triggered recording and symptom reporting capability, real time analysis of electrocardiograms and alerts and daily or live data uploads; and (b) is for the investigation of: (i) episodes of suspected intermittent cardiac arrhythmia or episodes of syncope; or (ii) suspected intermittent cardiac arrhythmia in a patient who has had a previous cerebrovascular accident, is at risk of cerebrovascular accident or has had one or more previous transient ischemic attacks; and (c) includes interpretation and report; and (d) is not a service: (i) provided in association with ambulatory blood pressure monitoring; or (ii) associated with a service to which item11716, 11717, 11723, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable not more than 4 times in any 12 month period Note: The service does not apply if the patient is an admitted patient.	133.1				113.15
11800	Digestive system	Type C	N	OESOPHAGEAL MOTILITY TEST, manometric	181.5			136.15	154.3
11801	Digestive system	Type B Band 1	N	CLINICAL ASSESSMENT OF GASTRO-OESOPHAGEAL REFLUX DISEASE that involves 48 hour catheter-free wireless ambulatory oesophageal pH monitoring including administration of the device and associated endoscopy procedure for placement, analysis and interpretation of the data and all attendances for providing the service, if (a)a catheter-based ambulatory oesophageal pH-monitoring: (i)has been attempted on the patient but failed due to clinical complications, or (ii)is not clinically appropriate for the patient due to anatomical reasons (nasopharyngeal anatomy) preventing the use of catheter-based pH monitoring; and (b)the services is performed by a specialist or consultant physician with endoscopic training that is recognised by The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy. Not in association with another item in Category 2, sub-group 7 (Anaes.)	273.65			205.25	232.65
11810	Digestive system	Type C	N	CLINICAL ASSESSMENT of GASTRO-OESOPHAGEAL REFLUX DISEASE involving 24 hour pH monitoring, including analysis, interpretation and report and including any associated consultation	181.5			136.15	154.3
11820	Gastrointestinal endoscopy	Type C	N	Capsule endoscopy to investigate an episode of obscure gastrointestinal bleeding, using a capsule endoscopy device (including administration of the capsule, associated endoscopy procedure if required for placement, imaging, image reading and interpretation, and all attendances for providing the service on the day the capsule is administered) if: (a) the service is provided to a patient who: (i) has overt gastrointestinal bleeding; or (ii) has gastrointestinal bleeding that is recurrent or persistent, and iron deficiency anaemia that is not due to coeliac disease, and, if the patient also has menorrhagia, has had the menorrhagia considered and managed; and (b)an upper gastrointestinal endoscopy and a colonoscopy have been performed on the patient and have not identified the cause of the bleeding; and (c)the service has not been provided to the same patient on more than 2 occasions in the preceding 12 months; and (d)the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy; and (e)the service is not associated with a service to which item30680, 30682, 30684 or 30686 applies	1279.15			959.4	1191.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
11823	Gastrointestinal endoscopy	Type C	N	Capsule endoscopy to conduct small bowel surveillance of a patient diagnosed with Peutz-Jeghers Syndrome, using a capsule endoscopy device approved by the Therapeutic Goods Administration (including administration of the capsule, imaging, image reading and interpretation, and all attendances for providing the service on the day the capsule is administered) if: (a) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy; and (b) the item is performed only once in any 2 year period; and (c) the service is not associated with balloon enteroscopy.	1279.15			959.4	1191.25
11830	Common list	Type C	N	DIAGNOSIS of ABNORMALITIES of the PELVIC FLOOR involving anal manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex	194.4			145.8	165.25
11833	Common list	Type C	N	DIAGNOSIS of ABNORMALITIES of the PELVIC FLOOR and sphincter muscles involving electromyography or measurement of pudendal and spinal nerve motor latency	259.85			194.9	220.9
11900	Kidney and bladder	Type C	N	URINE FLOW STUDY including peak urine flow measurement, not being a service associated with a service to which item 11919 applies	28.65			21.5	24.4
11903	Kidney and bladder	Type C	N	CYSTOMETROGRAPHY, not being a service associated with a service to which any of items 11012-11027, 11912, 11915, 11919, 11921 and 36800 or any item in Group I3 of Category 5 applies	115.65			86.75	98.35
11906	Kidney and bladder	Type C	N	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 Category 5 applies	115.65			86.75	98.35
11909	Kidney and bladder	Type C	N	URETHRAL PRESSURE PROFILOMETRY WITH simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11906, 11915, 11919, 36800 or any item in Group I3 of Category 5 applies	171.85			128.9	146.1
11912	Kidney and bladder	Type C	N	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 any item in Group I3 of Category 5 applies (Anaes.)	171.85			128.9	146.1
11915	Kidney and bladder	Type C	N	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, 11919, 11921 and 36800 or any item in Group I3 of Category 5 applies (Anaes.)	171.85			128.9	146.1
11917	Kidney and bladder	Type C	N	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 pressure profile, rectal pressure, urethral sphincter electromyography; including all imaging associated with cystometrography, not being a service associated with a service to which items 11012-11027, 11900-11915, 11919, 11921 and 36800 apply. (Anaes.)	445.75			334.35	378.9
11919	Kidney and bladder	Type B Non-band specific	N	CYSTOMETROGRAPHY IN CONJUNCTION WITH CONTRAST MICTURATING CYSTOURETHROGRAPHY, with measurement of any one or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography, being a service associated with a service to which items 60506 or 60509 applies; other than a service associated with a service to which items 11012-11027, 11900-11917, 11921 and 36800 apply (Anaes.)	445.75			334.35	378.9
11921	Kidney and bladder	Type C	N	BLADDER WASHOUT TEST for localisation of urinary infection not including bacterial counts for organisms in specimens	78.1			58.6	66.4
12000	Common list	Type C	N	Skin prick testing for aeroallergens by a specialist or consultant physician in the practice of the specialist or consultant physician's specialty, including all allergens tested on the same day, not being a service associated with a service to which item 12001, 12002, 12005, 12012, 12017, 12021, 12022 or 12024 applies	40.5			30.4	34.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12001	Common list	Type C	N	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 12024 applies. Applicable only once in any 12 month period	40.5			30.4	34.45
12002	Common list	Type C	N	Repeat skin prick testing of a patient for aeroallergens, including all allergens tested on the same day, if: (a) further testing for aeroallergens is indicated in the same 12 month period to which item12001 applies to a service for the patient; and (b) the service is not associated with a service to which item12000, 12001, 12005, 12012, 12017, 12021, 12022 or 12024 applies Applicable only once in any 12 month period	40.5			30.4	34.45
12003	Common list	Type C	N	Skin prick testing for food and latex allergens, including all allergens tested on the same day, not being a service associated with a service to which item 12012, 12017, 12021, 12022 or 12024 applies	40.5			30.4	34.45
12004	Common list	Type C	N	Skin testing for medication allergens (antibiotics or non general anaesthetics agents) and venoms (including prick testing and intradermal testing with a number of dilutions), including all allergens tested on the same day, not being a service associated with a service to which item 12012, 12017, 12021, 12022 or 12024 applies	61.25			45.95	52.1
12005	Common list	Type C	N	Skin testing: (a) performed by or on behalf of a specialist or consultant physician in the practice of the specialist or consultant physician's specialty; and (b) for agents used in the perioperative period (including prick testing and intradermal testing with a number of dilutions), to investigate anaphylaxis in a patient with a history of prior anaphylactic reaction or cardiovascular collapse associated with the administration of an anaesthetic; and (c) including all allergens tested on the same day; and (d) not being a service associated with a service to which item12000, 12001, 12002, 12003, 12012, 12017, 12021, 12022 or 12024 applies	82.4			61.8	70.05
12012	Skin	Type C	N	Epicutaneous patch testing in the investigation of allergic dermatitis using not more than 25 allergens	21.65			16.25	18.45
12017	Skin	Type C	N	Epicutaneous patch testing in the investigation of allergic dermatitis using more than 25 allergens but not more than 50 allergens	73.1			54.85	62.15
12021	Skin	Type C	N	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 50 allergens but not more than 75 allergens	120.15			90.15	102.15
12022	Skin	Type C	N	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 75 allergens but not more than 100 allergens	141.1			105.85	119.95
12024	Skin	Type C	N	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 100 allergens	160.75			120.6	136.65
12200	Support list	Type C	N	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis	38.7			29.05	32.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12201	Support list	Type C	N	Administration, by a specialist or consultant physician in the practice of the specialist's or consultant physician's specialty, of thyrotropin alfa-rch (recombinant human thyroid-stimulating hormone), and arranging services to which both items 61426 and 66650 apply, for the detection of recurrent well-differentiated thyroid cancer in a patient if: (a) the patient has had a total thyroidectomy and 1 ablative dose of radioactive iodine; and (b) the patient is maintained on thyroid hormone therapy; and (c) the patient is at risk of recurrence; and (d) on at least 1 previous whole body scan or serum thyroglobulin test when withdrawn from thyroid hormone therapy, the patient did not have evidence of well-differentiated thyroid cancer; and (e) either: (i) withdrawal from thyroid hormone therapy resulted in severe psychiatric disturbances when hypothyroid; or (ii) withdrawal is medically contra-indicated because the patient has: (a) unstable coronary artery disease; or (b) hypopituitarism; or (c) a high risk of relapse or exacerbation of a previous severe psychiatric illness applicable once only in a 12 month period	2489.85			1867.4	2401.95
12203	Sleep studies	Unlisted	N	Overnight diagnostic assessment of sleep, for at least 8 hours, for a patient aged 18 years or more, to confirm diagnosis of a sleep disorder, if: (a) either: (i) the patient has been referred by a medical practitioner to a qualified adult sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP-Bang score of3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or (ii) following professional attendance on the patient (either face-to-face or by video conference) by a qualified adult sleep medicine practitioner or a consultant respiratory physician, the qualified adult sleep medicine practitioner or consultant respiratory physician determines that assessment is necessary to confirm the diagnosis of a sleep disorder; and (b) the overnight diagnostic assessment is performed to investigate: (i) suspected obstructive sleep apnoea syndrome where the patient is assessed as not suitable for an unattended sleep study; or (ii) suspected central sleep apnoea syndrome; or (iii) suspected sleep hypoventilation syndrome; or (iv) suspected sleep-related breathing disorders in association with non-respiratory co-morbid conditions including heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism; or (v) unexplained hypersomnolence which is not attributed to inadequate sleep hygiene or environmental factors; or (vi) suspected parasomnia or seizure disorder where clinical diagnosis cannot be established on clinical features alone (including associated atypical features, vigilance behaviours or failure to respond to conventional therapy); or (vii) suspected sleep related movement disorder, where the diagnosis of restless legs syndrome is not evident on clinical assessment; and (c) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (d) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f)	611.8			458.85	523.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12204	Sleep studies	Unlisted	N	Overnight assessment of positive airway pressure, for at least 8 hours, for a patient aged 18 years or more, if: (a) the necessity for an intervention sleep study is determined by a qualified adult sleep medicine practitioner or consultant respiratory physician where a diagnosis of a sleep-related breathing disorder has been made; and (b) the patient has not undergone positive airway pressure therapy in the previous 6 months; and (c) following professional attendance on the patient by a qualified adult sleep medicine practitioner or a consultant respiratory physician (either face-to-face or by video conference), the qualified adult sleep medicine practitioner or consultant respiratory physician establishes that the sleep-related breathing disorder is responsible for the patient's symptoms; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement; (ix) position; and (f) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (g) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (h) the overnight assessment is not provided to the patient on the same occasion that a service mentioned in any of items11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716,11717, 11723, 11735or 12250 is provided to the patient Applicable only once in any 12 month period	611.8			458.85	523.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12205	Sleep studies	Unlisted	N	Follow-up study for a patient aged 18 years or more with a sleep-related breathing disorder, following professional attendance on the patient by a qualified adult sleep medicine practitioner or consultant respiratory physician (either face-to-face or by video conference), if: (a) any of the following subparagraphs applies: (i) there has been a recurrence of symptoms not explained by known or identifiable factors such as inadequate usage of treatment, sleep duration or significant recent illness; (ii) there has been a significant change in weight or changes in co-morbid conditions that could affect sleep-related breathing disorders, and other means of assessing treatment efficacy (including review of data stored by a therapy device used by the patient) are unavailable or have been equivocal; (iii) the patient has undergone a therapeutic intervention (including, but not limited to, positive airway pressure, upper airway surgery, positional therapy, appropriate oral appliance, weight loss of more than 10% in the previous 6 months or oxygen therapy), and there is either clinical evidence of sub-optimal response or uncertainty about control of sleep-disordered breathing; and (b) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (c) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (d) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (e) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (f) the follow-up study is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004,11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735or 12250 is provided to the patient Applicable only once in any 12 month period	611.8			458.85	523.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12207	Sleep studies	Unlisted	N	Overnight investigation, for a patient aged 18 years or more, for a sleep-related breathing disorder, following professional attendance by a qualified adult sleep medicine practitioner or a consultant respiratory physician (either face-to-face or by video conference), if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified adult sleep medicine practitioner before the investigation; and (c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen) (ix) position; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient; and (h) previous studies have demonstrated failure of continuous positive airway pressure or oxygen; and (i) if the patient has severe respiratory failure—a further investigation is indicated in the same 12 month period to which items12204 and 12205 apply to a service for the patient, for the adjustment or testing, or both, of the effectiveness of a positive pressure ventilatory support device (other than continuous positive airway pressure) in sleep Applicable only once in any 12 month period	611.8			458.85	523.9
12208	Sleep studies	Unlisted	N	Overnight investigation, for sleep apnoea for at least 8 hours, for a patient aged 18 years or more, if: (a) a qualified adult sleep medicine practitioner or consultant respiratory physician has determined that the investigation is necessary to confirm the diagnosis of a sleep disorder; and (b) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (d) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (e) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (f) a further investigation is indicated in the same 12 month period to which item12203 applies to a service for the patient because insufficient sleep was acquired, as evidenced by a sleep efficiency of 25% or less, during the previous investigation to which that item applied; and (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient Applicable only once in any 12 month period	611.8			458.85	523.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12210	Sleep studies	Unlisted	N	Overnight paediatric investigation, for at least 8 hours, for a patient less than 12 years of age, if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified paediatric sleep medicine practitioner before the investigation; and (c) there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and report are provided by a qualified paediatric sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service to which item11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient For each particular patient—applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period	730.3			547.75	642.4
12213	Sleep studies	Unlisted	N	Overnight paediatric investigation, for at least 8 hours, for a patient aged at least 12 years but less than 18 years, if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and (c) there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service to which item11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient For each particular patient—applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period	657.9			493.45	570

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12215	Sleep studies	Unlisted	N	Overnight paediatric investigation, for at least 8 hours, for a patient less than 12 years of age, if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified paediatric sleep medicine practitioner before the investigation; and (c) there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and report are provided by a qualified paediatric sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and (g) a further investigation is indicated in the same 12 month period to which item12210 applies to a service for the patient, for a patient using Continuous Positive Airway Pressure (CPAP) or non-invasive or invasive ventilation, or supplemental oxygen, in either or both of the following circumstances: (i) there is ongoing hypoxia or hypoventilation on the third study to which item12210 applied for the patient, and further titration of respiratory support is needed to optimise therapy; (ii) there is clear and significant change in clinical status (for example lung function or functional status) or an intervening treatment that may affect ventilation in the period since the third study to which item12210 applied for the patient, and repeat study is therefore required to determine the need for or the adequacy of respiratory support; and (h) the investigation is not provided to the patient on the same occasion that a service to which item11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is	730.3			547.75	642.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12217	Sleep studies	Unlisted	N	Overnight paediatric investigation, for at least 8 hours, for a patient aged at least 12 years but less than 18 years, if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and (c) there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and (g) a further investigation is indicated in the same 12 month period to which item12213 applies to a service for the patient, for a patient using Continuous Positive Airway Pressure (CPAP) or non-invasive or invasive ventilation, or supplemental oxygen, in either or both of the following circumstances: (i) there is ongoing hypoxia or hypoventilation on the third study to which item12213 applied for the patient, and further titration is needed to optimise therapy; (ii) there is clear and significant change in clinical status (for example lung function or functional status) or an intervening treatment that may affect ventilation in the period since the third study to which item12213 applied for the patient, and repeat study is therefore required to determine the need for or the adequacy of respiratory support; and (h) the investigation is not provided to the patient on the same occasion that a service to which item11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient Applicable only once in the same 12 month period to which item12213 applies	657.9			493.45	570

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12250	Sleep studies	Unlisted	N	Overnight investigation of sleep for at least 8 hours of a patient aged 18 years or more to confirm diagnosis of obstructive sleep apnoea, if: (a) either: (i) the patient has been referred by a medical practitioner to a qualified adult sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP-Bang score of3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or (ii) following professional attendance on the patient (either face-to-face or by video conference) by a qualified adult sleep medicine practitioner or a consultant respiratory physician, the qualified adult sleep medicine practitioner or consultant respiratory physician determines that investigation is necessary to confirm the diagnosis of obstructive sleep apnoea; and (b) during a period of sleep, there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) continuous ECG; (iv) continuous EEG; (v) EOG; (vi) oxygen saturation; (vii) respiratory effort; and (c) the investigation is performed under the supervision of a qualified adult sleep medicine practitioner; and (d) either: (i) the equipment is applied to the patient by a sleep technician; or (ii) if this is not possible—the reason it is not possible for the sleep technician to apply the equipment to the patient is documented and the patient is given instructions on how to apply the equipment by a sleep technician supported by written instructions; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events and cardiac abnormalities) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11714, 11716, 11717, 11723, 11735 and 12203 is provided to the patient Applicable only once in any 12 month period	348.85			261.65	296.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12254	Sleep studies	Unlisted	N	Multiple sleep latency test for the assessment of unexplained hypersomnolence in a patient aged 18 years or more, if: (a) a qualified adult sleep medicine practitioner or neurologist determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (c) immediately following the overnight investigation a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12203, 12204, 12205, 12208, 12250 or 12258 is provided to the patient Applicable only once in a 12 month period	950.7			713.05	862.8
12258	Sleep studies	Unlisted	N	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness in a patient aged 18 years or more, if: (a) a qualified adult sleep medicine practitioner or neurologist determines that testing is necessary to objectively confirm the ability to maintain wakefulness; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f)interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12203, 12204, 12205, 12208, 12250 or 12254 is provided to the patient Applicable only once in a 12 month period	950.7			713.05	862.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12261	Sleep studies	Unlisted	N	Multiple sleep latency test for the assessment of unexplained hypersomnolence in a patient aged at least 12 years but less than 18 years, if: (a) a qualified sleep medicine practitioner determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and (c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12213, 12217 or 12265 is provided to the patient Applicable only once in a 12 month period	996.85			747.65	908.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12265	Sleep studies	Unlisted	N	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness in a patient aged at least 12 years but less than 18 years, if: (a)a qualified sleep medicine practitioner determines that testing to objectively confirm the ability to maintain wakefulness is necessary; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and (c)immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d)a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e)polygraphic records are: (i)analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f)interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12213, 12217 or 12261 is provided to the patient Applicable only once in a 12 month period	996.85			747.65	908.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12268	Sleep studies	Unlisted	N	Multiple sleep latency test for the assessment of unexplained hypersomnolence for a patient less than 12 years of age, if: (a) a qualified paediatric sleep medicine practitioner determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and (c)immediately following the overnight investigation, a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d) a sleep technician is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (e)polygraphic records are: (i)analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii)stored for interpretation and preparation of a report; and (f)interpretation and preparation of a permanent report is provided by a qualified paediatric sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12210, 12215 or 12272 is provided to the patient Applicable only once in a 12 month period	1069.2			801.9	981.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12272	Sleep studies	Unlisted	N	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness for a patient less than 12 years of age, if: (a)a qualified paediatric sleep medicine practitioner determines that testing to objectively confirm the ability to maintain wakefulness is necessary; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and (c)immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d)a sleep technician is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (e) polygraphic records are: (i)analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii)stored for interpretation and preparation of a report; and (f)interpretation and preparation of a permanent report is provided by a qualified paediatric sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12210, 12215 or 12268 is provided to the patient Applicable only once in a 12 month period	1069.2			801.9	981.3
12306	Support list	Type C	N	Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting), for: (a) confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma; or (b) monitoring of low bone mineral density proven by bone densitometry at least 12 months previously; other than a service associated with a service to which item12312, 12315 or 12321 applies For any particular patient, once only in a 24 month period	106.55			79.95	90.6
12312	Support list	Type C	N	Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting) for diagnosis and monitoring of bone loss associated with one or more of the following: (a) prolonged glucocorticoid therapy; (b) any condition associated with excess glucocorticoid secretion; (c) male hypogonadism; (d) female hypogonadism lasting more than 6 months before the age of 45; other than a service associated with a service to which item12306, 12315 or 12321 applies For any particular patient, once only in a 12 month period	106.55			79.95	90.6
12315	Support list	Type C	N	Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting) for diagnosis and monitoring of bone loss associated with one or more of the following conditions: (a) primary hyperparathyroidism; (b) chronic liver disease; (c) chronic renal disease; (d) any proven malabsorptive disorder; (e) rheumatoid arthritis; (f) any condition associated with thyroxine excess; other than a service associated with a service to which item12306, 12312 or 12321 applies For any particular patient, once only in a 24 month period	106.55			79.95	90.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12320	Support list	Type C	N	Bone densitometry, using dual energy X-ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for measurement of bone mineral density, if:(a) the patient is 70 years of age or over, and (b) either: (i) the patient has not previously had bone densitometry; or (ii) the t-score for the patient's bone mineral density is -1.5 or more; other than a service associated with a service to which item 12306, 12312, 12315, 12321 or 12322 applies For any particular patient, once only in a 5 year period	106.55			79.95	90.6
12321	Support list	Type C	N	Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites at least 12 months after a significant change in therapy (including interpretation and reporting), for: (a) established low bone mineral density; or (b) confirming a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma; other than a service associated with a service to which item12306, 12312 or 12315 applies For any particular patient, once only in a 12 month period	106.55			79.95	90.6
12322	Support list	Type C	N	Bone densitometry, using dual energy X-ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for measurement of bone mineral density, if:(a) the patient is 70 years of age or over; and (b) the t-score for the patient's bone mineral density is less than -1.5 but more than -2.5; other than a service associated with a service to which item 12306, 12312, 12315, 12320 or 12321 applies For any particular patient, once only in a 2 year period	106.55			79.95	90.6
12325	Support list	Type C	N	Assessment of visual acuity and bilateral retinal photography with a non mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if: (a)the patient is of Aboriginal and Torres Strait Islander descent; and (b)the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and (c)this item and item 12326 have not applied to the patient in the preceding 12 months; and (d)the patient does not have: (i)an existing diagnosis of diabetic retinopathy; or (ii)visual acuity of less than 6/12 in either eye; or (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation	52			39	44.2
12326	Support list	Type C	N	Assessment of visual acuity and bilateral retinal photography with a non-mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if: (a)the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and (b)this item and item 12325 have not applied to the patient in the preceding 24 months; and (c)the patient does not have: (i)an existing diagnosis of diabetic retinopathy; or (ii)visual acuity of less than 6/12 in either eye; or (iii)a difference of more than 2 lines of vision between the 2 eyes at the time of presentation	52			39	44.2
12500	Support list	Type C	N	BLOOD VOLUME ESTIMATION	225.4			169.05	191.6
12524	Kidney and bladder	Type C	N	RENAL FUNCTION TEST (without imaging procedure)	164.75			123.6	140.05
12527	Kidney and bladder	Type C	N	RENAL FUNCTION TEST (with imaging and at least 2 blood samples)	88.4			66.3	75.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
12533	Support list	Type C	N	CARBON-LABELLED UREA BREATH TEST using oral C-13 or C-14 urea, performed by a specialist or consultant physician, including the measurement of exhaled 13CO2 or 14CO2, for either:- (a)the confirmation of Helicobacter pylori colonisation, OR (b)the monitoring of the success of eradication of Helicobacter pylori in patients with peptic ulcer disease. not being a service to which 66900 applies	88.1			66.1	74.9
13015	Common list	Unlisted	N	HYPERBARIC, OXYGEN THERAPY, for treatment of localised non-neurological soft tissue radiation injuries excluding radiation-induced soft tissue lymphoedema of the arm after treatment for breast cancer, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance.	265.1			198.85	225.35
13020	Common list	Unlisted	N	HYPERBARIC OXYGEN THERAPY, for treatment of decompression illness, gas gangrene, air or gas embolism; diabetic wounds including diabetic gangrene and diabetic foot ulcers; necrotising soft tissue infections including necrotising fasciitis or Fournier's gangrene; or for the prevention and treatment of osteoradionecrosis, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance	269.35			202.05	228.95
13025	Common list	Unlisted	N	HYPERBARIC OXYGEN THERAPY for treatment of decompression illness, air or gas embolism, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance - per hour (or part of an hour)	120.35			90.3	102.3
13030	Common list	Unlisted	N	HYPERBARIC OXYGEN THERAPY performed in a comprehensive hyperbaric medicine facility where the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life saving emergency treatment, including any associated attendance - per hour (or part of an hour)	170.05			127.55	144.55
13100	Dialysis for chronic kidney failure	Type B Band 1	N	SUPERVISION IN HOSPITAL by a medical specialist of haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in 1 day	142.2			106.65	120.9
13103	Dialysis for chronic kidney failure	Type B Band 1	N	SUPERVISION IN HOSPITAL by a medical specialist of haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in 1 day	74.1			55.6	63
13104	Dialysis for chronic kidney failure	Type C	N	Planning and management of home dialysis (either haemodialysis or peritoneal dialysis), by a consultant physician in the practice of his or her specialty of renal medicine, for a patient with end-stage renal disease, and supervision of that patient on self-administered dialysis, to a maximum of 12 claims per year	153.9				130.85
13105	N/A (Not hospital treatment)	Type C	N	Haemodialysis for a patient with end-stage renal disease if: (a) the service is provided by a registered nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner; and (b) the service is supervised by the medical practitioner (either in person or remotely); and (c) the patient's care is managed by a nephrologist; and (d) the patient is treated or reviewed by the nephrologist every 3 to 6 months (either in person or remotely); and (e) the patient is not an admitted patient of a hospital; and (f) the service is provided in a Modified Monash 7 area	615.95		615.95		

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
13106	Dialysis for chronic kidney failure	Unlisted	N	DECLOTTING OF AN ARTERIOVENOUS SHUNT	126.3			94.75	107.4
13109	Dialysis for chronic kidney failure	Unlisted	N	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSISINSERTION AND FIXATION OF (Anaes.)	236.95			177.75	201.45
13110	Dialysis for chronic kidney failure	Type B Non-band specific	N	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS , removal of (including catheter cuffs) (Anaes.)	237.75			178.35	202.1
13200	Assisted reproductive services	Type C	N	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item13201, 13202, 13203, 13206, 13218 applies - being services rendered during 1 treatment cycle - INITIAL cycle in a single calendar year	3236.75			2427.6	3148.85
13201	Assisted reproductive services	Unlisted	N	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item13200, 13202, 13203, 13206, 13218 applies - being services rendered during 1 treatment cycle - each cycle SUBSEQUENT to the first in a single calendar year	3027.65			2270.75	2939.75
13202	Assisted reproductive services	Unlisted	N	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE THAT IS CANCELLED BEFORE OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation and including quantitative estimation of hormones, semen preparation, ultrasound examinations, but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which Item 13200, 13201, 13203, 13206, 13218, applies being services rendered during 1 treatment cycle	484.4			363.3	411.75
13203	Assisted reproductive services	Type C	N	OVULATION MONITORING SERVICES, for artificial insemination - including quantitative estimation of hormones and ultrasound examinations, being services rendered during 1 treatment cycle but excluding a service to which Item 13200, 13201, 13202, 13206, 13212, 13215, 13218, applies	506.45			379.85	430.5
13206	Assisted reproductive services	Type C	N	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 hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination, frozen embryo transfer or donated embryos or ova or treatment involving the use of injectable drugs to induce superovulation being services rendered during 1 treatment cycle but only if rendered in conjunction with a service to which item 13212 applies	484.4			363.3	411.75
13207	Support list	Type C	N	Biopsy of an embryo, from a patient who is eligible for a service described in item 73384 under clause 2.7.3A of the pathology services table (see PR.7.1), for the purpose of providing a sample for pre-implantation genetic testing—applicable to one or more tests performed in one assisted reproductive treatment cycle	115			86.25	97.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
13209	Assisted reproductive services	Type C	N	PLANNING and MANAGEMENT of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies or for artificial insemination payable once only during 1 treatment cycle	88.15			66.15	74.95
13212	Assisted reproductive services	Type A Surgical and Type B Non-band specific	N	Oocyte retrieval for the purpose of assisted reproductive technologies-only if rendered in connection with a service to which item 13200, 13201 or 13206 applies (Anaes.)	368.8			276.6	313.5
13215	Assisted reproductive services	Type B Non-band specific	N	Transfer of embryos or both ova and sperm to the uterus or fallopian tubes, excluding artificial insemination-only if rendered in connection with a service to which item 13200, 13201, 13206 or 13218 applies, being services rendered in one treatment cycle (Anaes.)	115.65			86.75	98.35
13218	Assisted reproductive services	Type A Surgical	N	PREPARATION of frozen or donated embryos or donated oocytes for transfer to the uterus or fallopian tubes, by any means and including quantitative estimation of hormones and all treatment counselling but excluding artificial insemination services rendered in 1 treatment cycle and excluding a service to which item 13200, 13201, 13202, 13203, 13206, 13212 applies (Anaes.)	825.7			619.3	737.8
13221	Assisted reproductive services	Type C	N	Preparation of semen for the purpose of artificial insemination-only if rendered in connection with a service to which item 13203 applies	52.8			39.6	44.9
13251	Assisted reproductive services	Type A Surgical	N	INTRACYTOPLASMIC SPERM INJECTION for the purposes of assisted reproductive technologies, for male factor infertility, excluding a service to which Item 13203 or 13218 applies	434.9			326.2	369.7
13260	Assisted reproductive services	Type C	N	Processing and cryopreservation of semen for fertility preservation treatment before or after completion of gonadotoxic treatment for malignant or non-malignant conditions, in a post-pubertal male in Tanner stages II-V, up to 60 years old, if the patient is referred by a specialist or consultant physician, initial cryopreservation of semen (not including storage) - one of a maximum of two semen collection cycles per patient in a lifetime.	431.8			323.85	367.05
13290	Assisted reproductive services	Type C	N	SEMEN, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, by a medical practitioner using a vibrator or electro-ejaculation device including catheterisation and drainage of bladder where required	212.5			159.4	180.65
13292	Assisted reproductive services	Type B Non-band specific	N	SEMEN, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, by a medical practitioner using a vibrator or electro-ejaculation device including catheterisation and drainage of bladder where required, under general anaesthetic, in a hospital (Anaes.)	425.3			319	361.55
13300	Support list	Unlisted	N	UMBILICAL OR SCALP VEIN CATHETERISATION in a NEONATE with or without infusion; or cannulation of a vein in a neonate	59.25			44.45	50.4
13303	Support list	Unlisted	N	UMBILICAL ARTERY CATHETERISATION with or without infusion	87.85			65.9	74.7
13306	Support list	Unlisted	N	BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor	347.65			260.75	295.55
13309	Support list	Unlisted	N	BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected	296.4			222.3	251.95
13312	Support list	Type C	N	BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS	29.6			22.2	25.2
13318	Support list	Type B Non-band specific	N	CENTRAL VEIN CATHETERISATION - by open exposure in a patient under 12 years of age (Anaes.)	236.65			177.5	201.2
13319	Support list	Unlisted	N	CENTRAL VEIN CATHETERISATION in a neonate via peripheral vein (Anaes.)	236.65			177.5	201.2
13400	Heart and vascular system	Type B Non-band specific	N	Restoration of cardiac rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery (H) (Anaes.)	100.75			75.6	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
13506	Digestive system	Unlisted	N	GASTRO-OESOPHAGEAL balloon intubation, for control of bleeding from gastric oesophageal varices	191.95			144	163.2
13700	Blood	Type A Surgical	N	HARVESTING OF HOMOLOGOUS (including allogeneic) or AUTOLOGOUS bone marrow for the purpose of transplantation (Anaes.)	346.8			260.1	294.8
13703	Support list	Unlisted	N	Transfusion of blood, including collection from donor, when used for intra-operative normovolaemic haemodilution	124.3			93.25	105.7
13706	Support list	Type B Band 1	N	TRANSFUSION OF BLOOD or bone marrow already collected	86.7			65.05	73.7
13750	Support list	Type B Non-band specific	N	THERAPEUTIC HAEMAPHERESIS for the removal of plasma or cellular (or both) elements of blood, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies, if performed; continuous monitoring of vital signs, fluid balance, blood volume and other parameters with continuous registered nurse attendance under the supervision of a consultant physician, not being a service associated with a service to which item 13755 applies -payable once per day	142.2			106.65	120.9
13755	Support list	Type B Non-band specific	N	DONOR HAEMAPHERESIS for the collection of blood products for transfusion, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies; continuous monitoring of vital signs, fluid balance, blood volume and other parameters; with continuous registered nurse attendance under the supervision of a consultant physician; not being a service associated with a service to which item 13750 applies - payable once per day	142.2			106.65	120.9
13757	Common list	Type B Non-band specific	N	THERAPEUTIC VENESECTION for the management of haemochromatosis, polycythemia vera or porphyria cutanea tarda	75.9			56.95	64.55
13760	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	In vitro processing with cryopreservation of bone marrow or peripheral blood, for autologous stem cell transplantation for a patient receiving high-dose chemotherapy for management of: (a) aggressive malignancy; or (b) malignancy that has proven refractory to prior treatment	793.5			595.15	705.6
13815	Support list	Type B Non-band specific	N	Central vein catheterisation, including under ultrasound guidance where clinically appropriate, by percutaneous or open exposure other than a service to which item 13318 applies (Anaes.) No separate ultrasound item is payable with this item. (Anaes.)	118.25			88.7	100.55
13818	Support list	Unlisted	N	RIGHT HEART BALLOON CATHETER, insertion of, including pulmonary wedge pressure and cardiac output measurement (Anaes.)	118.3			88.75	100.6
13830	Support list	Unlisted	N	INTRACRANIAL PRESSURE, monitoring of, by intraventricular or subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician - each day	78.4			58.8	66.65
13832	Support list	Unlisted	N	Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-arterial cardiopulmonary extracorporeal life support No separate ultrasound item is payable with this item	917.5			688.15	829.6
13834	Support list	Type A Surgical	N	Veno–arterial cardiopulmonary extracorporeal life support, management of—the first day	513.65			385.25	436.65
13835	Support list	Unlisted	N	Veno–arterial cardiopulmonary extracorporeal life support, management of—each day after the first	119.5			89.65	101.6
13837	Support list	Type A Surgical	N	Veno-venous pulmonary extracorporeal life support, management of—the first day	513.65			385.25	436.65
13838	Support list	Unlisted	N	Veno-venous pulmonary extracorporeal life support, management of—each day after the first	119.5			89.65	101.6
13839	Support list	Type C	N	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes	23.95			18	20.4
13840	Support list	Unlisted	N	Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-venous pulmonary extracorporeal life support No separate ultrasound item is payable with this item	614.7			461.05	526.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
13842	Support list	Type C	N	Intra-arterial cannulation, including under ultrasound guidance where clinically appropriate, for the purpose of intra-arterial pressure monitoring or arterial blood sampling (or both) No separate ultrasound item is payable with this item	97.35			73.05	82.75
13848	Support list	Unlisted	N	Counterpulsation by intra-aortic balloon-management including associated consultations and monitoring of parameters by means of full haemodynamic assessment and management on several occasions on a day – each day	162.45			121.85	138.1
13851	Support list	Unlisted	N	Ventricular assist device, management of, for a patient admitted to an intensive care unit for implantation of the device or for complications arising from implantation or management of the device - first day	513.65			385.25	436.65
13854	Support list	Unlisted	N	Ventricular assist device, management of, for a patient admitted to an intensive care unit, including management of complications arising from implantation or management of the device - each day after the first day	119.5			89.65	101.6
13857	Support list	Unlisted	N	AIRWAY ACCESS, ESTABLISHMENT OF AND INITIATION OF MECHANICAL VENTILATION (other than in the context of an anaesthetic for surgery), outside an Intensive Care Unit, for the purpose of subsequent ventilatory support in an Intensive Care Unit	152.35			114.3	129.5
13870	Common list	Unlisted	N	(Note: See para T1.8 of Explanatory Notes to this Category for definition of an Intensive Care Unit) MANAGEMENT of a patient in an Intensive Care Unit by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - including initial and subsequent attendances, electrocardiographic monitoring, arterial sampling and bladder catheterisation - management on the first day (H)	376.75			282.6	
13873	Common list	Unlisted	N	MANAGEMENT of a patient in an Intensive Care Unit by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - including all attendances, electrocardiographic monitoring, arterial sampling and bladder catheterisation - management on each day subsequent to the first day (H)	279.5			209.65	
13876	Support list	Unlisted	N	CENTRAL VENOUS PRESSURE, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure, continuous monitoring by indwelling catheter in an intensive care unit and managed by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - once only for each type of pressure on any calendar day (up to a maximum of 4 pressures) (H)	80			60	
13881	Support list	Unlisted	N	AIRWAY ACCESS, ESTABLISHMENT OF AND INITIATION OF MECHANICAL VENTILATION, in an Intensive Care Unit, not in association with any anaesthetic service, by a specialist or consultant physician for the purpose of subsequent ventilatory support (H)	152.35			114.3	
13882	Support list	Unlisted	N	VENTILATORY SUPPORT in an Intensive Care Unit, management of, by invasive means, or by non-invasive means where the only alternative to non-invasive ventilatory support would be invasive ventilatory support, by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care, each day (H)	119.9			89.95	
13885	Support list	Unlisted	N	CONTINUOUS ARTERIO VENOUS OR VENO VENOUS HAEMOFILTRATION, in an intensive care unit, management by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - on the first day (H)	159.9			119.95	
13888	Support list	Unlisted	N	CONTINUOUS ARTERIO VENOUS OR VENO VENOUS HAEMOFILTRATION, in an intensive care unit, management by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - on each day subsequent to the first day(H)	80			60	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
13899	Support list	Type C	N	Preparation of Goals of Care is provided outside of an intensive care unit. Refer to explanatory note TN.1.11 for further information about Goals of Care attendance Professional attendance, outside an intensive care unit, for at least 60 minutes spent in preparation of goals of care for a gravely ill patient lacking current goals of care, by a specialist in the specialty of intensive care who takes overall responsibility for the preparation of the goals of care for the patient Item 13899 cannot be co-claimed with item 13870 or item 13873 on the same day	278.75			209.1	236.95
13950	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Band 1	N	Parenteral administration of one or more antineoplastic agents, including agents used in cytotoxic chemotherapy or monoclonal antibody therapy but not agents used in anti-resorptive bone therapy or hormonal therapy, by or on behalf of a specialist or consultant physician—attendance for one or more episodes of administration Note: The fee for item 13950 contains a component which covers the accessing of a long-term drug delivery device. TN.1.27 refers	112.4			84.3	95.55
14050	Skin	Type C	N	UVA or UVB phototherapy administered in a whole body cabinet or hand and foot cabinet including associated consultations other than the initial consultation, if treatment is initiated and supervised by a specialist in the specialty of dermatology Applicable not more than 150 times in a 12 month period	54.9			41.2	46.7
14100	Skin	Type C	N	Laser photocoagulation using laser radiation in the treatment of vascular abnormalities of the head or neck, including any associated consultation, if: (a) the abnormality is visible from 3 metres; and (b) photographic evidence demonstrating the need for this service is documented in the patient notes; to a maximum of 4 sessions (including any sessions to which this item or any of items14106 to 14118 apply) in any 12 month period (Anaes.)	158.65			119	134.9
14106	Skin	Type C	N	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café au lait macules and naevi of Ota, other than melanocytic naevi (common moles), if the abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14118 apply) in any 12 month period—area of treatment less than 150 cm2 (Anaes.)	166.65			125	141.7
14115	Skin	Type C	N	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café au lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14118 apply) in any 12 month period—area of treatment 150 cm2 to 300 cm2 (Anaes.)	266.9			200.2	226.9
14118	Skin	Type C	N	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café au lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14115 apply) in any 12 month period—area of treatment more than 300 cm2 (Anaes.)	338.9			254.2	288.1
14124	Skin	Type C	N	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, if: (a) a seventh or subsequent session (including any sessions to which this item or any of items14100 to 14118 apply) is indicated in a 12 month period commencing on the day of the first session; and (b) photographic evidence demonstrating the need for this service is documented in the patient notes (Anaes.)	158.65			119	134.9
14201	Common list	Type C	N	POLY-L-LACTIC ACID, one or more injections of, for the initial session only, for the treatment of severe facial lipoatrophy caused by antiretroviral therapy, when prescribed in accordance with the National Health Act 1953 - once per patient	246.45			184.85	209.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
14202	Common list	Type C	N	POLY-L-LACTIC ACID, one or more injections of (subsequent sessions), for the continuation of treatment of severe facial lipoatrophy caused by antiretroviral therapy, when prescribed in accordance with the National Health Act 1953	124.75			93.6	106.05
14203	Assisted reproductive services	Type C	N	HORMONE OR LIVING TISSUE IMPLANTATION, by direct implantation involving incision and suture (Anaes.)	53.2			39.9	45.25
14206	Assisted reproductive services	Type C	N	HORMONE OR LIVING TISSUE IMPLANTATION by cannula	37.05			27.8	31.5
14209	Common list	Type C	N	INTRAARTERIAL INFUSION or retrograde intravenous perfusion of a sympatholytic agent	92.25			69.2	78.45
14212	Digestive system	Unlisted	N	INTUSSUSCEPTION, management of fluid or gas reduction for (Anaes.)	192.75			144.6	163.85
14216	Hospital psychiatric services	Type C	N	Professional attendance on a patient by a psychiatrist, who has undertaken training in Repetitive Transcranial Magnetic Stimulation (rTMS), for treatment mapping for rTMS, if the patient: (a) has not previously received any prior transcranial magnetic stimulation therapy in a public or private setting; and (b) is at least 18 years old; and (c) is diagnosed with a major depressive episode; and (d) has failed to receive satisfactory improvement for the major depressive episode despite the adequate trialling of at least 2 different classes of antidepressant medications, unless contraindicated, and all of the following apply: (i) the patient's adherence to antidepressant treatment has been formally assessed; (ii) the trialling of each antidepressant medication has been at the recommended therapeutic dose for a minimum of 3 weeks; (iii) where clinically appropriate, the treatment has been titrated to the maximum tolerated therapeutic dose; and (e) has undertaken psychological therapy, if clinically appropriate	186.4			139.8	158.45
14217	Hospital psychiatric services	Type C	N	Repetitive Transcranial Magnetic Stimulation (rTMS) treatment of up to 35 services provided by, or on behalf of, a psychiatrist who has undertaken training in rTMS, if the patient has previously received a service under item 14216—each service up to 35 services	160			120	136
14218	Pain management with device	Type B Non-band specific	N	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 programmable pump, for the management of chronic intractable pain	101.9			76.45	86.65
14219	Hospital psychiatric services	Type C	N	Professional attendance on a patient by a psychiatrist, who has undertaken training in Repetitive Transcranial Magnetic Stimulation (rTMS), for treatment mapping for rTMS, if the patient: (a) is at least 18 years old; and (b) is diagnosed with a major depressive episode; and (c) has failed to receive satisfactory improvement for the major depressive episode despite the adequate trialling of at least 2 different classes of antidepressant medications, unless contraindicated, and all of the following apply: (i) the patient's adherence to antidepressant treatment has been formally assessed; (ii) the trialling of each antidepressant medication has been at the recommended therapeutic dose for a minimum of 3 weeks; (iii) where clinically appropriate, the treatment has been titrated to the maximum tolerated therapeutic dose; and (d) has undertaken psychological therapy, if clinically appropriate; and (e) has previously received an initial service under item14217 and the patient: (i) has relapsed after a remission following the initial service; and (ii) has had a satisfactory clinical response to the service under item14217 (which has been assessed by a validated major depressive disorder tool at least 4 months after receiving that service)	186.4			139.8	158.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
14220	Hospital psychiatric services	Type C	N	Repetitive Transcranial Magnetic Stimulation (rTMS) treatment of up to 15 services provided by, or on behalf of, a psychiatrist who has undertaken training in rTMS, if the patient has previously received: (a) a service under item14217 (which was not provided in the previous 4 months); and (b) a service under item14219 Each service up to 15 services	160			120	136
14221	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	LONG-TERM IMPLANTED DEVICE FOR DELIVERY OF THERAPEUTIC AGENTS, accessing of, not being a service associated with a service to which item 13950 applies	54.65			41	46.5
14224	Hospital psychiatric services	Unlisted	N	ELECTROCONVULSIVE THERAPY, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation (Anaes.)	73.2			54.9	62.25
14227	Brain and nervous system	Type C	N	IMPLANTED INFUSION PUMP, REFILLING of reservoir, with baclofen, for infusion to the subarachnoid or epidural space, with or without re-programming of a programmable pump, for the management of severe chronic spasticity	101.9			76.45	86.65
14234	Brain and nervous system	Type A Surgical	N	Infusion pump or components of an infusion pump, removal or replacement of, and connection to intrathecal or epidural catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity (Anaes.)	376.55			282.45	
14237	Brain and nervous system	Type A Surgical	N	Infusion pump or components of an infusion pump, subcutaneous implantation of, and intrathecal or epidural spinal catheter insertion, and connection of pump to catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity (Anaes.)	686.65			515	
14245	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	IMMUNOMODULATING AGENT, administration of, by intravenous infusion for at least 2 hours duration - payable once only on the same day and where the agent is provided under section 100 of the Pharmaceutical Benefits Scheme	101.9			76.45	86.65
14247	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	N	Extracorporeal photopheresis for the treatment of erythrodermic stage III-IVa T4 M0 cutaneous T-cell lymphoma; if the service is provided in the initial six months of treatment; and the service is delivered using an integrated, closed extracorporeal photopheresis system; and the patient is 18 years old or over; and the patient has received prior systemic treatment for this condition and experienced either disease progression or unacceptable toxicity while on this treatment; and the service is provided in combination with the use of Pharmaceutical Benefits Scheme-subsidised methoxsalen; and the service is supervised by a specialist or consultant physician in the speciality of haematology. Applicable once per treatment cycle	1925.55			1444.2	1837.65
14249	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	N	Extracorporeal photopheresis for the continuing treatment of erythrodermic stage III-IVa T4 M0 cutaneous T-cell lymphoma; if in the preceding 6 months:(i) a service to which item 14247 applies has been provided; and(ii) the patient has demonstrated a response to this service; and(iii)the patient requires further treatment; and the service is delivered using an integrated, closed extracorporeal photopheresis system; and the patient is 18 years old or over; and the service is provided in combination with the use of Pharmaceutical Benefits Scheme-subsidised methoxsalen; and the service is supervised by a specialist or consultant physician in the speciality of haematology. Applicable once per treatment cycle	1925.55			1444.2	1837.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
14255	Support list	Type C	N	Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	154.4			115.8	131.25
14256	Support list	Type C	N	Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	296.9			222.7	252.4
14257	Support list	Type C	N	Resuscitation of a patient provided for at least 2 hours, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	591.25			443.45	503.35
14258	Support list	Type C	N	Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	115.85			86.9	98.5
14259	Support list	Type C	N	Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	222.7			167.05	189.3
14260	Support list	Type C	N	Resuscitation of a patient provided for at least 2 hours, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	443.45			332.6	376.95
14263	Support list	Type C	N	Minor procedure on a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	54.35			40.8	46.2
14264	Support list	Type C	N	Procedure (except a minor procedure) on a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	122.35			91.8	104
14265	Support list	Type C	N	Minor procedure on a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	40.75			30.6	34.65
14266	Support list	Type C	N	Procedure (except a minor procedure) on a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	91.75			68.85	78

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
14270	Support list	Type C	N	Management, without aftercare, of all fractures and dislocations suffered by a patient that: (a) is provided by a specialist in the practice of the specialist's specialty of emergency medicine in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and (b) occurs at a recognised emergency department of a private hospital (Anaes.)	137.15			102.9	116.6
14272	Support list	Type C	N	Management, without aftercare, of all fractures and dislocations suffered by a patient that: (a) is provided by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (b) occurs at a recognised emergency department of a private hospital (Anaes.)	102.9			77.2	87.5
14277	Support list	Type C	N	Application of chemical or physical restraint of a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital	154.4			115.8	131.25
14278	Support list	Type C	N	Application of chemical or physical restraint of a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital	115.85			86.9	98.5
14280	Support list	Type C	N	Anaesthesia (whether general anaesthesia or not) of a patient that: (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	154.4			115.8	131.25
14283	Support list	Type C	N	Anaesthesia (whether general anaesthesia or not) of a patient that: (a) is managed by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	115.85			86.9	98.5
14285	Support list	Type C	N	Emergent intubation, airway management or both of a patient that: (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	154.4			115.8	131.25
14288	Support list	Type C	N	Emergent intubation, airway management or both of a patient that: (a) is managed by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	115.85			86.9	98.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15000	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	(Benefits for administration of general anaesthetic for radiotherapy are payable under Group T10) RADIOTHERAPY, SUPERFICIAL (including treatment with xrays, radium rays or other radioactive substances), not being a service to which another item in this Group applies each attendance at which fractionated treatment is given - 1 field	44.3			33.25	37.7
15003	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this Group applies - each attendance at which fractionated treatment is given - 2 or more fields up to a maximum of 5 additional fields		The fee for item 15000 plus for each field in excess of 1, an amount of $17.75			
15006	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied - 1 field	98.2			73.65	83.5
15009	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	Radiotherapy, superficial attendance at which a single dose technique is applied - 2 or more fields up to a maximum of 5 additional fields		The fee for item 15006 plus for each field in excess of 1, an amount of $19.30			
15012	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIOTHERAPY, SUPERFICIAL each attendance at which treatment is given to an eye	55.6			41.7	47.3
15100	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE each attendance at which fractionated treatment is given at 3 or more treatments per week - 1 field	49.65			37.25	42.25
15103	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	Radiotherapy, deep or orthovoltage each attendance at which fractionated treatment is given at 3 or more treatments per week - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)		The fee for item 15100 plus for each field in excess of 1, an amount of $19.55			
15106	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 1 field	58.55			43.95	49.8
15109	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	Radiotherapy, deep or orthovoltage each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)		The fee for item 15106 plus for each field in excess of 1, an amount of $23.60			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15112	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE attendance at which single dose technique is applied 1 field	125.1			93.85	106.35
15115	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	Radiotherapy, deep or orthovoltage attendance at which a single dose technique is applied - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)		The fee for item 15112 plus for each field in excess of 1, an amount of $49.20			
15211	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using cobalt unit or caesium teletherapy uniteach attendance at which treatment is given - 1 field	56.95			42.75	48.45
15214	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit - each attendance at which treatment is given 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)		The fee for item 15211 plus for each field in excess of 1, an amount of $33.20			
15215	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (lung)	62.05			46.55	52.75
15218	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (prostate)	62.05			46.55	52.75
15221	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (breast)	62.05			46.55	52.75
15224	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site for diseases and conditions not covered by items 15215, 15218 and 15221	62.05			46.55	52.75
15227	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to secondary site	62.05			46.55	52.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15230	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (lung)		The fee for item 15215 plus for each field in excess of 1, an amount of $39.50			
15233	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (prostate)		The fee for item 15218 plus for each field in excess of 1, an amount of $39.50			
15236	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (breast)		The fee for item 15221 plus for each field in excess of 1, an amount of $39.50			
15239	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site for diseases and conditions not covered by items 15230, 15233 or 15236		The fee for item 15224 plus for each field in excess of 1, an amount of $39.50			
15242	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to secondary site		The fee for item 15227 plus for each field in excess of 1, an amount of $39.50			
15245	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (lung)	62.05			46.55	52.75
15248	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (prostate)	62.05			46.55	52.75
15251	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (breast)	62.05			46.55	52.75
15254	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site for diseases and conditions not covered by items 15245, 15248 or 15251	62.05			46.55	52.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15257	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to secondary site	62.05			46.55	52.75
15260	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ORADIATION ONCOLOGY treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10mv photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (lung)		The fee for item 15245 plus for each field in excess of 1, an amount of $39.50			
15263	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (prostate)		The fee for item 15248 plus for each field in excess of 1, an amount of $39.50			
15266	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (breast)		The fee for item 15251 plus for each field in excess of 1, an amount of $39.50			
15269	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site for diseases and conditions not covered by items 15260, 15263 or 15266		The fee for item 15254 plus for each field in excess of 1, an amount of $39.50			
15272	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to secondary site		The fee for item 15257 plus for each field in excess of 1, an amount of $39.50			
15275	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT with IGRT imaging facilities undertaken: (a) to implement an IMRT dosimetry plan prepared in accordance with item 15565; and (b) utilising an intensity modulated treatment delivery mode (delivered by a fixed or dynamic gantry linear accelerator or by a helical non C-arm based linear accelerator), once only at each attendance at which treatment is given.	190.35			142.8	161.8
15303	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	371.45			278.6	315.75
15304	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	371.45			278.6	315.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15307	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.)	704.25			528.2	616.35
15308	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.)	704.25			528.2	616.35
15311	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	346.75			260.1	294.75
15312	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	344.2			258.15	292.6
15315	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.)	680.7			510.55	592.8
15316	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.)	680.7			510.55	592.8
15319	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	422.5			316.9	359.15
15320	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	422.5			316.9	359.15
15323	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.)	751.25			563.45	663.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15324	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.)	751.25			563.45	663.35
15327	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using manual afterloading techniques (Anaes.)	817.25			612.95	729.35
15328	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using automatic afterloading techniques (Anaes.)	817.25			612.95	729.35
15331	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using manual afterloading techniques (Anaes.)	776			582	688.1
15332	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using automatic afterloading techniques (Anaes.)	776			582	688.1
15335	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using manual afterloading techniques (Anaes.)	704.25			528.2	616.35
15336	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using automatic afterloading techniques (Anaes.)	704.25			528.2	616.35
15338	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	N	Prostate, radioactive seed implantation of, radiation oncology component, using transrectal ultrasound guidance: (a) for a patient with: (i) localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate); and (ii) a Gleason score of less than or equal to 7 (Grade Group 1 to Grade Group 3); and (iii) a prostate specific antigen (PSA) of not more than 10ng/ml at the time of diagnosis; and (b) performed by an oncologist at an approved site in association with a urologist; and (c) being a service associated with: (i) services to which items 37220 and 55603 apply; and (ii) a service to which item 60506or 60509 applies	973.5			730.15	885.6
15339	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	REMOVAL OF A SEALED RADIOACTIVE SOURCE under general anaesthesia, or under epidural or spinal nerve block (Anaes.)	79.25			59.45	67.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15342	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	CONSTRUCTION AND APPLICATION OF A RADIOACTIVE MOULD using a sealed source having a half-life of greater than 115 days, to treat intracavity, intraoral or intranasal site	198			148.5	168.3
15345	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	CONSTRUCTION AND APPLICATION OF A RADIOACTIVE MOULD using a sealed source having a half-life of less than 115 days including iodine, gold, iridium or tantalum to treat intracavity, intraoral or intranasal sites	528.35			396.3	449.1
15348	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in item 15342 or 15345each attendance	60.8			45.6	51.7
15351	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	CONSTRUCTION WITH OR WITHOUT INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface	121.35			91.05	103.15
15354	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface	147.2			110.4	125.15
15357	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	"SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD, attendance upon a patient to apply a radioactive mould constructed for application to an external surface of the patient other than an attendance which is the first attendance to apply the mould each attendance"	41.65			31.25	35.45
15500	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIOTHERAPY PLANNINGRADIATION FIELD SETTING using a simulator or isocentric xray or megavoltage machine or CT of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15509 applies)	252.5			189.4	214.65
15503	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION FIELD SETTING using a simulator or isocentric xray or megavoltage machine or CT of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15512 applies)	324.2			243.15	275.6
15506	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION FIELD SETTING using a simulator or isocentric xray or megavoltage machine or CT of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of offaxis fields or several joined fields (not being a service associated with a service to which item 15515 applies)	484.15			363.15	411.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15509	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION FIELD SETTING using a diagnostic xray unit of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15500 applies)	218.8			164.1	186
15512	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION FIELD SETTING using a diagnostic xray unit of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15503 applies)	282.1			211.6	239.8
15513	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	N	RADIATION SOURCE LOCALISATION using a simulator or x-ray machine or CT of a single area, where views in more than 1 plane are required, for brachytherapy treatment planning for I125 seed implantation of localised prostate cancer, in association with item 15338	318.95			239.25	271.15
15515	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION FIELD SETTING using a diagnostic xray unit of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of offaxis fields or several joined fields (not being a service associated with a service to which item 15506 applies)	408.45			306.35	347.2
15518	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks	80.1			60.1	68.1
15521	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used	353.7			265.3	300.65
15524	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly shaped fields using multiple blocks, or offaxis fields, or several joined fields	663.15			497.4	575.25
15527	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks	82.15			61.65	69.85
15530	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used	366.4			274.8	311.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15533	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields, or tangential fields or irregularly shaped fields using multiple blocks, or offaxis fields, or several joined fields	694.8			521.1	606.9
15536	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	BRACHYTHERAPY PLANNING, computerised radiation dosimetry	277.7			208.3	236.05
15539	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	N	BRACHYTHERAPY PLANNING, computerised radiation dosimetry for I125 seed implantation of localised prostate cancer, in association with item 15338	652.7			489.55	564.8
15550	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	SIMULATION FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY without intravenous contrast medium, where: (a)treatment set up and technique specifications are in preparations for three dimensional conformal radiotherapy dose planning; and (b)patient set up and immobilisation techniques are suitable for reliable CT image volume data acquisition and three dimensional conformal radiotherapy treatment; and (c)a high-quality CT-image volume dataset must be acquired for the relevant region of interest to be planned and treated; and (d)the image set must be suitable for the generation of quality digitally reconstructed radiographic images	685.3			514	597.4
15553	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	SIMULATION FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY pre and post intravenous contrast medium, where: (a)treatment set up and technique specifications are in preparations for three dimensional conformal radiotherapy dose planning; and (b)patient set up and immobilisation techniques are suitable for reliable CT image volume data acquisition and three dimensional conformal radiotherapy treatment; and (c)a high-quality CT-image volume dataset must be acquired for the relevant region of interest to be planned and treated; and (d)the image set must be suitable for the generation of quality digitally reconstructed radiographic images	739.35			554.55	651.45
15555	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	SIMULATION FOR INTENSITY-MODULATED RADIATION THERAPY (IMRT), with or without intravenous contrast medium, if: 1.treatment set-up and technique specifications are in preparations for three-dimensional conformal radiotherapy dose planning; and 2.patient set-up and immobilisation techniques are suitable for reliable CT-image volume data acquisition and three-dimensional conformal radiotherapy; and 3.a high-quality CT-image volume dataset is acquired for the relevant region of interest to be planned and treated; and 4.the image set is suitable for the generation of quality digitally-reconstructed radiographic images.	739.35			554.55	651.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15556	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 1 COMPLEXITY where: (a)dosimetry for a single phase three dimensional conformal treatment plan using CT image volume dataset and having a single treatment target volume and organ at risk; and (b)one gross tumour volume or clinical target volume, plus one planning target volume plus at least one relevant organ at risk as defined in the prescription must be rendered as volumes; and (c)the organ at risk must be nominated as a planning dose goal or constraint and the prescription must specify the organ at risk dose goal or constraint; and (d)dose volume histograms must be generated, approved and recorded with the plan; and (e)a CT image volume dataset must be used for the relevant region to be planned and treated; and (f)the CT images must be suitable for the generation of quality digitally reconstructed radiographic images	691.35			518.55	603.45
15559	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 2 COMPLEXITY where: (a)dosimetry for a two phase three dimensional conformal treatment plan using CT image volume dataset(s) with at least one gross tumour volume, two planning target volumes and one organ at risk defined in the prescription; or (b)dosimetry for a one phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, one planning target volume and two organ at risk dose goals or constraints defined in the prescription; or (c)image fusion with a secondary image (CT, MRI or PET) volume dataset used to define target and organ at risk volumes in conjunction with and as specified in dosimetry for three dimensional conformal radiotherapy of level 1 complexity. All gross tumour targets, clinical targets, planning targets and organs at risk as defined in the prescription must be rendered as volumes. The organ at risk must be nominated as planning dose goals or constraints and the prescription must specify the organs at risk as dose goals or constraints. Dose volume histograms must be generated, approved and recorded with the plan. A CT image volume dataset must be used for the relevant region to be planned and treated. The CT images must be suitable for the generation of quality digitally reconstructed radiographic images	901.65			676.25	813.75
15562	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 3 COMPLEXITY - where: (a)dosimetry for a three or more phase three dimensional conformal treatment plan using CT image volume dataset(s) with at least one gross tumour volume, three planning target volumes and one organ at risk defined in the prescription; or (b)dosimetry for a two phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, and (i) two planning target volumes; or (ii) two organ at risk dose goals or constraints defined in the prescription. or (c)dosimetry for a one phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, one planning target volume and three organ at risk dose goals or constraints defined in the prescription; or (d)image fusion with a secondary image (CT, MRI or PET) volume dataset used to define target and organ at risk volumes in conjunction with and as specified in dosimetry for three dimensional conformal radiotherapy of level 2 complexity. All gross tumour targets, clinical targets, planning targets and organs at risk as defined in the prescription must be rendered as volumes. The organ at risk must be nominated as planning dose goals or constraints and the prescription must specify the organs at risk as dose goals or constraints. Dose volume histograms must be generated, approved and recorded with the plan. A CT image volume dataset must be used for the relevant region to be planned and treated. The CT images must be suitable for the generation of quality digitally reconstructed radiographic images	1166.2			874.65	1078.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15565	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	Preparation of an IMRT DOSIMETRY PLAN, which uses one or more CT image volume datasets, if: (a)in preparing the IMRT dosimetry plan: (i)the differential between target dose and normal tissue dose is maximised, based on a review and assessment by a radiation oncologist; and (ii)all gross tumour targets, clinical targets, planning targets and organs at risk are rendered as volumes as defined in the prescription; and (iii)organs at risk are nominated as planning dose goals or constraints and the prescription specifies the organs at risk as dose goals or constraints; and (iv)dose calculations and dose volume histograms are generated in an inverse planned process, using a specialised calculation algorithm, with prescription and plan details approved and recorded in the plan; and (v)a CT image volume dataset is used for the relevant region to be planned and treated; and (vi)the CT images are suitable for the generation of quality digitally reconstructed radiographic images; and (b) the final IMRT dosimetry plan is validated by the radiation therapist and the medical physicist, using robust quality assurance processes that include: (i)determination of the accuracy of the dose fluence delivered by the multi-leaf collimator and gantryposition (static or dynamic); and (ii)ensuring that the plan is deliverable, data transfer is acceptable and validation checks are completed on a linear accelerator; and (iii)validating the accuracy of the derived IMRT dosimetry plan; and (c)the final IMRT dosimetry plan is approved by the radiation oncologist prior to delivery.	3448.1			2586.1	3360.2
15600	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Advanced Surgical	N	STEREOTACTIC RADIOSURGERY, including all radiation oncology consultations, planning, simulation, dosimetry and treatment	1771.3			1328.5	1683.4
15700	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT VERIFICATION - single projection (with single or double exposures) - when prescribed and reviewed by a radiation oncologist and not associated with item 15705 or 15710 - each attendance at which treatment is verified (ie maximum one per attendance).	47.85			35.9	40.7
15705	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT VERIFICATION - multiple projection acquisition when prescribed and reviewed by a radiation oncologist and not associated with item 15700 or 15710 - each attendance at which treatment involving three or more fields is verified (ie maximum one per attendance).	79.7			59.8	67.75
15710	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT VERIFICATION - volumetric acquisition, when prescribed and reviewed by a radiation oncologist and not associated with item 15700 or 15705 - each attendance at which treatment involving three fields or more is verified (ie maximum one per attendance). (see para T2.5 of explanatory notes to this Category)	79.7			59.8	67.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
15715	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION ONCOLOGY TREATMENT VERIFICATION of planar or volumetric IGRT for IMRT, involving the use of at least 2 planar image views or projections or 1 volumetric image set to facilitate a 3-dimensional adjustment to radiation treatment field positioning, if: (a) the treatment technique is classified as IMRT; and (b) the margins applied to volumes (clinical target volume or planning target volume) are tailored or reduced to minimise treatment related exposure of healthy or normal tissues; and (c) the decisions made using acquired images are based on action algorithms and are given effect immediately prior to or during treatment delivery by qualified and trained staff considering complex competing factors and using software driven modelling programs; and (d) the radiation treatment field positioning requires accuracy levels of less than 5mm (curative cases) or up to 10mm (palliative cases) to ensure accurate dose delivery to the target; and (e) the image decisions and actions are documented in the patient's record; and (f) the radiation oncologist is responsible for supervising the process, including specifying the type and frequency of imaging, tolerance and action levels to be incorporated in the process, reviewing the trend analysis and any reports and relevant images during the treatment course and specifying action protocols as required; and (g) when treatment adjustments are inadequate to satisfy treatment protocol requirements, replanning is required; and (h) the imaging infrastructure (hardware and software) is linked to the treatment unit and networked to an image database, enabling both on line and off line reviews.	79.7			59.8	67.75
15800	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	BRACHYTHERAPY TREATMENT VERIFICATION - maximum of one only for each attendance.	100.2			75.15	85.2
15850	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	RADIATION SOURCE LOCALISATION using a simulator, x-ray machine, CT or ultrasound of a single area, where views in more than one plane are required, for brachytherapy treatment planning, not being a service to which Item 15513 applies.	207.6			155.7	176.5
15900	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	BREAST, MALIGNANT TUMOUR, targeted intraoperative radiation therapy, using an Intrabeam®or Xoft® Axxent® device, delivered at the time of breast-conserving surgery (partial mastectomy or lumpectomy) for a patient who: a) is 45 years of age or more; and b) has a T1 or small T2 (less than or equal to 3cm in diameter) primary tumour; and c) has an histologic Grade 1 or 2 tumour; and d) has an oestrogen-receptor positive tumour; and e) has a node negative malignancy; and f) is suitable for wide local excision of a primary invasive ductal carcinoma that was diagnosed as unifocal on conventional examination and imaging; and g) has no contra-indications to breast irradiation Applicable only once per breast per lifetime (H)	260.1			195.1	
16003	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	INTRACAVITY ADMINISTRATION OF A THERAPEUTIC DOSE OF YTTRIUM 90 not including preliminary paracentesis, not being a service associated with selective internal radiation therapy or to which item 35404, 35406 or 35408 applies (Anaes.)	676.85			507.65	588.95
16006	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	ADMINISTRATION OF A THERAPEUTIC DOSE OF IODINE 131 for thyroid cancer by single dose technique	520.1			390.1	442.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
16009	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	ADMINISTRATION OF A THERAPEUTIC DOSE OF IODINE 131 for thyrotoxicosis by single dose technique	354.95			266.25	301.75
16012	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	INTRAVENOUS ADMINISTRATION OF A THERAPEUTIC DOSE OF PHOSPHOROUS 32	307.1			230.35	261.05
16015	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	ADMINISTRATION OF STRONTIUM 89 for painful bony metastases from carcinoma of the prostate where hormone therapy has failed and either: (i)the disease is poorly controlled by conventional radiotherapy; or (ii)conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain	4251.2			3188.4	4163.3
16018	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	N	ADMINISTRATION OF 153 SM-LEXIDRONAM for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan) where hormonal therapy and/or chemotherapy have failed and either the disease is poorly controlled by conventional radiotherapy or conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain.	2541.4			1906.05	2453.5
16400	Pregnancy and birth	Type C	N	ANTENATAL CARE Antenatal service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; (b) the service is provided at, or from, a practice location in a regional, rural or remote area; (c) the service is not performed in conjunction with another antenatal attendance item (same patient, same practitioner on the same day); (d) the service is not provided for an admitted patient of a hospital; and to a maximum of 10 service per pregnancy	28.35				24.1
16401	Pregnancy and birth	Unlisted	N	Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics, after referral of the patient to him or her - each attendance, other than a second or subsequent attendance in a single course of treatment	89			66.75	75.65
16404	Pregnancy and birth	Unlisted	N	Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics after referral of the patient to him or her - each attendance SUBSEQUENT to the first attendance in a single course of treatment.	44.75			33.6	38.05
16406	Pregnancy and birth	Type A Obstetric	N	Antenatal professional attendance, by an obstetrician or general practitioner, as part of a single course of treatment when the patient is referred by a participating midwife. Payable only once for a pregnancy	139.4			104.55	118.5
16407	Pregnancy and birth	Type C	N	Postnatal professional attendance (other than a service to which any other item applies) if the attendance: (a) is by an obstetrician or general practitioner; and (b) is in hospital or at consulting rooms; and (c) is between 4 and 8 weeks after the birth; and (d) lasts at least 20 minutes; and (e) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (f) is for a pregnancy in relation to which a service to which item 82140 applies is not provided Payable once only for a pregnancy	74.6			55.95	63.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
16408	Pregnancy and birth	Type C	N	Postnatal attendance (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which any other item applies) if the attendance: (a) is by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 applies is not provided Payable once only for a pregnancy	55.55				47.25
16500	Pregnancy and birth	Type C	N	ANTENATAL ATTENDANCE	49.05			36.8	41.7
16501	Pregnancy and birth	Type C	N	EXTERNAL CEPHALIC VERSION for breech presentation, after 36 weeks where no contraindication exists, in a Unit with facilities for Caesarean Section, including pre- and post version CTG, with or without tocolysis, not being a service to which items 55718 to 55728 and 55768 to 55774 apply - chargeable whether or not the version is successful and limited to a maximum of 2 ECV's per pregnancy	146.25			109.7	124.35
16502	Pregnancy and birth	Type C	N	POLYHYDRAMNIOS, UNSTABLE LIE, MULTIPLE PREGNANCY, PREGNANCY COMPLICATED BY DIABETES OR ANAEMIA, THREATENED PREMATURE LABOUR treated by bed rest only or oral medication, requiring admission to hospital each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day	49.05			36.8	41.7
16505	Pregnancy and birth	Type C	N	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of each attendance that is not a routine antenatal attendance	49.05			36.8	41.7
16508	Pregnancy and birth	Type C	N	Pregnancy complicated by acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital - each professional attendance (other than a service to which item 16533 applies) that is not a routine antenatal attendance, to a maximum of one visit per day	49.05			36.8	41.7
16509	Pregnancy and birth	Type C	N	Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of- each professional attendance (other than a service to which item 16534 applies) that is not a routine antenatal attendance	49.05			36.8	41.7
16511	Pregnancy and birth	Type C	N	CERVIX, purse string ligation of (Anaes.)	228.85			171.65	194.55
16512	Pregnancy and birth	Type B Non-band specific	N	CERVIX, removal of purse string ligature of (Anaes.)	66.05			49.55	56.15
16514	Pregnancy and birth	Type C	N	ANTENATAL CARDIOTOCOGRAPHY in the management of high risk pregnancy (not during the course of the confinement)	38.15			28.65	32.45
16515	Pregnancy and birth	Type A Obstetric	N	Management of vaginal birth as an independent procedure, if the patient's care has been transferred by another medical practitioner for management of the birth and the attending medical practitioner has not provided antenatal care to the patient, including all attendances related to the birth (Anaes.)	656.4			492.3	568.5
16518	Pregnancy and birth	Type A Obstetric	N	Management of labour, incomplete, if the patient's care has been transferred to another medical practitioner for completion of the birth (Anaes.)	468.9			351.7	398.6
16519	Pregnancy and birth	Type A Obstetric	N	Management of labour and birth by any means (including Caesarean section) including post-partum care for 5 days (Anaes.)	722.1			541.6	634.2
16520	Pregnancy and birth	Type A Obstetric	N	Caesarean section and post-operative care for 7 days, if the patient’s care has been transferred by another medical practitioner for management of the confinement and the attending medical practitioner has not provided any of the antenatal care (Anaes.)	656.4			492.3	568.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
16522	Pregnancy and birth	Type A Obstetric	N	Management of labour and birth, or birth alone, (including caesarean section), on or after 23 weeks gestation, if in the course of antenatal supervision or intrapartum management one or more of the following conditions is present, including postnatal care for 7 days: (a) fetal loss; (b) multiple pregnancy; (c) antepartum haemorrhage that is: (i) of greater than 200 ml; or (ii) associated with disseminated intravascular coagulation; (d) placenta praevia on ultrasound in the third trimester with the placenta within 2 cm of the internal cervical os; (e) baby with a birth weight less than or equal to 2,500 g; (f) trial of vaginal birth in a patient with uterine scar where there has been a planned vaginal birth after caesarean section; (g) trial of vaginal breech birth where there has been a planned vaginal breech birth; (h) prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress as evidenced by cervical dilatation at less than 1 cm/hr in the active phase of labour (after 3 cm cervical dilatation and effacement until full dilatation of the cervix); (i) acute fetal compromise evidenced by: (i) scalp pH less than 7.15; or (ii) scalp lactate greater than 4.0; (j) acute fetal compromise evidenced by at least one of the following significant cardiotocograph abnormalities: (i) prolonged bradycardia (less than 100 bpm for more than 2 minutes); (ii) absent baseline variability (less than 3 bpm); (iii) sinusoidal pattern; (iv) complicated variable decelerations with reduced (3 to 5 bpm) or absent baseline variability; (v) late decelerations; (k) pregnancy induced hypertension of at least 140/90 mm Hg associated with: (i) at least 2+ proteinuria on urinalysis; or (ii) protein-creatinine ratio greater than 30 mg/mmol; or (iii) platelet count less than 150 x 109/L; or (iv) uric acid greater than 0.36 mmol/L; (l) gestational diabetes mellitus requiring at least daily blood glucose monitoring; (m) mental health disorder (whether arising prior to pregnancy, during pregnancy or postpartum) that is demonstrated by: (i) the patient requiring hospitalisation; or (ii) the patient receiving ongoing care by a psychologist or psychiatrist to treat the symptoms of a mental health disorder; or (iii) the patient having a GP mental health treatment plan; or (iv) the patient having a management plan prepared in accordance with item 291; (n) disclosure or evidence of domestic violence; (o) any of the following conditions either diagnosed pre-pregnancy or evident at the first antenatal visit before 20 weeks gestation: (i) pre-existing hypertension requiring antihypertensive medication prior to pregnancy; (ii) cardiac disease (co-managed with a specialist	1695.35			1271.55	
16527	Pregnancy and birth	Type A Obstetric	N	Management of vaginal birth, if the patient's care has been transferred by a participating midwife for management of the birth, including all attendances related to the birth. Payable once only for a pregnancy. (Anaes.)	656.4			492.3	568.5
16528	Pregnancy and birth	Type A Obstetric	N	Caesarean section and post-operative care for 7 days, if the patient's care has been transferred by a participating midwife for management of the birth. Payable once only for a pregnancy. (Anaes.)	656.4			492.3	568.5
16530	Miscarriage and termination of pregnancy	Type A Obstetric	N	Management of pregnancy loss, from 14 weeks to 15 weeks and 6 days gestation, other than a service to which item 16531, 35640 or 35643 applies (Anaes.)	399.9			299.95	339.95
16531	Miscarriage and termination of pregnancy	Type A Obstetric	N	Management of pregnancy loss, from 16 weeks to 22 weeks and 6 days gestation, other than a service to which item 16530, 35640 or 35643 applies (Anaes.)	799.85			599.9	
16533	Pregnancy and birth	Type A Obstetric	N	Pregnancy complicated by acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital—each professional attendance lasting at least 40 minutes that is not a routine antenatal attendance, to a maximum of 3 services per pregnancy	109.85			82.4	
16534	Pregnancy and birth	Type A Obstetric	N	Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of—each professional attendance lasting at least 40 minutes that is not a routine antenatal attendance, to a maximum of 3 services per pregnancy	109.85			82.4	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
16564	Pregnancy and birth	Unlisted	N	POST-PARTUM CARE EVACUATION OF RETAINED PRODUCTS OF CONCEPTION (placenta, membranes or mole) as a complication of confinement, with or without curettage of the uterus, as an independent procedure (Anaes.)	226.8			170.1	192.8
16567	Pregnancy and birth	Type A Surgical	N	MANAGEMENT OF POSTPARTUM HAEMORRHAGE by special measures such as packing of uterus, as an independent procedure (Anaes.)	331.7			248.8	281.95
16570	Pregnancy and birth	Type A Surgical	N	ACUTE INVERSION OF THE UTERUS, vaginal correction of, as an independent procedure (Anaes.)	432.9			324.7	368
16571	Pregnancy and birth	Type A Surgical	N	CERVIX, repair of extensive laceration or lacerations (Anaes.)	331.7			248.8	281.95
16573	Pregnancy and birth	Type A Surgical	N	THIRD DEGREE TEAR, involving anal sphincter muscles and rectal mucosa, repair of, as an independent procedure (Anaes.)	270.3			202.75	229.8
16590	Pregnancy and birth	Unlisted	N	Planning and management, by a practitioner, of a pregnancy if: (a) the practitioner intends to take primary responsibility for management of the pregnancy and any complications, and to be available for the birth; and (b) the patient intends to be privately admitted for the birth; and (c) the pregnancy has progressed beyond 28 weeks gestation; and (d) the practitioner has maternity privileges at a hospital or birth centre; and (e) the service includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (f) a service to which item 16591 applies is not provided in relation to the same pregnancy Payable once only for a pregnancy	387.85			290.9	329.7
16591	Pregnancy and birth	Unlisted	N	Planning and management, by a practitioner, of a pregnancy if: (a) the pregnancy has progressed beyond 28 weeks gestation; and (b) the service includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (c) a service to which item 16590 applies is not provided in relation to the same pregnancy Payable once only for a pregnancy	148.4			111.3	126.15
16600	Pregnancy and birth	Type C	N	INTERVENTIONAL TECHNIQUES AMNIOCENTESIS, diagnostic	66.05			49.55	56.15
16603	Pregnancy and birth	Type B Non-band specific	N	CHORIONIC VILLUS SAMPLING, by any route	126.8			95.1	107.8
16606	Pregnancy and birth	Unlisted	N	Fetal blood sampling, using interventional techniques from umbilical cord or fetus, including fetal neuromuscular blockade and amniocentesis (Anaes.)	253.1			189.85	215.15
16609	Pregnancy and birth	Unlisted	N	FOETAL INTRAVASCULAR BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling (Anaes.)	516.1			387.1	438.7
16612	Pregnancy and birth	Unlisted	N	FOETAL INTRAPERITONEAL BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling - not performed in conjunction with a service described in item 16609 (Anaes.)	406.05			304.55	345.15
16615	Pregnancy and birth	Unlisted	N	FOETAL INTRAPERITONEAL BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling - performed in conjunction with a service described in item 16609 (Anaes.)	216.3			162.25	183.9
16618	Pregnancy and birth	Type B Non-band specific	N	AMNIOCENTESIS, THERAPEUTIC, when indicated because of polyhydramnios with at least 500ml being aspirated	216.3			162.25	183.9
16621	Pregnancy and birth	Unlisted	N	AMNIOINFUSION, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios	216.3			162.25	183.9
16624	Pregnancy and birth	Unlisted	N	FOETAL FLUID FILLED CAVITY, drainage of	311.25			233.45	264.6
16627	Pregnancy and birth	Unlisted	N	FETO-AMNIOTIC SHUNT, insertion of, into fetal fluid filled cavity, including neuromuscular blockade and amniocentesis	633.65			475.25	545.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
17610	Support list	Type C	N	ANAESTHETIST, PRE-ANAESTHESIA CONSULTATION (Professional attendance by a medical practitioner in the practice of ANAESTHESIA) -a BRIEF consultation involving a targeted history and limited examination (including the cardio-respiratory system) -AND of not more than 15 minutes s duration, not being a service associated with a service to which items 2801 - 3000 apply	45.4			34.05	38.6
17615	Common list	Type C	N	Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a selective history and an extensive examination of multiple systems and the formulation of a written patient management plan documented in the patient notes - and of more than 15 minutes but not more than 30 minutes duration, not being a service associated with a service to which items 2801 - 3000 applies	90.35			67.8	76.8
17620	Common list	Type C	N	Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems involving a detailed history and comprehensive examination of multiple systems and the formulation of a written patient management plan documented in the patient notes - and of more than 30 minutes but not more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	125.15			93.9	106.4
17625	Common list	Type C	N	Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems involving an exhaustive history and comprehensive examination of multiple systems , the formulation of a written patient management plan following discussion with relevant health care professionals and/or the patient, involving medical planning of high complexity documented in the patient notes - and of more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	159.35			119.55	135.45
17640	Common list	Type C	N	ANAESTHETIST, REFERRED CONSULTATION (other than prior to anaesthesia) (Professional attendance by a specialist anaesthetist in the practice of ANAESTHESIA where the patient is referred to him or her) -a BRIEF consultation involving a short history and limited examination -AND of not more than 15 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	45.4			34.05	38.6
17645	Common list	Type C	N	-a consultation involving a selective history and examination of multiple systems and the formulation of a written patient management plan -AND of more than 15 minutes but not more than 30 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply.	90.35			67.8	76.8
17650	Common list	Type C	N	-a consultation involving a detailed history and comprehensive examination of multiple systems and the formulation of a written patient management plan -AND of more than 30 minutes but not more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	125.15			93.9	106.4
17655	Common list	Type C	N	-a consultation involving an exhaustive history and comprehensive examination of multiple systems and the formulation of a written patient management plan following discussion with relevant health care professionals and/or the patient, involving medical planning of high complexity, -AND of more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply.	159.35			119.55	135.45
17680	Support list	Type C	N	ANAESTHETIST, CONSULTATION, OTHER (Professional attendance by an anaesthetist in the practice of ANAESTHESIA) -a consultation immediately prior to the institution of a major regional blockade in a patient in labour, where no previous anaesthesia consultation has occurred, not being a service associated with a service to which items 2801 - 3000 apply.	90.35			67.8	76.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
17690	Support list	Type C	N	-Where a pre-anaesthesia consultation covered by an itemin the range 17615-17625 is performed in-rooms if: (a) the service is provided to a patient prior to an admitted patient episode of care involving anaesthesia; and (b) the service is not provided to an admitted patient of a hospital; and (c) the service is not provided on the day of admission to hospital for the subsequent episode of care involving anaesthesia services; and (d) the service is of more than 15 minutes duration not being a service associated with a service to which items 2801 - 3000 apply.	41.75			31.35	35.5
18213	Support list	Type C	N	INTRAVENOUS REGIONAL ANAESTHESIA of limb by retrograde perfusion	92.2			69.15	78.4
18216	Common list	Type B Non-band specific	N	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner Applicable once per presentation, per medical practitioner, per complete new procedure (Anaes.)	197.6			148.2	168
18219	Common list	Unlisted	N	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, if continuous attendance by the medical practitioner extends beyond the first hour (Anaes.)		The fee for item 18216 plus $19.80 for each additional 15 minutes or part thereof beyond the first hour of attendance by the medical practitioner.			
18222	Support list	Unlisted	N	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 15 minutes or less	39.15			29.4	33.3
18225	Support list	Unlisted	N	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 more than 15 minutes	52.05			39.05	44.25
18226	Support list	Unlisted	N	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday. Applicable once per presentation, per medical practitioner, per complete new procedure	296.35			222.3	251.9
18227	Support list	Unlisted	N	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends beyond the first hour, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.		The fee for item 18226 plus $29.75 for each additional 15 minutes or part there of beyond the first hour of attendance by the medical practitioner.			
18228	Support list	Unlisted	N	INTERPLEURAL BLOCK, initial injection or commencement of infusion of a therapeutic substance	65.05			48.8	55.3
18230	Support list	Type B Non-band specific	N	INTRATHECAL or EPIDURAL INJECTION of neurolytic substance (Anaes.)	248.1			186.1	210.9
18232	Support list	Unlisted	N	INTRATHECAL or EPIDURAL INJECTION of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in this Group applies (Anaes.)	197.6			148.2	168
18233	Support list	Unlisted	N	EPIDURAL INJECTION of blood for blood patch (Anaes.)	197.6			148.2	168
18234	Support list	Unlisted	N	TRIGEMINAL NERVE, primary division of, injection of an anaesthetic agent (Anaes.)	129.9			97.45	110.45
18236	Support list	Unlisted	N	TRIGEMINAL NERVE, peripheral branch of, injection of an anaesthetic agent (Anaes.)	65.05			48.8	55.3
18238	Support list	Unlisted	N	FACIAL NERVE, injection of an anaesthetic agent, not being a service associated with a service to which item 18240 applies	39.15			29.4	33.3
18240	Support list	Unlisted	N	RETROBULBAR OR PERIBULBAR INJECTION of an anaesthetic agent	97.4			73.05	82.8
18242	Support list	Type B Non-band specific	N	GREATER OCCIPITAL NERVE, injection of an anaesthetic agent (Anaes.)	39.15			29.4	33.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
18244	Support list	Unlisted	N	VAGUS NERVE, injection of an anaesthetic agent	104.9			78.7	89.2
18248	Support list	Unlisted	N	PHRENIC NERVE, injection of an anaesthetic agent	92.2			69.15	78.4
18250	Support list	Unlisted	N	SPINAL ACCESSORY NERVE, injection of an anaesthetic agent	65.05			48.8	55.3
18252	Support list	Unlisted	N	CERVICAL PLEXUS, injection of an anaesthetic agent	104.9			78.7	89.2
18254	Support list	Unlisted	N	BRACHIAL PLEXUS, injection of an anaesthetic agent	104.9			78.7	89.2
18256	Support list	Unlisted	N	SUPRASCAPULAR NERVE, injection of an anaesthetic agent	65.05			48.8	55.3
18258	Support list	Unlisted	N	INTERCOSTAL NERVE (single), injection of an anaesthetic agent	65.05			48.8	55.3
18260	Support list	Unlisted	N	INTERCOSTAL NERVES (multiple), injection of an anaesthetic agent	92.2			69.15	78.4
18262	Support list	Unlisted	N	ILIO-INGUINAL, ILIOHYPOGASTRIC OR GENITOFEMORAL NERVES, 1 or more of, injection of an anaesthetic agent (Anaes.)	65.05			48.8	55.3
18264	Support list	Unlisted	N	PUDENDAL NERVE and or dorsal nerve, injection of anaesthetic agent	104.9			78.7	89.2
18266	Support list	Unlisted	N	ULNAR, RADIAL OR MEDIAN NERVE, MAIN TRUNK OF, 1 or more of, injection of an anaesthetic agent, not being associated with a brachial plexus block	65.05			48.8	55.3
18268	Support list	Unlisted	N	OBTURATOR NERVE, injection of an anaesthetic agent	92.2			69.15	78.4
18270	Support list	Unlisted	N	FEMORAL NERVE, injection of an anaesthetic agent	92.2			69.15	78.4
18272	Support list	Unlisted	N	SAPHENOUS, SURAL, POPLITEAL OR POSTERIOR TIBIAL NERVE, MAIN TRUNK OF, 1 or more of, injection of an anaesthetic agent	65.05			48.8	55.3
18274	Support list	Type B Non-band specific	N	PARAVERTEBRAL, CERVICAL, THORACIC, LUMBAR, SACRAL OR COCCYGEAL NERVES, injection of an anaesthetic agent, (single vertebral level)	92.2			69.15	78.4
18276	Support list	Type B Non-band specific	N	PARAVERTEBRAL NERVES, injection of an anaesthetic agent, (multiple levels)	129.9			97.45	110.45
18278	Support list	Unlisted	N	SCIATIC NERVE, injection of an anaesthetic agent	92.2			69.15	78.4
18280	Support list	Type B Non-band specific	N	SPHENOPALATINE GANGLION, injection of an anaesthetic agent (Anaes.)	129.9			97.45	110.45
18282	Common list	Unlisted	N	CAROTID SINUS, injection of an anaesthetic agent, as an independent percutaneous procedure	104.9			78.7	89.2
18284	Common list	Type B Non-band specific	N	STELLATE GANGLION, injection of an anaesthetic agent, (cervical sympathetic block) (Anaes.)	153.6			115.2	130.6
18286	Common list	Type B Non-band specific	N	LUMBAR OR THORACIC NERVES, injection of an anaesthetic agent, (paravertebral sympathetic block) (Anaes.)	153.6			115.2	130.6
18288	Common list	Unlisted	N	COELIAC PLEXUS OR SPLANCHNIC NERVES, injection of an anaesthetic agent (Anaes.)	153.6			115.2	130.6
18290	Common list	Type B Non-band specific	N	CRANIAL NERVE OTHER THAN TRIGEMINAL, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin (Anaes.)	259.85			194.9	220.9
18292	Common list	Unlisted	N	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 services to which item 18354 applies (Anaes.)	129.9			97.45	110.45
18294	Common list	Type B Non-band specific	N	COELIAC PLEXUS OR SPLANCHNIC NERVES, destruction by a neurolytic agent (Anaes.)	183.15			137.4	155.7
18296	Common list	Type B Non-band specific	N	LUMBAR SYMPATHETIC CHAIN, destruction by a neurolytic agent (Anaes.)	156.65			117.5	133.2
18297	Support list	Unlisted	N	Assistance at the administration of an epidural blood patch (a service to which item 18233 applies) by another medical practitioner	61.75			46.35	52.5
18298	Common list	Type B Non-band specific	N	CERVICAL OR THORACIC SYMPATHETIC CHAIN, destruction by a neurolytic agent (Anaes.)	183.15			137.4	155.7
18350	Bone, joint and muscle	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of hemifacial spasm in a patient who is at least 12 years of age, including all such injections on any one day	129.9			97.45	110.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
18351	Bone, joint and muscle	Type C	N	Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport), injection of, for the treatment of hemifacial spasm in a patient who is at least 18 years of age, including all such injections on any one day	129.9			97.45	110.45
18353	Bone, joint and muscle	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of cervical dystonia (spasmodic torticollis), including all such injections on any one day	259.85			194.9	220.9
18354	Bone, joint and muscle	Type C	N	Botulinum Toxin Type A Purified Neurotixin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport), injection of, for the treatment of dynamic equinus foot deformity (including equinovarus and equinovalgus) due to spasticity in an ambulant cerebral palsy patient, if:(a) the patient is at least 2 years of age; and (b) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each lower limb), including all injections per set (Anaes.)	129.9			97.45	110.45
18360	Bone, joint and muscle	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), or Clostridium Botulinum Type A Toxin Haemagglutinin Complex (Dysport),injection of, for the treatment of moderate to severe focal spasticity, if: (a)the patient is at least 18 years of age; and (b)the spasticity is associated with a previously diagnosed neurological disorder; and (c)treatment is provided as: (i)second line therapy when standard treatment for the conditions has failed; or (ii)an adjunct to physical therapy; and (d)the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each limb), including all injections per set; and (e)the treatment is not provided on the same occasion as a service mentioned in item 18365	129.9			97.45	110.45
18361	Bone, joint and muscle	Type C	N	Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of moderate to severe upper limb spasticity due to cerebral palsy if: (a) the patient is at least 2 years of age; and (b) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each upper limb), including all injections per set (Anaes.)	129.9			97.45	110.45
18362	Skin	Type C	N	Botulinum Toxin type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of severe primary axillary hyperhidrosis, including all injections on any one day, if: (a)the patient is at least 12 years of age; and (b)the patient has been intolerant of, or has not responded to, topical aluminium chloride hexahydrate; and (c)the patient has not had treatment with botulinum toxin within the immediately preceding 4 months; and (d)if the patient has had treatment with botulinum toxin within the previous 12 months - the patient had treatment on no more than 2 separate occasions (Anaes.)	256.7			192.55	218.2

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
18365	Bone, joint and muscle	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of moderate to severe spasticity of the upper limb following an acute event, if: (a) the patient is at least 18 years of age; and (b) treatment is provided as: (i)second line therapy when standard treatment for the condition has failed; or (ii) an adjunct to physical therapy; and (c) the patient does not have established severe contracture in the limb that is to be treated; and (d) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each upper limb), including all injections per set; and (e) for a patient who has received treatment on 2 previous separate occasions - the patient has responded to the treatment	129.9			97.45	110.45
18366	Eye (not cataracts)	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of strabismus, including all such injections on any one day and associated electromyography (Anaes.)	162.75			122.1	138.35
18368	Ear, nose and throat	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of spasmodic dysphonia, including all such injections on any one day	277.85			208.4	236.2
18369	Eye (not cataracts)	Type C	N	Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of unilateral blepharospasm in a patient who is at least 18 years of age, including all such injections on any one day (Anaes.)	46.85			35.15	39.85
18370	Eye (not cataracts)	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of unilateral blepharospasm in a patient who is at least 12 years of age, including all such injections on any one day (Anaes.)	46.85			35.15	39.85
18372	Eye (not cataracts)	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of bilateral blepharospasm, in a patient who is at least 12 years of age; including all such injections on any one day (Anaes.)	129.9			97.45	110.45
18374	Eye (not cataracts)	Type C	N	Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of bilateral blepharospasm in a patient who is at least 18 years of age, including all such injections on any one day (Anaes.)	129.9			97.45	110.45
18375	Kidney and bladder	Type B Non-band specific	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesical injection of, with cystoscopy, for the treatment of urinary incontinence, including all such injections on any one day, if: (a) the urinary incontinence is due to neurogenic detrusor overactivity as demonstrated by urodynamic study of a patient with: (i) multiple sclerosis; or (ii) spinal cord injury; or (iii) spina bifida and who is at least 18 years of age; and (b) the patient has urinary incontinence that is inadequately controlled by anti-cholinergic therapy, as manifested by having experienced at least 14 episodes of urinary incontinence per week before commencement of treatment with botulinum toxin type A; and (c) the patient is willing and able to self-catheterise; and (d) the requirements relating to botulinum toxin type A under the Pharmaceutical Benefits Scheme are complied with; and (e) treatment is not provided on the same occasion as a service described in item 104, 105, 110, 116, 119, 11900 or 11919 For each patient - applicable not more than once except if the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline at any time during the period of 6 to 12 weeks after first treatment (Anaes.)	239.2			179.4	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
18377	Brain and nervous system	Type C	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of chronic migraine, including all injections in 1 day, if: (a)the patient is at least 18 years of age; and (b) the patient has experienced an inadequate response, intolerance or contraindication to at least 3 prophylactic migraine medications before commencement of treatment with botulinum toxin, as manifested by an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, before commencement of treatment with botulinum toxin; and (c)the requirements relating to botulinum toxin type A under the Pharmaceutical Benefits Scheme are complied with For each patient-applicable not more than twice except if the patient achieves and maintains at least a 50% reduction in the number of headache days per month from baseline after 2 treatment cycles (each of 12 weeks duration)	129.9			97.45	110.45
18379	Kidney and bladder	Type B Non-band specific	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesical injection of, with cystoscopy, for the treatment of urinary incontinence, including all such injections on any one day, if: (a)the urinary incontinence is due to idiopathic overactive bladder in a patient: and (b)the patient is at least 18 years of age; and (c)the patient has urinary incontinence that is inadequately controlled by at least 2 alternative anti- cholinergic agents, as manifested by having experienced at least 14 episodes of urinary incontinence per week before commencement of treatment with botulinum toxin; and (d)the patient is willing and able to self-catheterise; and (e)treatment is not provided on the same occasion as a service mentioned in item 104, 105, 110, 116, 119, 11900 or 11919 For each patient-applicable not more than once except if the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline at any time during the period of 6 to 12 weeks after first treatment (H) (Anaes.)	239.2			179.4	
20100	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, subcutaneous tissue, muscles, salivary glands or superficial vessels of the head including biopsy, not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
20102	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for plastic repair of cleft lip (6 basic units)	123.6			92.7	105.1
20104	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for electroconvulsive therapy (4 basic units)	82.4			61.8	70.05
20120	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on external, middle or inner ear, including biopsy, not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
20124	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for otoscopy (4 basic units)	82.4			61.8	70.05
20140	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on eye, not being a service to which another item in this Group applies (5 basic units)	103			77.25	87.55
20142	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lens surgery (5 basic units)	103			77.25	87.55
20143	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for retinal surgery (6 basic units)	123.6			92.7	105.1
20144	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for corneal transplant (7 basic units)	144.2			108.15	122.6
20145	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vitrectomy (7 basic units)	144.2			108.15	122.6
20146	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of conjunctiva (5 basic units)	103			77.25	87.55
20147	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for squint repair (6 basic units)	123.6			92.7	105.1
20148	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for ophthalmoscopy (4 basic units)	82.4			61.8	70.05
20160	Support list	Unlisted	N	Initiation of the management of anaesthesia for intranasal or accessory sinuses, not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1
20162	Support list	Unlisted	N	Initiation of the management of anaesthesia for intranasal surgery for malignancy or for intranasal ablation (7 basic units)	144.2			108.15	122.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
20164	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of soft tissue of the nose and accessory sinuses (4 basic units)	82.4			61.8	70.05
20170	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for intraoral procedures, including biopsy, not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1
20172	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of cleft palate (7 basic units)	144.2			108.15	122.6
20174	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision of retropharyngeal tumour (9 basic units)	185.4			139.05	157.6
20176	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical intraoral surgery (10 basic units)	206			154.5	175.1
20190	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on facial bones, not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
20192	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction) (10 basic units)	206			154.5	175.1
20210	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for intracranial procedures, not being a service to which another item in this Subgroup applies (15 basic units)	309			231.75	262.65
20212	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for subdural taps (5 basic units)	103			77.25	87.55
20214	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for burr holes of the cranium (9 basic units)	185.4			139.05	157.6
20216	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for intracranial vascular procedures including those for aneurysms or arterio-venous abnormalities (20 basic units)	412			309	350.2
20220	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for spinal fluid shunt procedures (10 basic units)	206			154.5	175.1
20222	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for ablation of an intracranial nerve (6 basic units)	123.6			92.7	105.1
20225	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for all cranial bone procedures (12 basic units)	247.2			185.4	210.15
20230	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the head or face (12 basic units)	247.2			185.4	210.15
20300	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the neck not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
20305	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for incision and drainage of large haematoma, large abscess, cellulitis or similar lesion or epiglottitis causing life threatening airway obstruction (15 basic units)	309			231.75	262.65
20320	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1
20321	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for laryngectomy, hemi laryngectomy, laryngopharyngectomy or pharyngectomy (10 basic units)	206			154.5	175.1
20330	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for laser surgery to the airway (excluding nose and mouth) (8 basic units)	164.8			123.6	140.1
20350	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major vessels of neck, not being a service to which another item in this Subgroup applies (10 basic units)	206			154.5	175.1
20352	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for simple ligation of major vessels of neck (5 basic units)	103			77.25	87.55
20355	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the neck (12 basic units)	247.2			185.4	210.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
20400	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the anterior part of the chest, not being a service to which another item in this Subgroup applies (3 basic units)	61.8			46.35	52.55
20401	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the breast, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
20402	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for reconstructive procedures on breast (5 basic units)	103			77.25	87.55
20403	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for removal of breast lump or for breast segmentectomy where axillary node dissection is performed (5 basic units)	103			77.25	87.55
20404	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for mastectomy (6 basic units)	123.6			92.7	105.1
20405	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for reconstructive procedures on the breast using myocutaneous flaps (8 basic units)	164.8			123.6	140.1
20406	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical or modified radical procedures on breast with internal mammary node dissection (13 basic units)	267.8			200.85	227.65
20410	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for electrical conversion of arrhythmias (4 basic units)	82.4			61.8	70.05
20420	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the posterior part of the chest not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
20440	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the sternum (4 basic units)	82.4			61.8	70.05
20450	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on clavicle, scapula or sternum, not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
20452	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical surgery on clavicle, scapula or sternum (6 basic units)	123.6			92.7	105.1
20470	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for partial rib resection, not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1
20472	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracoplasty (10 basic units)	206			154.5	175.1
20474	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures on chest wall (13 basic units)	267.8			200.85	227.65
20475	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior thorax (10 basic units)	206			154.5	175.1
20500	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the oesophagus (15 basic units)	309			231.75	262.65
20520	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy), not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1
20522	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for needle biopsy of pleura (4 basic units)	82.4			61.8	70.05
20524	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pneumocentesis (4 basic units)	82.4			61.8	70.05
20526	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracoscopy (10 basic units)	206			154.5	175.1
20528	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for mediastinoscopy (8 basic units)	164.8			123.6	140.1
20540	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, not being a service to which another item in this Subgroup applies (13 basic units)	267.8			200.85	227.65
20542	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pulmonary decortication (15 basic units)	309			231.75	262.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
20546	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pulmonary resection with thoracoplasty (15 basic units)	309			231.75	262.65
20548	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for intrathoracic repair of trauma to trachea and bronchi (15 basic units)	309			231.75	262.65
20560	Support list	Unlisted	N	Initiation of the management of anaesthesia for: (a) open procedures on the heart, pericardium or great vessels of the chest; or (b) percutaneous insertion of a valvular prosthesis (20 basic units)	412			309	350.2
20600	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on cervical spine and/or cord, not being a service to which another item in this Subgroup applies (for myelography and discography see Items 21908 and 21914) (10 basic units)	206			154.5	175.1
20604	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for posterior cervical laminectomy with the patient in the sitting position (13 basic units)	267.8			200.85	227.65
20620	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on thoracic spine and/or cord, not being a service to which another item in this Subgroup applies (10 basic units)	206			154.5	175.1
20622	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracolumbar sympathectomy (13 basic units)	267.8			200.85	227.65
20630	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures in lumbar region, not being a service to which another item in this Subgroup applies (8 basic units)	164.8			123.6	140.1
20632	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lumbar sympathectomy (7 basic units)	144.2			108.15	122.6
20634	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for chemonucleolysis (10 basic units)	206			154.5	175.1
20670	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extensive spine and/or spinal cord procedures (13 basic units)	267.8			200.85	227.65
20680	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for manipulation of spine when performed in the operating theatre of a hospital (3 basic units)	61.8			46.35	52.55
20690	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous spinal procedures, not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
20700	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper anterior abdominal wall, not being a service to which another item in this Subgroup applies (3 basic units)	61.8			46.35	52.55
20702	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous liver biopsy (4 basic units)	82.4			61.8	70.05
20703	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for all procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
20704	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior upper abdomen (10 basic units)	206			154.5	175.1
20706	Support list	Unlisted	N	Initiation of the management of anaesthesia for laparoscopic procedures in the upper abdomen, including laparoscopic cholecystectomy, not being a service to which another item in this Subgroup applies (7 basic units)	144.2			108.15	122.6
20730	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper posterior abdominal wall, not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
20740	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for upper gastrointestinal endoscopic procedures (5 basic units)	103			77.25	87.55
20745	Support list	Unlisted	N	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) endoscopic retrograde cholangiopancreatography (7 basic units)	144.2			108.15	122.6

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20750	Support list	Unlisted	N	Initiation of the management of anaesthesia for hernia repairs to the upper abdominal wall, other than a service to which another item in this Subgroup applies. (5 basic units)	103			77.25	87.55
20752	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of incisional hernia and/or wound dehiscence (6 basic units)	123.6			92.7	105.1
20754	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on an omphalocele (7 basic units)	144.2			108.15	122.6
20756	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transabdominal repair of diaphragmatic hernia (9 basic units)	185.4			139.05	157.6
20770	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major upper abdominal blood vessels (15 basic units)	309			231.75	262.65
20790	Support list	Unlisted	N	Initiation of the management of anaesthesia for procedures within the peritoneal cavity in upper abdomen, including any of the following:(a) open cholecystectomy;(b) gastrectomy;(c) laparoscopically assisted nephrectomy;(d) bowel shunts (8 basic units)	164.8			123.6	140.1
20791	Support list	Unlisted	N	Initiation of the management of anaesthesia for bariatric surgery in a patient with clinically severe obesity (10 basic units)	206			154.5	175.1
20792	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for partial hepatectomy (excluding liver biopsy) (13 basic units)	267.8			200.85	227.65
20793	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extended or trisegmental hepatectomy (15 basic units)	309			231.75	262.65
20794	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pancreatectomy, partial or total (12 basic units)	247.2			185.4	210.15
20798	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for neuro endocrine tumour removal in the upper abdomen (10 basic units)	206			154.5	175.1
20799	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous procedures on an intra-abdominal organ in the upper abdomen (6 basic units)	123.6			92.7	105.1
20800	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the lower anterior abdominal walls, not being a service to which another item in this Subgroup applies (3 basic units)	61.8			46.35	52.55
20802	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lipectomy of the lower abdomen (5 basic units)	103			77.25	87.55
20803	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for all procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
20804	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior lower abdomen (10 basic units)	206			154.5	175.1
20806	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for laparoscopic procedures in the lower abdomen (7 basic units)	144.2			108.15	122.6
20810	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lower intestinal endoscopic procedures (4 basic units)	82.4			61.8	70.05
20815	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extracorporeal shock wave lithotripsy to urinary tract (6 basic units)	123.6			92.7	105.1
20820	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall (5 basic units)	103			77.25	87.55
20830	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for hernia repairs in lower abdomen, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
20832	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of incisional herniae and/or wound dehiscence of the lower abdomen (6 basic units)	123.6			92.7	105.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
20840	Support list	Unlisted	N	Initiation of the management of anaesthesia for all open procedures within the lower abdominal peritoneal cavity, including appendicectomy, not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1
20841	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bowel resection, including laparoscopic bowel resection not being a service to which another item in this Subgroup applies (8 basic units)	164.8			123.6	140.1
20842	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for amniocentesis (4 basic units)	82.4			61.8	70.05
20844	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir (10 basic units)	206			154.5	175.1
20845	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical prostatectomy (10 basic units)	206			154.5	175.1
20846	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical hysterectomy (10 basic units)	206			154.5	175.1
20847	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for ovarian malignancy (10 basic units)	206			154.5	175.1
20848	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pelvic exenteration (10 basic units)	206			154.5	175.1
20850	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for Caesarean section (12 basic units)	247.2			185.4	210.15
20855	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for Caesarean hysterectomy or hysterectomy within 24 hours of birth (15 basic units)	309			231.75	262.65
20860	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extraperitoneal procedures in lower abdomen, including those on the urinary tract, not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1
20862	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for renal procedures, including upper 1/3 of ureter (7 basic units)	144.2			108.15	122.6
20863	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for nephrectomy (10 basic units)	206			154.5	175.1
20864	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total cystectomy (10 basic units)	206			154.5	175.1
20866	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for adrenalectomy (10 basic units)	206			154.5	175.1
20867	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for neuro endocrine tumour removal in the lower abdomen (10 basic units)	206			154.5	175.1
20868	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for renal transplantation (donor or recipient) (10 basic units)	206			154.5	175.1
20880	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major lower abdominal vessels, not being a service to which another item in this subgroup applies (15 basic units)	309			231.75	262.65
20882	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for inferior vena cava ligation (10 basic units)	206			154.5	175.1
20884	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous umbrella insertion (5 basic units)	103			77.25	87.55
20886	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous procedures on an intra-abdominal organ in the lower abdomen (6 basic units)	123.6			92.7	105.1
20900	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the perineum not being a service to which another item in this Subgroup applies (3 basic units)	61.8			46.35	52.55
20902	Support list	Unlisted	N	Initiation of the management of anaesthesia for anorectal procedures (including surgical haemorrhoidectomy, but not banding of haemorrhoids) (4 basic units)	82.4			61.8	70.05
20904	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical perineal procedures including radical perineal prostatectomy or radical vulvectomy (7 basic units)	144.2			108.15	122.6
20905	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the perineum (10 basic units)	206			154.5	175.1
20906	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vulvectomy (4 basic units)	82.4			61.8	70.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
20910	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral procedures (including urethrocystoscopy), not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
20911	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for endoscopic ureteroscopic surgery including laser procedures (5 basic units)	103			77.25	87.55
20912	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral resection of bladder tumour(s) (5 basic units)	103			77.25	87.55
20914	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral resection of prostate (7 basic units)	144.2			108.15	122.6
20916	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bleeding post-transurethral resection (7 basic units)	144.2			108.15	122.6
20920	Support list	Unlisted	N	Initiation of management of anaesthesia for procedures on external genitalia, not being a service to which another item in this Subgroup applies. (4 basic units)	82.4			61.8	70.05
20924	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on undescended testis, unilateral or bilateral (4 basic units)	82.4			61.8	70.05
20926	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical orchidectomy, inguinal approach (4 basic units)	82.4			61.8	70.05
20928	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical orchidectomy, abdominal approach (6 basic units)	123.6			92.7	105.1
20930	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for orchiopexy, unilateral or bilateral (4 basic units)	82.4			61.8	70.05
20932	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis (4 basic units)	82.4			61.8	70.05
20934	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis with bilateral inguinal lymphadenectomy (6 basic units)	123.6			92.7	105.1
20936	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis with bilateral inguinal and iliac lymphadenectomy (8 basic units)	164.8			123.6	140.1
20938	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for insertion of penile prosthesis (4 basic units)	82.4			61.8	70.05
20940	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for per vagina and vaginal procedures (including biopsy of vagina, cervix or endometrium), not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
20942	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal procedures including repair operations and urinary incontinence procedures (perineal) (5 basic units)	103			77.25	87.55
20943	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transvaginal assisted reproductive services (4 basic units)	82.4			61.8	70.05
20944	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal hysterectomy (6 basic units)	123.6			92.7	105.1
20946	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal birth (8 basic units)	164.8			123.6	140.1
20948	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for purse string ligation of cervix, or removal of purse string ligature (4 basic units)	82.4			61.8	70.05
20950	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for culdoscopy (5 basic units)	103			77.25	87.55
20952	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for hysteroscopy (4 basic units)	82.4			61.8	70.05
20954	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for correction of inverted uterus (10 basic units)	206			154.5	175.1
20956	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for evacuation of retained products of conception, as a complication of confinement (4 basic units)	82.4			61.8	70.05
20958	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for manual removal of retained placenta or for repair of vaginal or perineal tear following birth (5 basic units)	103			77.25	87.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
20960	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal procedures in the management of post partum haemorrhage (blood loss > 500mls) (7 basic units)	144.2			108.15	122.6
21100	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia (3 basic units)	61.8			46.35	52.55
21110	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, its derivatives or subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum (5 basic units)	103			77.25	87.55
21112	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the anterior iliac crest (4 basic units)	82.4			61.8	70.05
21114	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the posterior iliac crest (5 basic units)	103			77.25	87.55
21116	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow harvesting from the pelvis (6 basic units)	123.6			92.7	105.1
21120	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the bony pelvis (6 basic units)	123.6			92.7	105.1
21130	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for body cast application or revision when performed in the operating theatre of a hospital (3 basic units)	61.8			46.35	52.55
21140	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for interpelviabdominal (hind-quarter) amputation (15 basic units)	309			231.75	262.65
21150	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures for tumour of the pelvis, except hind-quarter amputation (10 basic units)	206			154.5	175.1
21155	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior pelvis (10 basic units)	206			154.5	175.1
21160	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving symphysis pubis or sacroiliac joint when performed in the operating theatre of a hospital (4 basic units)	82.4			61.8	70.05
21170	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving symphysis pubis or sacroiliac joint (8 basic units)	164.8			123.6	140.1
21195	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper leg (3 basic units)	61.8			46.35	52.55
21199	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of the upper leg (4 basic units)	82.4			61.8	70.05
21200	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving hip joint when performed in the operating theatre of a hospital (4 basic units)	82.4			61.8	70.05
21202	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of the hip joint (4 basic units)	82.4			61.8	70.05
21210	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving hip joint, not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1
21212	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for hip disarticulation (10 basic units)	206			154.5	175.1
21214	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total hip replacement or revision (10 basic units)	206			154.5	175.1
21216	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bilateral total hip replacement (14 basic units)	288.4			216.3	245.15
21220	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving upper 2/3 of femur when performed in the operating theatre of a hospital (4 basic units)	82.4			61.8	70.05
21230	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving upper 2/3 of femur, not being a service to which another item in this Subgroup applies (6 basic units)	123.6			92.7	105.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
21232	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for above knee amputation (5 basic units)	103			77.25	87.55
21234	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection of the upper 2/3 of femur (8 basic units)	164.8			123.6	140.1
21260	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures involving veins of upper leg, including exploration (4 basic units)	82.4			61.8	70.05
21270	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures involving arteries of upper leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units)	164.8			123.6	140.1
21272	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for femoral artery ligation (4 basic units)	82.4			61.8	70.05
21274	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for femoral artery embolectomy (6 basic units)	123.6			92.7	105.1
21275	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the upper leg (10 basic units)	206			154.5	175.1
21280	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of upper leg (15 basic units)	309			231.75	262.65
21300	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the knee and/or popliteal area (3 basic units)	61.8			46.35	52.55
21321	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of knee and/or popliteal area (4 basic units)	82.4			61.8	70.05
21340	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on lower 1/3 of femur when performed in the operating theatre of a hospital (4 basic units)	82.4			61.8	70.05
21360	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on lower 1/3 of femur (5 basic units)	103			77.25	87.55
21380	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on knee joint when performed in the operating theatre of a hospital (3 basic units)	61.8			46.35	52.55
21382	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of knee joint (4 basic units)	82.4			61.8	70.05
21390	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on upper ends of tibia, fibula, and/or patella when performed in the operating theatre of a hospital (3 basic units)	61.8			46.35	52.55
21392	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on upper ends of tibia, fibula, and/or patella (4 basic units)	82.4			61.8	70.05
21400	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on knee joint, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21402	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for knee replacement (7 basic units)	144.2			108.15	122.6
21403	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bilateral knee replacement (10 basic units)	206			154.5	175.1
21404	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for disarticulation of knee (5 basic units)	103			77.25	87.55
21420	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for cast application, removal, or repair involving knee joint, undertaken in a hospital (3 basic units)	61.8			46.35	52.55
21430	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of knee or popliteal area, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21432	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of arteriovenous fistula of knee or popliteal area (5 basic units)	103			77.25	87.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
21440	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of knee or popliteal area, not being a service to which another item in this Subgroup applies (8 basic units)	164.8			123.6	140.1
21445	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the knee and/or popliteal area (10 basic units)	206			154.5	175.1
21460	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of lower leg, ankle, or foot (3 basic units)	61.8			46.35	52.55
21461	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, or fascia of lower leg, ankle, or foot, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21462	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on lower leg, ankle, or foot (3 basic units)	61.8			46.35	52.55
21464	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedure of ankle joint (4 basic units)	82.4			61.8	70.05
21472	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of Achilles tendon (5 basic units)	103			77.25	87.55
21474	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for gastrocnemius recession (5 basic units)	103			77.25	87.55
21480	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on bones of lower leg, ankle, or foot, including amputation, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21482	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection of bone involving lower leg, ankle or foot (5 basic units)	103			77.25	87.55
21484	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for osteotomy or osteoplasty of tibia or fibula (5 basic units)	103			77.25	87.55
21486	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total ankle replacement (7 basic units)	144.2			108.15	122.6
21490	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lower leg cast application, removal or repair, undertaken in a hospital (3 basic units)	61.8			46.35	52.55
21500	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of lower leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units)	164.8			123.6	140.1
21502	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of the lower leg (6 basic units)	123.6			92.7	105.1
21520	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of lower leg, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21522	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for venous thrombectomy of the lower leg (5 basic units)	103			77.25	87.55
21530	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of lower leg, ankle or foot (15 basic units)	309			231.75	262.65
21532	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of toe (8 basic units)	164.8			123.6	140.1
21535	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the lower leg (10 basic units)	206			154.5	175.1
21600	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the shoulder or axilla (3 basic units)	61.8			46.35	52.55
21610	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of shoulder or axilla including axillary dissection (5 basic units)	103			77.25	87.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
21620	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, or shoulder joint when performed in the operating theatre of a hospital (4 basic units)	82.4			61.8	70.05
21622	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of shoulder joint (5 basic units)	103			77.25	87.55
21630	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint orshoulder joint, not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
21632	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint (6 basic units)	123.6			92.7	105.1
21634	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder disarticulation (9 basic units)	185.4			139.05	157.6
21636	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for interthoracoscapular (forequarter) amputation (15 basic units)	309			231.75	262.65
21638	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total shoulder replacement (10 basic units)	206			154.5	175.1
21650	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of shoulder or axilla, not being a service to which another item in this Subgroup applies (8 basic units)	164.8			123.6	140.1
21652	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures for axillary-brachial aneurysm (10 basic units)	206			154.5	175.1
21654	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bypass graft of arteries of shoulder or axilla (8 basic units)	164.8			123.6	140.1
21656	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for axillary-femoral bypass graft (10 basic units)	206			154.5	175.1
21670	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of shoulder or axilla (4 basic units)	82.4			61.8	70.05
21680	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder cast application, removal or repair, not being a service to which another item in this Subgroup applies, when undertaken in a hospital (3 basic units)	61.8			46.35	52.55
21682	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder spica application when undertaken in a hospital (4 basic units)	82.4			61.8	70.05
21685	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the shoulder or the axilla (10 basic units)	206			154.5	175.1
21700	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper arm or elbow (3 basic units)	61.8			46.35	52.55
21710	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of upper arm or elbow, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21712	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open tenotomy of the upper arm orelbow (5 basic units)	103			77.25	87.55
21714	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for tenoplasty of the upper arm orelbow (5 basic units)	103			77.25	87.55
21716	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for tenodesis for rupture of long tendon of biceps (5 basic units)	103			77.25	87.55
21730	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on the upper arm orelbow when performed in the operating theatre of a hospital (3 basic units)	61.8			46.35	52.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
21732	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of elbow joint (4 basic units)	82.4			61.8	70.05
21740	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the upper arm or elbow, not being a service to which another item in this Subgroup applies (5 basic units)	103			77.25	87.55
21756	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures on the upper arm or elbow (6 basic units)	123.6			92.7	105.1
21760	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total elbow replacement (7 basic units)	144.2			108.15	122.6
21770	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of upper arm, not being a service to which another item in this Subgroup applies (8 basic units)	164.8			123.6	140.1
21772	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of arteries of the upper arm (6 basic units)	123.6			92.7	105.1
21780	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of upper arm, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21785	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the upper arm or elbow (10 basic units)	206			154.5	175.1
21790	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of upper arm (15 basic units)	309			231.75	262.65
21800	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the forearm, wrist or hand (3 basic units)	61.8			46.35	52.55
21810	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the nerves, muscles, tendons, fascia, or bursae of the forearm, wrist or hand (4 basic units)	82.4			61.8	70.05
21820	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on the radius, ulna, wrist, or hand bones when performed in the operating theatre of a hospital (3 basic units)	61.8			46.35	52.55
21830	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the radius, ulna, wrist, or hand bones, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21832	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total wrist replacement (7 basic units)	144.2			108.15	122.6
21834	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of the wrist joint (4 basic units)	82.4			61.8	70.05
21840	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the arteries of forearm, wrist or hand, not being a service to which another item in this Subgroup applies (8 basic units)	164.8			123.6	140.1
21842	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of artery of forearm, wrist or hand (6 basic units)	123.6			92.7	105.1
21850	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the veins of forearm, wrist or hand, not being a service to which another item in this Subgroup applies (4 basic units)	82.4			61.8	70.05
21860	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for forearm, wrist, or hand cast application, removal, or repair when rendered to a patient as part of an episode of hospital treatment (3 basic units)	61.8			46.35	52.55
21865	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the forearm, wrist or hand (10 basic units)	206			154.5	175.1
21870	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of forearm, wrist or hand (15 basic units)	309			231.75	262.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
21872	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of a finger (8 basic units)	164.8			123.6	140.1
21878	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting where the area of burn involves not more than 3% of total body surface (3 basic units)	61.8			46.35	52.55
21879	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting,where the area of burn involves more than 3% but less than 10% of total body surface (5 basic units)	103			77.25	87.55
21880	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 10% or more but less than 20% of total body surface (7 basic units)	144.2			108.15	122.6
21881	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 20% or more but less than 30% of total body surface (9 basic units)	185.4			139.05	157.6
21882	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 30% or more but less than 40% of total body surface (11 basic units)	226.6			169.95	192.65
21883	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 40% or more but less than 50% of total body surface (13 basic units)	267.8			200.85	227.65
21884	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 50% or more but less than 60% of total body surface (15 basic units)	309			231.75	262.65
21885	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 60% or more but less than 70% of total body surface (17 basic units)	350.2			262.65	297.7
21886	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 70% or more but less than 80% of total body surface (19 basic units)	391.4			293.55	332.7
21887	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 80% or more of total body surface (21 basic units)	432.6			324.45	367.75
21900	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for hysterosalpingography (3 basic units)	61.8			46.35	52.55
21906	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: lumbar or thoracic (5 basic units)	103			77.25	87.55
21908	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: cervical (6 basic units)	123.6			92.7	105.1
21910	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: posterior fossa (9 basic units)	185.4			139.05	157.6
21912	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for discography: lumbar or thoracic (5 basic units)	103			77.25	87.55
21914	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for discography: cervical (6 basic units)	123.6			92.7	105.1
21915	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for peripheral arteriogram (5 basic units)	103			77.25	87.55
21916	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arteriograms: cerebral, carotid or vertebral (5 basic units)	103			77.25	87.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
21918	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for retrograde arteriogram: brachial or femoral (5 basic units)	103			77.25	87.55
21922	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for computerised axial tomography scanning, magnetic resonance scanning, digital subtraction angiography scanning (6 basic units)	123.6			92.7	105.1
21925	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for retrograde cystography, retrograde urethrography or retrograde cystourethrography (4 basic units)	82.4			61.8	70.05
21926	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for fluoroscopy (4 basic units)	82.4			61.8	70.05
21930	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bronchography (6 basic units)	123.6			92.7	105.1
21935	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for phlebography (5 basic units)	103			77.25	87.55
21936	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for heart, 2 dimensional real time transoesophageal examination (5 basic units)	103			77.25	87.55
21939	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for peripheral venous cannulation (3 basic units)	61.8			46.35	52.55
21941	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for cardiac catheterisation including coronary arteriography, ventriculography, cardiac mapping, insertion of automatic defibrillator or transvenous pacemaker (7 basic units)	144.2			108.15	122.6
21942	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for cardiac electrophysiological procedures including radio frequency ablation (10 basic units)	206			154.5	175.1
21943	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for central vein catheterisation or insertion of right heart balloon catheter (via jugular, subclavian or femoral vein) by percutaneous or open exposure (5 basic units)	103			77.25	87.55
21945	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lumbar puncture, cisternal puncture, or epidural injection (5 basic units)	103			77.25	87.55
21949	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for harvesting of bone marrow for the purpose of transplantation (5 basic units)	103			77.25	87.55
21952	Support list	Unlisted	N	Initiation of the management of anaesthesia for diagnostic muscle biopsy to assess for malignant hyperpyrexia (4 basic units)	82.4			61.8	70.05
21955	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for electroencephalography (5 basic units)	103			77.25	87.55
21959	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for brain stem evoked response audiometry (5 basic units)	103			77.25	87.55
21962	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for electrocochleography by extratympanic method or transtympanic membrane insertion method (5 basic units)	103			77.25	87.55
21965	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA as a therapeutic procedure if there is a clinical need for anaesthesia, not for headache of any etiology (5 basic units)	103			77.25	87.55
21969	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA during hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen) (8 basic units)	164.8			123.6	140.1
21970	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen) (15 basic units)	309			231.75	262.65
21973	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for brachytherapy using radioactive sealed sources (5 basic units)	103			77.25	87.55
21976	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for therapeutic nuclear medicine (5 basic units)	103			77.25	87.55
21980	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radiotherapy (5 basic units)	103			77.25	87.55
21990	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA when no procedure ensues (3 basic units)	61.8			46.35	52.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
21992	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA performed on a person under the age of 10 years in connection with a procedure covered by an item which has not been identified as attracting an anaesthetic (4 basic units)	82.4			61.8	70.05
21997	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA in connection with a procedure covered by an item that does not include the word "(Anaes.)", other than a service to which item 21965 or 21992 applies, if there is a clinical need for anaesthesia (4 basic units)	82.4			61.8	70.05
22002	Support list	Unlisted	N	Administration of homologous blood or bone marrow already collected, when performed in association with the management of anaesthesia (4 basic units)	82.4			61.8	70.05
22007	Support list	Unlisted	N	ENDOTRACHEAL INTUBATION with flexible fibreoptic scope associated with difficult airway when performed in association with the administration of anaesthesia (4 basic units)	82.4			61.8	70.05
22008	Support list	Unlisted	N	DOUBLE LUMEN ENDOBRONCHIAL TUBE OR BRONCHIAL BLOCKER, insertion of when performed in association with the administration of anaesthesia (4 basic units)	82.4			61.8	70.05
22012	Support list	Unlisted	N	Central venous, pulmonary arterial, systemic arterial or cardiac intracavity blood pressure monitoring by indwelling catheter—once per day for each type of pressure for a patient:(a) when performed in association with the management of anaesthesia for the patient; and(b) other than a service to which item 13876 applies(c) is categorised as having a high risk of complications or during the procedure develops either complications or a high risk of complications (3 basic units)	61.8			46.35	52.55
22014	Support list	Unlisted	N	Central venous, pulmonary arterial, systemic arterial or cardiac intracavity blood pressure monitoring by indwelling catheter—once per day for each type of pressure for a patient:(a) when performed in association with the management of anaesthesia for the patient; and(b) relating to another discrete operation on the same day for the patient; and(c) other than a service to which item 13876 applies(d) who is categorised as having a high risk of complications or develops during the current procedure either complications or a high risk of complications (3 basic units)	61.8			46.35	52.55
22015	Support list	Unlisted	N	RIGHT HEART BALLOON CATHETER, insertion of, including pulmonary wedge pressure and cardiac output measurement, when performed in association with the administration of anaesthesia (6 basic units)	123.6			92.7	105.1
22020	Support list	Unlisted	N	CENTRAL VEIN CATHETERISATION by percutaneous or open exposure, not being a service to which item 13318 applies, when performed in association with the administration of anaesthesia (4 basic units)	82.4			61.8	70.05
22025	Support list	Unlisted	N	Intra-arterial cannulation when performed in association with the management of anaesthesia in a patient who:(a) is categorised as having a high risk of complications; or(b) develops a high risk of complications during the procedure (4 basic units)	82.4			61.8	70.05
22031	Support list	Unlisted	N	Intrathecal or epidural injection (initial) of a therapeutic substance or substances, with or without insertion of a catheter, in association with anaesthesia and surgery, for post-operative pain management, not being a service to which 22036 applies (5 basic units)	103			77.25	87.55
22036	Support list	Unlisted	N	INTRATHECAL or EPIDURAL INJECTION (subsequent) of a therapeutic substance or substances, using an in-situ catheter, in association with anaesthesia and surgery, for postoperative pain management, not being a service associated with a service to which 22031 applies (3 basic units)	61.8			46.35	52.55
22041	Support list	Unlisted	N	Perioperative introduction of a plexus or nerve block proximal to the lower leg or forearm for post operative pain management (2 basic units)	41.2			30.9	35.05
22042	Support list	Unlisted	N	Introduction of a nerve block performed via a retrobulbar, peribulbar, or sub Tenon's approach, or other complex eye block, when administered by an anaesthetist perioperatively (1 basic units)	20.6			15.45	17.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
22051	Support list	Unlisted	N	INTRA-OPERATIVE TRANSOESOPHAGEAL ECHOCARDIOGRAPHY - Monitoring in real time of the structure and function of the heart chambers, valves and surrounding structures, including assessment of blood flow, with appropriate permanent recording during procedures on the heart, pericardium or great vessels of the chest (not in association with items 55130, 55135 or 21936) (9 basic units)	185.4			139.05	157.6
22055	Support list	Unlisted	N	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent, not being a service associated with anaesthesia to which an item in Subgroup 21 applies (12 basic units)	247.2			185.4	210.15
22060	Support list	Unlisted	N	WHOLE BODY PERFUSION, CARDIAC BYPASS, where the heart-lung machine or equivalent is continuously operated by a medical perfusionist, other than a service associated with anaesthesia to which an item in Subgroup 21 applies (Anaes.) (30 basic units)	618			463.5	530.1
22065	Support list	Unlisted	N	INDUCED CONTROLLED HYPOTHERMIA total body, being a service to which item 22060 applies, not being a service associated with anaesthesia to which an item in Subgroup 21 applies (5 basic units)	103			77.25	87.55
22075	Support list	Unlisted	N	DEEP HYPOTHERMIC CIRCULATORY ARREST, with core temperature less than 22°c, including management of retrograde cerebral perfusion if performed, not being a service associated with anaesthesia to which an item in Subgroup 21 applies (15 basic units)	309			231.75	262.65
22900	Support list	Unlisted	N	INITIATION OF MANAGEMENT BY A MEDICAL PRACTITIONER OF ANAESTHESIA for extraction of tooth or teeth with or without incision of soft tissue or removal of bone (6 basic units)	123.6			92.7	105.1
22905	Support list	Unlisted	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for restorative dental work (6 basic units)	123.6			92.7	105.1
23010	Support list	Unlisted	N	ANAESTHESIA, PERFUSION OR ASSISTANCE AT ANAESTHESIA (a) administration of anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or (b) perfusion performed in association with item 22060; or (c) for assistance at anaesthesia performed in association with items 25200 to 25205 For a period of: (FIFTEEN MINUTES OR LESS) (1 basic units)	20.6			15.45	17.55
23025	Support list	Unlisted	N	16 MINUTES TO 30 MINUTES (2 basic units)	41.2			30.9	35.05
23035	Support list	Unlisted	N	31 MINUTES to 45 MINUTES (3 basic units)	61.8			46.35	52.55
23045	Support list	Unlisted	N	46 MINUTES to 1:00 HOUR (4 basic units)	82.4			61.8	70.05
23055	Support list	Unlisted	N	1:01 HOURS to 1:15 HOURS (5 basic units)	103			77.25	87.55
23065	Support list	Unlisted	N	1:16 HOURS to 1:30 HOURS (6 basic units)	123.6			92.7	105.1
23075	Support list	Unlisted	N	1:31 HOURS to 1:45 HOURS (7 basic units)	144.2			108.15	122.6
23085	Support list	Unlisted	N	1:46 HOURS to 2:00 HOURS (8 basic units)	164.8			123.6	140.1
23091	Support list	Unlisted	N	2:01 HOURS TO 2:10 HOURS (9 basic units)	185.4			139.05	157.6
23101	Support list	Unlisted	N	2:11 HOURS TO 2:20 HOURS (10 basic units)	206			154.5	175.1
23111	Support list	Unlisted	N	2:21 HOURS TO 2:30 HOURS (11 basic units)	226.6			169.95	192.65
23112	Support list	Unlisted	N	2:31 HOURS TO 2:40 HOURS (12 basic units)	247.2			185.4	210.15
23113	Support list	Unlisted	N	2:41 HOURS TO 2:50 HOURS (13 basic units)	267.8			200.85	227.65
23114	Support list	Unlisted	N	2:51 HOURS TO 3:00 HOURS (14 basic units)	288.4			216.3	245.15
23115	Support list	Unlisted	N	3:01 HOURS TO 3:10 HOURS (15 basic units)	309			231.75	262.65
23116	Support list	Unlisted	N	3:11 HOURS TO 3:20 HOURS (16 basic units)	329.6			247.2	280.2
23117	Support list	Unlisted	N	3:21 HOURS TO 3:30 HOURS (17 basic units)	350.2			262.65	297.7
23118	Support list	Unlisted	N	3:31 HOURS TO 3:40 HOURS (18 basic units)	370.8			278.1	315.2
23119	Support list	Unlisted	N	3:41 HOURS TO 3:50 HOURS (19 basic units)	391.4			293.55	332.7
23121	Support list	Unlisted	N	3:51 HOURS TO 4:00 HOURS (20 basic units)	412			309	350.2
23170	Support list	Unlisted	N	4:01 HOURS TO 4:10 HOURS (21 basic units)	432.6			324.45	367.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
23180	Support list	Unlisted	N	4:11 HOURS TO 4:20 HOURS (22 basic units)	453.2			339.9	385.25
23190	Support list	Unlisted	N	4:21 HOURS TO 4:30 HOURS (23 basic units)	473.8			355.35	402.75
23200	Support list	Unlisted	N	4:31 HOURS TO 4:40 HOURS (24 basic units)	494.4			370.8	420.25
23210	Support list	Unlisted	N	4:41 HOURS TO 4:50 HOURS (25 basic units)	515			386.25	437.75
23220	Support list	Unlisted	N	4:51 HOURS TO 5:00 HOURS (26 basic units)	535.6			401.7	455.3
23230	Support list	Unlisted	N	5:01 HOURS TO 5:10 HOURS (27 basic units)	556.2			417.15	472.8
23240	Support list	Unlisted	N	5:11 HOURS TO 5:20 HOURS (28 basic units)	576.8			432.6	490.3
23250	Support list	Unlisted	N	5:21 HOURS TO 5:30 HOURS (29 basic units)	597.4			448.05	509.5
23260	Support list	Unlisted	N	5:31 HOURS TO 5:40 HOURS (30 basic units)	618			463.5	530.1
23270	Support list	Unlisted	N	5:41 HOURS TO 5:50 HOURS (31 basic units)	638.6			478.95	550.7
23280	Support list	Unlisted	N	(5:51 HOURS TO 6:00 HOURS (32 basic units)	659.2			494.4	571.3
23290	Support list	Unlisted	N	6:01 HOURS TO 6:10 HOURS (33 basic units)	679.8			509.85	591.9
23300	Support list	Unlisted	N	6:11 HOURS TO 6:20 HOURS (34 basic units)	700.4			525.3	612.5
23310	Support list	Unlisted	N	6:21 HOURS TO 6:30 HOURS (35 basic units)	721			540.75	633.1
23320	Support list	Unlisted	N	6:31 HOURS TO 6:40 HOURS (36 basic units)	741.6			556.2	653.7
23330	Support list	Unlisted	N	6:41 HOURS TO 6:50 HOURS (37 basic units)	762.2			571.65	674.3
23340	Support list	Unlisted	N	6:51 HOURS TO 7:00 HOURS (38 basic units)	782.8			587.1	694.9
23350	Support list	Unlisted	N	7:01 HOURS TO 7:10 HOURS (39 basic units)	803.4			602.55	715.5
23360	Support list	Unlisted	N	7:11 HOURS TO 7:20 HOURS (40 basic units)	824			618	736.1
23370	Support list	Unlisted	N	7:21 HOURS TO 7:30 HOURS (41 basic units)	844.6			633.45	756.7
23380	Support list	Unlisted	N	7:31 HOURS TO 7:40 HOURS (42 basic units)	865.2			648.9	777.3
23390	Support list	Unlisted	N	7:41 HOURS TO 7:50 HOURS (43 basic units)	885.8			664.35	797.9
23400	Support list	Unlisted	N	7:51 HOURS TO 8:00 HOURS (44 basic units)	906.4			679.8	818.5
23410	Support list	Unlisted	N	8:01 HOURS TO 8:10 HOURS (45 basic units)	927			695.25	839.1
23420	Support list	Unlisted	N	8:11 HOURS TO 8:20 HOURS (46 basic units)	947.6			710.7	859.7
23430	Support list	Unlisted	N	8:21 HOURS TO 8:30 HOURS (47 basic units)	968.2			726.15	880.3
23440	Support list	Unlisted	N	8:31 HOURS TO 8:40 HOURS (48 basic units)	988.8			741.6	900.9
23450	Support list	Unlisted	N	8:41 HOURS TO 8:50 HOURS (49 basic units)	1009.4			757.05	921.5
23460	Support list	Unlisted	N	8:51 HOURS TO 9:00 HOURS (50 basic units)	1030			772.5	942.1
23470	Support list	Unlisted	N	9:01 HOURS TO 9:10 HOURS (51 basic units)	1050.6			787.95	962.7
23480	Support list	Unlisted	N	9:11 HOURS TO 9:20 HOURS (52 basic units)	1071.2			803.4	983.3
23490	Support list	Unlisted	N	9:21 HOURS TO 9:30 HOURS (53 basic units)	1091.8			818.85	1003.9
23500	Support list	Unlisted	N	9:31 HOURS TO 9:40 HOURS (54 basic units)	1112.4			834.3	1024.5
23510	Support list	Unlisted	N	9:41 HOURS TO 9:50 HOURS (55 basic units)	1133			849.75	1045.1
23520	Support list	Unlisted	N	9:51 HOURS TO 10:00 HOURS (56 basic units)	1153.6			865.2	1065.7
23530	Support list	Unlisted	N	10:01 HOURS TO 10:10 HOURS (57 basic units)	1174.2			880.65	1086.3
23540	Support list	Unlisted	N	10:11 HOURS TO 10:20 HOURS (58 basic units)	1194.8			896.1	1106.9
23550	Support list	Unlisted	N	10:21 HOURS TO 10:30 HOURS (59 basic units)	1215.4			911.55	1127.5
23560	Support list	Unlisted	N	10:31 HOURS TO 10:40 HOURS (60 basic units)	1236			927	1148.1
23570	Support list	Unlisted	N	10:41 HOURS TO 10:50 HOURS (61 basic units)	1256.6			942.45	1168.7
23580	Support list	Unlisted	N	10:51 HOURS TO 11:00 HOURS (62 basic units)	1277.2			957.9	1189.3
23590	Support list	Unlisted	N	11:01 HOURS TO 11:10 HOURS (63 basic units)	1297.8			973.35	1209.9
23600	Support list	Unlisted	N	11:11 HOURS TO 11:20 HOURS (64 basic units)	1318.4			988.8	1230.5
23610	Support list	Unlisted	N	11:21 HOURS TO 11:30 HOURS (65 basic units)	1339			1004.25	1251.1
23620	Support list	Unlisted	N	11:31 HOURS TO 11:40 HOURS (66 basic units)	1359.6			1019.7	1271.7
23630	Support list	Unlisted	N	11:41 HOURS TO 11:50 HOURS (67 basic units)	1380.2			1035.15	1292.3
23640	Support list	Unlisted	N	11:51 HOURS TO 12:00 HOURS (68 basic units)	1400.8			1050.6	1312.9
23650	Support list	Unlisted	N	12:01 HOURS TO 12:10 HOURS (69 basic units)	1421.4			1066.05	1333.5
23660	Support list	Unlisted	N	12:11 HOURS TO 12:20 HOURS (70 basic units)	1442			1081.5	1354.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
23670	Support list	Unlisted	N	12:21 HOURS TO 12:30 HOURS (71 basic units)	1462.6			1096.95	1374.7
23680	Support list	Unlisted	N	12:31 HOURS TO 12:40 HOURS (72 basic units)	1483.2			1112.4	1395.3
23690	Support list	Unlisted	N	12:41 HOURS TO 12:50 HOURS (73 basic units)	1503.8			1127.85	1415.9
23700	Support list	Unlisted	N	12:51 HOURS TO 13:00 HOURS (74 basic units)	1524.4			1143.3	1436.5
23710	Support list	Unlisted	N	13:01 HOURS TO 13:10 HOURS (75 basic units)	1545			1158.75	1457.1
23720	Support list	Unlisted	N	13:11 HOURS TO 13:20 HOURS (76 basic units)	1565.6			1174.2	1477.7
23730	Support list	Unlisted	N	13:21 HOURS TO 13:30 HOURS (77 basic units)	1586.2			1189.65	1498.3
23740	Support list	Unlisted	N	13:31 HOURS TO 13:40 HOURS (78 basic units)	1606.8			1205.1	1518.9
23750	Support list	Unlisted	N	13:41 HOURS TO 13:50 HOURS (79 basic units)	1627.4			1220.55	1539.5
23760	Support list	Unlisted	N	13:51 HOURS TO 14:00 HOURS (80 basic units)	1648			1236	1560.1
23770	Support list	Unlisted	N	14:01 HOURS TO 14:10 HOURS (81 basic units)	1668.6			1251.45	1580.7
23780	Support list	Unlisted	N	14:11 HOURS TO 14:20 HOURS (82 basic units)	1689.2			1266.9	1601.3
23790	Support list	Unlisted	N	14:21 HOURS TO 14:30 HOURS (83 basic units)	1709.8			1282.35	1621.9
23800	Support list	Unlisted	N	14:31 HOURS TO 14:40 HOURS (84 basic units)	1730.4			1297.8	1642.5
23810	Support list	Unlisted	N	14:41 HOURS TO 14:50 HOURS (85 basic units)	1751			1313.25	1663.1
23820	Support list	Unlisted	N	14:51 HOURS TO 15:00 HOURS (86 basic units)	1771.6			1328.7	1683.7
23830	Support list	Unlisted	N	15:01 HOURS TO 15:10 HOURS (87 basic units)	1792.2			1344.15	1704.3
23840	Support list	Unlisted	N	15:11 HOURS TO 15:20 HOURS (88 basic units)	1812.8			1359.6	1724.9
23850	Support list	Unlisted	N	15:21 HOURS TO 15:30 HOURS (89 basic units)	1833.4			1375.05	1745.5
23860	Support list	Unlisted	N	15:31 HOURS TO 15:40 HOURS (90 basic units)	1854			1390.5	1766.1
23870	Support list	Unlisted	N	15:41 HOURS TO 15:50 HOURS (91 basic units)	1874.6			1405.95	1786.7
23880	Support list	Unlisted	N	15:51 HOURS TO 16:00 HOURS (92 basic units)	1895.2			1421.4	1807.3
23890	Support list	Unlisted	N	16:01 HOURS TO 16:10 HOURS (93 basic units)	1915.8			1436.85	1827.9
23900	Support list	Unlisted	N	16:11 HOURS TO 16:20 HOURS (94 basic units)	1936.4			1452.3	1848.5
23910	Support list	Unlisted	N	16:21 HOURS TO 16:30 HOURS (95 basic units)	1957			1467.75	1869.1
23920	Support list	Unlisted	N	16:31 HOURS TO 16:40 HOURS (96 basic units)	1977.6			1483.2	1889.7
23930	Support list	Unlisted	N	16:41 HOURS TO 16:50 HOURS (97 basic units)	1998.2			1498.65	1910.3
23940	Support list	Unlisted	N	16:51 HOURS TO 17:00 HOURS (98 basic units)	2018.8			1514.1	1930.9
23950	Support list	Unlisted	N	17:01 HOURS TO 17:10 HOURS (99 basic units)	2039.4			1529.55	1951.5
23960	Support list	Unlisted	N	17:11 HOURS TO 17:20 HOURS (100 basic units)	2060			1545	1972.1
23970	Support list	Unlisted	N	17:21 HOURS TO 17:30 HOURS (101 basic units)	2080.6			1560.45	1992.7
23980	Support list	Unlisted	N	17:31 HOURS TO 17:40 HOURS (102 basic units)	2101.2			1575.9	2013.3
23990	Support list	Unlisted	N	17:41 HOURS TO 17:50 HOURS (103 basic units)	2121.8			1591.35	2033.9
24100	Support list	Unlisted	N	17:51 HOURS TO 18:00 HOURS (104 basic units)	2142.4			1606.8	2054.5
24101	Support list	Unlisted	N	18:01 HOURS TO 18:10 HOURS (105 basic units)	2163			1622.25	2075.1
24102	Support list	Unlisted	N	18:11 HOURS TO 18:20 HOURS (106 basic units)	2183.6			1637.7	2095.7
24103	Support list	Unlisted	N	18:21 HOURS TO 18:30 HOURS (107 basic units)	2204.2			1653.15	2116.3
24104	Support list	Unlisted	N	18:31 HOURS TO 18:40 HOURS (108 basic units)	2224.8			1668.6	2136.9
24105	Support list	Unlisted	N	18:41 HOURS TO 18:50 HOURS (109 basic units)	2245.4			1684.05	2157.5
24106	Support list	Unlisted	N	18:51 HOURS TO 19:00 HOURS (110 basic units)	2266			1699.5	2178.1
24107	Support list	Unlisted	N	19:01 HOURS TO 19:10 HOURS (111 basic units)	2286.6			1714.95	2198.7
24108	Support list	Unlisted	N	19:11 HOURS TO 19:20 HOURS (112 basic units)	2307.2			1730.4	2219.3
24109	Support list	Unlisted	N	19:21 HOURS TO 19:30 HOURS (113 basic units)	2327.8			1745.85	2239.9
24110	Support list	Unlisted	N	19:31 HOURS TO 19:40 HOURS (114 basic units)	2348.4			1761.3	2260.5
24111	Support list	Unlisted	N	19:41 HOURS TO 19:50 HOURS (115 basic units)	2369			1776.75	2281.1
24112	Support list	Unlisted	N	19:51 HOURS TO 20:00 HOURS (116 basic units)	2389.6			1792.2	2301.7
24113	Support list	Unlisted	N	20:01 HOURS TO 20:10 HOURS (117 basic units)	2410.2			1807.65	2322.3
24114	Support list	Unlisted	N	20:11 HOURS TO 20:20 HOURS (118 basic units)	2430.8			1823.1	2342.9
24115	Support list	Unlisted	N	20:21 HOURS TO 20:30 HOURS (119 basic units)	2451.4			1838.55	2363.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
24116	Support list	Unlisted	N	20:31 HOURS TO 20:40 HOURS (120 basic units)	2472			1854	2384.1
24117	Support list	Unlisted	N	20:41 HOURS TO 20:50 HOURS (121 basic units)	2492.6			1869.45	2404.7
24118	Support list	Unlisted	N	20:51 HOURS TO 21:00 HOURS (122 basic units)	2513.2			1884.9	2425.3
24119	Support list	Unlisted	N	21:01 HOURS TO 21:10 HOURS (123 basic units)	2533.8			1900.35	2445.9
24120	Support list	Unlisted	N	21:11 HOURS TO 21:20 HOURS (124 basic units)	2554.4			1915.8	2466.5
24121	Support list	Unlisted	N	21:21 HOURS TO 21:30 HOURS (125 basic units)	2575			1931.25	2487.1
24122	Support list	Unlisted	N	21:31 HOURS TO 21:40 HOURS (126 basic units)	2595.6			1946.7	2507.7
24123	Support list	Unlisted	N	21:41 HOURS TO 21:50 HOURS (127 basic units)	2616.2			1962.15	2528.3
24124	Support list	Unlisted	N	21:51 HOURS TO 22:00 HOURS (128 basic units)	2636.8			1977.6	2548.9
24125	Support list	Unlisted	N	22:01 HOURS TO 22:10 HOURS (129 basic units)	2657.4			1993.05	2569.5
24126	Support list	Unlisted	N	22:11 HOURS TO 22:20 HOURS (130 basic units)	2678			2008.5	2590.1
24127	Support list	Unlisted	N	22:21 HOURS TO 22:30 HOURS (131 basic units)	2698.6			2023.95	2610.7
24128	Support list	Unlisted	N	22:31 HOURS TO 22:40 HOURS (132 basic units)	2719.2			2039.4	2631.3
24129	Support list	Unlisted	N	22:41 HOURS TO 22:50 HOURS (133 basic units)	2739.8			2054.85	2651.9
24130	Support list	Unlisted	N	22:51 HOURS TO 23:00 HOURS (134 basic units)	2760.4			2070.3	2672.5
24131	Support list	Unlisted	N	23:01 HOURS TO 23:10 HOURS (135 basic units)	2781			2085.75	2693.1
24132	Support list	Unlisted	N	23:11 HOURS TO 23:20 HOURS (136 basic units)	2801.6			2101.2	2713.7
24133	Support list	Unlisted	N	23:21 HOURS TO 23:30 HOURS (137 basic units)	2822.2			2116.65	2734.3
24134	Support list	Unlisted	N	23:31 HOURS TO 23:40 HOURS (138 basic units)	2842.8			2132.1	2754.9
24135	Support list	Unlisted	N	23:41 HOURS TO 23:50 HOURS (139 basic units)	2863.4			2147.55	2775.5
24136	Support list	Unlisted	N	23:51 HOURS TO 24:00 HOURS (140 basic units)	2884			2163	2796.1
25000	Support list	Unlisted	N	ANAESTHESIA, PERFUSION or ASSISTANCE AT ANAESTHESIA (a) for anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or (b) for perfusion performed in association with item 22060; or (c) for assistance at anaesthesia performed in association with items 25200 to 25205 Where the patient has severe systemic disease equivalent to ASA physical status indicator 3 (1 basic units)	20.6			15.45	17.55
25005	Support list	Unlisted	N	Where the patient has severe systemic disease which is a constant threat to life equivalent to ASA physical status indicator 4 (2 basic units)	41.2			30.9	35.05
25010	Support list	Unlisted	N	For a patient who is not expected to survive for 24 hours with or without the operation, equivalent to ASA physical status indicator 5 (3 basic units)	61.8			46.35	52.55
25013	Support list	Unlisted	N	Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged under 4 years (Anaes.) (1 basic units)	20.6			15.45	17.55
25014	Support list	Unlisted	N	Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged 75 years or more (Anaes.) (1 basic units)	20.6			15.45	17.55
25020	Support list	Unlisted	N	ANAESTHESIA, PERFUSION OR ASSISTANCE AT ANAESTHESIA - where the patient requires immediate treatment without which there would be significant threat to life or body part - not being a service associated with a service to which item 25025 or 25030 or 25050 applies (2 basic units)	41.2			30.9	35.05
25025	Support list	Unlisted	N	Anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday (0 basic units)		An additional amount of 50% of fee for the anaesthetic service.That is:(a) an anaesthesia item/s range 20100 - 21997 or 22900, plus (b)an item range 23010 - 24136, plus(c) if applicable,an item range 25000-25014, plus(d) where performed, any assoc therapeutic or diagnostic service range 22002-22051			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
25030	Support list	Unlisted	N	Assistance in the management of anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday (0 basic units)		50% of the fee for assistance at anaesthesia. That is: (a) an assistant anaesthesia item in the range 25200 - 25205, plus (b) an item range 23010-24136, plus (c) where applicable, an item range 25000-25014, plus (d) where performed, any associated therapeutic or diagnostic service 22002 -22051			
25050	Support list	Unlisted	N	Perfusion, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday. (0 basic units)		An additional amount of 50% of the fee for the perfusion service. That is: (a) item 22060, plus (b) an item range 23010 - 24136, plus (c) where applicable, an item range 25000 - 25014, plus (d) where performed, any associated therapeutic or diagnostic service in the range 22002-22051 or 22065-22075			
25200	Support list	Unlisted	N	ASSISTANCE IN THE ADMINISTRATION OF ANAESTHESIA on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of all other patients (5 basic units)		An amount of $103.00 (5 basic units) plus an item in the range 23010 - 24136 plus, where applicable - an item in the range 25000 - 25020 plus, where performed, any associated therapeutic or diagnostic service/s in the range 22001 - 22051			
25205	Support list	Unlisted	N	ASSISTANCE IN THE ADMINISTRATION OF ELECTIVE ANAESTHESIA where: (i)the patient has complex airway problems; or (ii)the patient is a neonate or a complex paediatric case; or (iii)there is anticipated to be massive blood loss (greater than 50% of blood volume) during the procedure; or (iv)the patient is critically ill, with multiple organ failure; or (v)where the anaesthesia time exceeds 6 hours and the assistance is provided to the exclusion of all other patients (5 basic units)		An amount of $103.00 (5 basic units) plus an item in the range 23010 - 24136 plus, where applicable - an item in the range 25000 - 25020 plus, where performed, any associated therapeutic or diagnostic service/s in the range 22001 - 22051			
30001	Support list	Unlisted	N	OPERATIVE PROCEDURE, not being a service to which any other item in this Group applies, being a service to which an item in this Group would have applied had the procedure not been discontinued on medical grounds		50% of the fee which would have applied had the procedure not been discontinued			
30003	Plastic and reconstructive surgery (medically necessary)	Type C	N	LOCALISED BURNS, dressing of, (not involving grafting)each attendance at which the procedure is performed, including any associated consultation	37.8			28.35	32.15
30006	Plastic and reconstructive surgery (medically necessary)	Type C	N	EXTENSIVE BURNS, dressing of, without anaesthesia (not involving grafting)each attendance at which the procedure is performed, including any associated consultation	48.4			36.3	41.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30010	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	LOCALISED BURNS, dressing of, under general anaesthesia (not involving grafting) (Anaes.)	76.95			57.75	
30014	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	EXTENSIVE BURNS, dressing of, under general anaesthesia (not involving grafting) (Anaes.)	161.7			121.3	
30017	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	BURNS, excision of, under general anaesthesia, involving not more than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	339.25			254.45	288.4
30020	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	BURNS, excision of, under general anaesthesia, involving more than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	660.75			495.6	
30023	Skin	Type A Surgical	N	WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	339.25			254.45	288.4
30024	Skin	Type A Surgical	N	WOUND OF SOFT TISSUE, debridement of extensively infected post-surgical incision or Fournier's Gangrene, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	339.25			254.45	288.4
30026	Skin	Type C	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), superficial, not being a service to which another item in Group T4 applies (Anaes.)	54.35			40.8	46.2
30029	Skin	Unlisted	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue, not being a service to which another item in Group T4 applies (Anaes.)	93.65			70.25	79.65
30032	Skin	Type C	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG), superficial (Anaes.)	85.8			64.35	72.95
30035	Skin	Unlisted	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)	122.35			91.8	104
30038	Skin	Type C	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, large (MORE THAN 7 CM LONG), superficial, not being a service to which another item in Group T4 applies (Anaes.)	93.65			70.25	79.65
30042	Skin	Type B Non-band specific	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, other than on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue, other than a service to which another item in Group T4 applies (Anaes.)	193.1			144.85	164.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30045	Skin	Type B Non-band specific	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), superficial (Anaes.)	122.35			91.8	104
30049	Skin	Unlisted	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)	193.1			144.85	164.15
30052	Skin	Unlisted	N	FULL THICKNESS LACERATION OF EAR, EYELID, NOSE OR LIP, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	264.25			198.2	224.65
30055	Skin	Type B Non-band specific	N	Wounds, dressing of, under general, regional or intravenous sedation, with or without removal of sutures, other than a service associated with a service to which another item in this Group applies (Anaes.)	76.95			57.75	65.45
30058	Common list	Unlisted	N	POSTOPERATIVE HAEMORRHAGE, control of, under general anaesthesia, as an independent procedure (Anaes.)	150.2			112.65	127.7
30061	Common list	Type C	N	SUPERFICIAL FOREIGN BODY, REMOVAL OF, (including from cornea or sclera), as an independent procedure (Anaes.)	24.45			18.35	20.8
30062	Gynaecology	Type C	N	Etonogestrel subcutaneous implant, removal of, as an independent procedure (Anaes.)	63.2			47.4	53.75
30064	Skin	Type C	N	SUBCUTANEOUS FOREIGN BODY, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.)	114.3			85.75	97.2
30068	Common list	Type A Surgical	N	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure (Anaes.) (Assist.)	288			216	244.8
30071	Skin	Type C	N	Diagnostic biopsy of skin, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)	54.35			40.8	46.2
30072	Common list	Type C	N	Diagnostic biopsy of mucous membrane, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)	54.35			40.8	46.2
30075	Common list	Unlisted	N	DIAGNOSTIC BIOPSY OF LYMPH NODE, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure,if the biopsy specimen is sent for pathological examination (Anaes.)	155.85			116.9	132.5
30078	Common list	Unlisted	N	DIAGNOSTIC DRILL BIOPSY OF LYMPH NODE, DEEP TISSUE OR ORGAN, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.)	50.45			37.85	42.9
30081	Common list	Type B Non-band specific	N	DIAGNOSTIC BIOPSY OF BONE MARROW by trephine using open approach, where the biopsy specimen is sent for pathological examination (Anaes.)	114.3			85.75	97.2
30084	Common list	Type B Non-band specific	N	DIAGNOSTIC BIOPSY OF BONE MARROW by trephine using percutaneous approach where the biopsy is sent for pathological examination (Anaes.)	61.2			45.9	52.05
30087	Common list	Type B Non-band specific	N	DIAGNOSTIC BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE, where the biopsy is sent for pathological examination (Anaes.)	30.6			22.95	26.05
30090	Lung and chest	Unlisted	N	DIAGNOSTIC BIOPSY OF PLEURA, PERCUTANEOUS 1 or more biopsies on any 1 occasion, where the biopsy is sent for pathological examination (Anaes.)	133.75			100.35	113.7
30093	Common list	Unlisted	N	DIAGNOSTIC NEEDLE BIOPSY OF VERTEBRA, where the biopsy is sent for pathological examination (Anaes.)	178.5			133.9	151.75
30094	Common list	Type B Non-band specific	N	DIAGNOSTIC PERCUTANEOUS ASPIRATION BIOPSY of deep organ using interventional imaging techniques - but not including imaging, where the biopsy is sent for pathological examination (Anaes.)	197.1			147.85	167.55
30097	Common list	Type C	N	Personal performance of a Synacthen Stimulation Test, including associated consultation; by a medical practitioner with resuscitation training and access to facilities where life support procedures can be implemented, if: serum cortisol at 0830-0930 hours on any dayin the preceding month has been measured at greater than 100 nmol/L but less than 400 nmol/L; or in a patient who is acutely unwelland adrenal insufficiency is suspected.	101.1			75.85	85.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30099	Skin	Type B Non-band specific	N	SINUS, excision of, involving superficial tissue only (Anaes.)	93.65			70.25	79.65
30103	Bone, joint and muscle	Type B Non-band specific	N	SINUS, excision of, involving muscle and deep tissue (Anaes.)	191.35			143.55	162.65
30104	Ear, nose and throat	Type B Non-band specific	N	Pre-auricular sinus, excision of, on a patient 10 years of age or over (Anaes.)	132.1			99.1	112.3
30105	Ear, nose and throat	Type B Non-band specific	N	Pre-auricular sinus, excision of, on a patient under 10 years of age (Anaes.)	171.65			128.75	145.95
30107	Bone, joint and muscle	Type B Non-band specific	N	Excision of ganglion, other than a service associated with a service to which another item in this Group applies (Anaes.)	228.85			171.65	194.55
30165	Weight loss surgery	Type A Surgical	N	Lipectomy, wedge excision of abdominal apron that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30168, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and (b) the abdominal apron interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)	473.3			355	
30168	Weight loss surgery	Type A Surgical	N	Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss,not being a service associated with a service to which item 30165, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and (b) the redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and (d) the procedure involves 1 excision only (H) (Anaes.) (Assist.)	473.3			355	
30171	Weight loss surgery	Type A Surgical	N	Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and (b) the redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and (d) the procedure involves 2 excisions only (H) (Anaes.) (Assist.)	719.75			539.85	
30172	Weight loss surgery	Type A Surgical	N	Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30171, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and (b) the redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and (d) the procedure involves 3 or more excisions (H) (Anaes.) (Assist.)	719.75			539.85	
30176	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Lipectomy, radical abdominoplasty (Pitanguy type or similar), with excision of skin and subcutaneous tissue, repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30177, 30179, 45530, 45564 or 45565 applies,if the patient has previously had a massive intra-abdominal or pelvic tumour surgically removed (Anaes.) (Assist.)	1025.6			769.2	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30177	Weight loss surgery	Type A Advanced Surgical	N	Lipectomy, excision of skin and subcutaneous tissue associated with redundant abdominal skin and fat that is a direct consequence of significant weight loss, in conjunction with a radical abdominoplasty (Pitanguy type or similar), with or without repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and (b) the redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)	1025.6			769.2	
30179	Weight loss surgery	Type A Advanced Surgical	N	Circumferential lipectomy, as an independent procedure, to correct circumferential excess of redundant skin and fat that is a direct consequence of significant weight loss, with or without a radical abdominoplasty (Pitanguy type or similar),not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 45530, 45564 or 45565 applies, if: (a) the circumferential excess of redundant skin and fat is complicated by intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and (b) the circumferential excess of redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)	1262.3			946.75	
30180	Skin	Unlisted	N	AXILLARY HYPERHIDROSIS, partial excision for (Anaes.)	142.05			106.55	120.75
30183	Skin	Unlisted	N	AXILLARY HYPERHIDROSIS, total excision of sweat gland bearing area (Anaes.)	256.5			192.4	218.05
30187	Skin	Type B Non-band specific	N	PALMAR OR PLANTAR WARTS, removal of, by carbon dioxide laser or erbium laser, requiring admission to a hospital, or when performed by a specialist in the practice of his/her specialty, (5 or more warts) (Anaes.)	267.35			200.55	227.25
30189	Skin	Type B Non-band specific	N	WARTS or MOLLUSCUM CONTAGIOSUM (one or more), removal of, by any method (other than by chemical means), where undertaken in the operating theatre of a hospital, not being a service associated with a service to which another item in this Group applies (H) (Anaes.)	153.25			114.95	
30190	Skin	Type A Surgical and Type B Non-band specific	N	Angiofibromas, trichoepitheliomas or other severely disfiguring tumours of the face or neck (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), suitable for laser ablation as confirmed by the opinion of a specialist in the specialty of dermatology—removal of, by carbon dioxide laser or erbium laser ablation, including associated resurfacing (10 or more tumours) (Anaes.)	413.85			310.4	351.8
30191	Skin	Type C	N	Angiofibromas, trichoepithelioma, epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary haemorrhagic telangiectasia and other severely disfiguring or recurrently bleeding tumours (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), treatment of, with carbon dioxide/erbium or other appropriate laser (or curettage and fine point diathermy for pyogenic granuloma only), if confirmed by the opinion of a specialist in the specialty of dermatology, one or more lesions.	66.05			49.55	56.15
30192	Skin	Type C	N	PREMALIGNANT SKIN LESIONS (including solar keratoses), treatment of, by ablative technique (10 or more lesions) (Anaes.)	41.15			30.9	35
30196	Skin	Type C	N	Malignant neoplasm of skin or mucous membrane that has been: (a) proven by histopathology; or (b) confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgerywhere a specimen has been submitted for histologic confirmation; removal of, by serial curettage, or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy or diathermy (Anaes.)	131.35			98.55	111.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30202	Skin	Type C	N	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery—removal of, by liquid nitrogen cryotherapy using repeat freeze thaw cycles	50.3			37.75	42.8
30207	Skin	Type C	N	Skin lesions, multiple injections with glucocorticoid preparations (Anaes.)	46.4			34.8	39.45
30210	Skin	Type B Band 1	N	Keloid and other skin lesions, extensive, multiple injections of glucocorticoid preparations, if undertaken in the operating theatre of a hospital (H) (Anaes.)	169.55			127.2	
30216	Skin	Type C	N	HAEMATOMA, aspiration of (Anaes.)	28.45			21.35	24.2
30219	Skin	Type C	N	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring admission to a hospital - INCISION WITH DRAINAGE OF (excluding aftercare)	28.45			21.35	24.2
30223	Skin	Type B Non-band specific	N	LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS or similar lesion, requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding aftercare) (Anaes.)	169.55			127.2	
30224	Common list	Unlisted	N	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS using interventional imaging techniques - but not including imaging (Anaes.)	247.2			185.4	210.15
30225	Common list	Type A Surgical and Type B Non-band specific	N	ABSCESS DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.)	278.55			208.95	236.8
30226	Bone, joint and muscle	Unlisted	N	MUSCLE, excision of (LIMITED), or fasciotomy (Anaes.)	155.85			116.9	132.5
30229	Bone, joint and muscle	Type A Surgical	N	MUSCLE, excision of (EXTENSIVE) (Anaes.) (Assist.)	284			213	241.4
30232	Bone, joint and muscle	Unlisted	N	MUSCLE, RUPTURED, repair of (limited), not associated with external wound (Anaes.)	232.7			174.55	197.8
30235	Bone, joint and muscle	Type A Surgical	N	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound (Anaes.) (Assist.)	307.7			230.8	261.55
30238	Bone, joint and muscle	Unlisted	N	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE (Anaes.)	155.85			116.9	132.5
30241	Bone, joint and muscle	Type A Surgical	N	BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	370.8			278.1	315.2
30244	Bone, joint and muscle	Type A Surgical	N	STYLOID PROCESS OF TEMPORAL BONE, removal of (Anaes.) (Assist.)	370.8			278.1	
30246	Ear, nose and throat	Type A Surgical	N	PAROTID DUCT, repair of, using micro-surgical techniques (Anaes.) (Assist.)	717.75			538.35	
30247	Ear, nose and throat	Type A Surgical	N	PAROTID GLAND, total extirpation of (Anaes.) (Assist.)	769.3			577	
30250	Ear, nose and throat	Type A Advanced Surgical	N	PAROTID GLAND, total extirpation of, with preservation of facial nerve (Anaes.) (Assist.)	1301.75			976.35	
30251	Ear, nose and throat	Type A Advanced Surgical	N	RECURRENT PAROTID TUMOUR, excision of, withpreservation of facial nerve (Anaes.) (Assist.)	1999.65			1499.75	1911.75
30253	Ear, nose and throat	Type A Surgical	N	PAROTID GLAND, SUPERFICIAL LOBECTOMY OF, with exposure of facial nerve (Anaes.) (Assist.)	867.85			650.9	
30255	Ear, nose and throat	Type A Advanced Surgical	N	SUBMANDIBULAR DUCTS, relocation of, for surgical control of drooling (Anaes.) (Assist.)	1155.65			866.75	
30256	Ear, nose and throat	Type A Surgical	N	SUBMANDIBULAR GLAND, extirpation of (Anaes.) (Assist.)	463.5			347.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30259	Ear, nose and throat	Unlisted	N	SUBLINGUAL GLAND, extirpation of (Anaes.)	206.6			154.95	175.65
30262	Ear, nose and throat	Type B Non-band specific	N	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.)	61.2			45.9	52.05
30266	Ear, nose and throat	Unlisted	N	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures. (Anaes.)	155.85			116.9	132.5
30269	Ear, nose and throat	Type B Non-band specific	N	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF (Anaes.)	155.85			116.9	132.5
30272	Ear, nose and throat	Type A Surgical	N	TONGUE, partial excision of (Anaes.) (Assist.)	307.7			230.8	261.55
30275	Ear, nose and throat	Type A Advanced Surgical	N	RADICAL EXCISION OF INTRAORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH NODES OF NECK (commandotype operation) (Anaes.) (Assist.)	1834.15			1375.65	
30278	Ear, nose and throat	Unlisted	N	TONGUE TIE, repair of, not being a service to which another item in this Group applies (Anaes.)	48.4			36.3	41.15
30281	Ear, nose and throat	Type B Non-band specific	N	Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a patient aged 2 years and over, under general anaesthesia (Anaes.)	124.3			93.25	105.7
30283	Ear, nose and throat	Type B Non-band specific	N	RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.)	213			159.75	181.05
30286	Ear, nose and throat	Type A Surgical	N	Branchial cyst, removal of, on a patient 10 years of age or over (Anaes.) (Assist.)	413.95			310.5	351.9
30287	Ear, nose and throat	Type A Surgical	N	Branchial cyst, removal of, on a patient under 10 years of age (Anaes.) (Assist.)	538.2			403.65	457.5
30289	Ear, nose and throat	Type A Surgical	N	Branchial fistula, removal of, on a patient 10 years of age or over (Anaes.) (Assist.)	522.6			391.95	
30293	Ear, nose and throat	Type A Surgical	N	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair (Anaes.) (Assist.)	463.5			347.65	394
30294	Ear, nose and throat	Type A Advanced Surgical	N	CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction (Anaes.) (Assist.)	1834.15			1375.65	
30296	Ear, nose and throat	Type A Advanced Surgical	N	THYROIDECTOMY, total (Anaes.) (Assist.)	1065.2			798.9	
30297	Ear, nose and throat	Type A Advanced Surgical	N	THYROIDECTOMY following previous thyroid surgery (Anaes.) (Assist.)	1065.2			798.9	
30299	Breast surgery (medically necessary)	Type A Surgical	N	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level I axilla, using preoperative lymphoscintigraphy and lymphotropic dye injection, not being a service associated with a service to which item 30300, 30302 or 30303 applies (Anaes.) (Assist.)	663.25			497.45	
30300	Breast surgery (medically necessary)	Type A Surgical	N	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level II/III axilla, using preoperative lymphoscintigraphy and lymphotropic dye injection, not being a service associated with a service to which item 30299, 30302 or 30303 applies (Anaes.) (Assist.)	795.9			596.95	
30302	Breast surgery (medically necessary)	Type A Surgical	N	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level I axilla, using lymphotropic dye injection, not being a service associated with a service to which item 30299, 30300 or 30303 applies (Anaes.) (Assist.)	530.6			397.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30303	Breast surgery (medically necessary)	Type A Surgical	N	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level II/III axilla, using lymphotropic dye injection, not being a service associated with a service to which item 30299, 30300 or 30302 applies (Anaes.) (Assist.)	636.65			477.5	
30306	Ear, nose and throat	Type A Surgical	N	TOTAL HEMITHYROIDECTOMY (Anaes.) (Assist.)	831			623.25	
30310	Ear, nose and throat	Type A Surgical	N	Partial or subtotal thyroidectomy (Anaes.) (Assist.)	831			623.25	
30311	Skin	Type A Surgical and Type B Non-band specific	N	SENTINEL LYMPH NODE BIOPSY or biopsies for cutaneous melanoma, using preoperative lymphoscintigraphy and lymphotropic dye injection, if: (a) the primary lesion is greater than 1.0 mm in depth (or at least 0.8 mm in depth in the presence of ulceration); and (b) appropriate excision of the primary melanoma has occurred; and (c) the service is not associated with a service to which item 30075, 30078, 30299, 30300, 30302, 30303, 30329, 30332, 30618, 30820,31423, 52025 or 52027 applies. Applicable to only one lesion per occasion on which the service is provided (H) (Anaes.) (Assist.)	647.65			485.75	
30314	Ear, nose and throat	Type A Surgical	N	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone, on a patient 10 years of age or over (Anaes.) (Assist.)	475.9			356.95	
30315	Ear, nose and throat	Type A Advanced Surgical	N	Minimally invasive parathyroidectomy. Removal of 1 or more parathyroid adenoma through a small cervical incision for an image localised adenoma, including thymectomy. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item30318, 30317 or 30320 applies. (Anaes.) (Assist.)	1186.1			889.6	
30317	Ear, nose and throat	Type A Advanced Surgical	N	Redo parathyroidectomy. Cervical re-exploration for persistent or recurrent hyperparathyroidism, including thymectomy and cervical exploration of the mediastinum. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30318 or 30320 applies. (Anaes.) (Assist.)	1420.2			1065.15	
30318	Ear, nose and throat	Type A Advanced Surgical	N	Open parathyroidectomy, exploration and removal of 1 or more adenoma or hyperplastic glands via a cervical incision including thymectomy and cervical exploration of the mediastinum when performed. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30317 or 30320 applies. (Anaes.) (Assist.)	1186.1			889.6	
30320	Ear, nose and throat	Type A Advanced Surgical	N	Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thorascopic approach. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30317 or 30318 applies. (Anaes.) (Assist.)	1420.2			1065.15	
30323	Common list	Type A Advanced Surgical	N	Excision of phaeochromocytoma or extraadrenal paraganglioma via endoscopic or open approach. (Anaes.) (Assist.)	1420.2			1065.15	
30324	Kidney and bladder	Type A Advanced Surgical	N	Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach. (Anaes.) (Assist.)	1420.2			1065.15	
30326	Ear, nose and throat	Type A Surgical	N	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone, on a patient under 10 years of age (Anaes.) (Assist.)	618.65			464	
30329	Common list	Unlisted	N	LYMPH NODES of GROIN, limited excision of (Anaes.)	256.95			192.75	218.45
30330	Common list	Type A Surgical	N	LYMPH NODES of GROIN, radical excision of (Anaes.) (Assist.)	747.85			560.9	
30332	Common list	Type A Surgical	N	LYMPH NODES of AXILLA, limited excision of (sampling) (Anaes.) (Assist.)	360.8			270.6	
30335	Common list	Type A Advanced Surgical	N	LYMPH NODES of AXILLA, complete excision of, to level I (Anaes.) (Assist.)	901.95			676.5	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30336	Common list	Type A Advanced Surgical	N	LYMPH NODES of AXILLA, complete excision of, to level II or level III (Anaes.) (Assist.)	1082.4			811.8	
30382	Digestive system	Type A Advanced Surgical	N	Enterocutaneous fistula, repair of,if dissection and resection of bowel is performed, with or without anastomosis or formation of a stoma (H) (Anaes.) (Assist.)	1359.85			1019.9	
30384	Digestive system	Type A Advanced Surgical	N	Open or minimally invasive excision of a retroperitoneal mass, 4 cm or greater in largest dimension, lasting more than 3 hours, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	1420.2			1065.15	
30385	Digestive system	Type A Surgical	N	Unplanned return to theatre for laparotomy or laparoscopy for control or drainage of intra-abdominal haemorrhage following abdominal surgery (H) (Anaes.) (Assist.)	586.15			439.65	
30387	Digestive system	Type A Surgical	N	Laparoscopy or laparotomy when an operation is performed on abdominal, retroperitoneal or pelvic viscera, excluding lymph node biopsy, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	660.75			495.6	
30388	Digestive system	Type A Advanced Surgical	N	Laparotomy for abdominal trauma, including control of haemorrhage (with or without packing) and containment of contamination (H) (Anaes.) (Assist.)	1108.2			831.15	
30390	Digestive system	Type B Non-band specific	N	Laparoscopy, diagnostic, with or without aspiration of fluid, on a patient 10 years of age or over, if no other intra-abdominal procedure is performed (H) (Anaes.) (Assist.)	228.85			171.65	
30392	Digestive system	Type A Surgical	N	RADICAL OR DEBULKING OPERATION for advanced intra-abdominal malignancy, with or without omentectomy, as an independent procedure (Anaes.) (Assist.)	701.85			526.4	
30396	Digestive system	Type A Advanced Surgical	N	Laparotomy or laparoscopy for generalised intra-peritoneal sepsis(also known asperitonitis), with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity, with or without closure of the abdomen when performed by laparotomy (H) (Anaes.) (Assist.)	1057.75			793.35	
30397	Digestive system	Unlisted	N	Laparostomy, via wound previously made and left open or closed, including change of dressings or packs, with or without drainage of loculated collections (H) (Anaes.)	241.75			181.35	
30399	Digestive system	Type A Surgical	N	Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs (Anaes.) (Assist.)	332.5			249.4	
30400	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	LAPAROTOMY WITH INSERTION OF PORTACATH for administration of cytotoxic therapy including placement of reservoir (Anaes.) (Assist.)	658.1			493.6	
30406	Digestive system	Type C	N	PARACENTESIS ABDOMINIS (Anaes.)	54.35			40.8	46.2
30408	Digestive system	Type A Surgical	N	PERITONEOVENOUS shunt, insertion of (Anaes.) (Assist.)	408			306	
30409	Digestive system	Type B Non-band specific	N	LIVER BIOPSY, percutaneous (Anaes.)	181.5			136.15	154.3
30411	Digestive system	Unlisted	N	LIVER BIOPSY by wedge excision when performed in conjunction with another intraabdominal procedure (Anaes.)	92.35			69.3	
30412	Digestive system	Unlisted	N	LIVER BIOPSY by core needle, when performed in conjunction with another intra-abdominal procedure (Anaes.)	54.5			40.9	46.35
30414	Digestive system	Type A Surgical	N	LIVER, subsegmental resection of, (local excision), other than for trauma (Anaes.) (Assist.)	717.75			538.35	
30415	Digestive system	Type A Advanced Surgical	N	LIVER, segmental resection of, other than for trauma (Anaes.) (Assist.)	1435.35			1076.55	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30416	Digestive system	Type A Surgical	N	Liver cysts, greater than 5 cm in diameter, marsupialisation of 4 or less (Anaes.) (Assist.)	779.3			584.5	
30417	Digestive system	Type A Advanced Surgical	N	Liver cysts, greater than 5 cm in diameter, marsupialisation of 5 or more (Anaes.) (Assist.)	1168.9			876.7	
30418	Digestive system	Type A Advanced Surgical	N	LIVER, lobectomy of, other than for trauma (Anaes.) (Assist.)	1662.3			1246.75	
30419	Digestive system	Type A Surgical	N	Liver tumour, other than a hepatocellular carcinoma, destruction of one or more, by local ablation, other than a service associated with a service to which item 50950 or 50952 applies (Anaes.) (Assist.)	850.2			637.65	762.3
30421	Digestive system	Type A Advanced Surgical	N	Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, other than for trauma (Anaes.) (Assist.)	2077.5			1558.15	
30422	Digestive system	Type A Surgical	N	LIVER, repair of superficial laceration of, for trauma (Anaes.) (Assist.)	702.7			527.05	
30425	Digestive system	Type A Advanced Surgical	N	LIVER, repair of deep multiple lacerations of, or debridement of, for trauma (Anaes.) (Assist.)	1359.85			1019.9	
30427	Digestive system	Type A Advanced Surgical	N	LIVER, segmental resection of, for trauma (Anaes.) (Assist.)	1624.25			1218.2	
30428	Digestive system	Type A Advanced Surgical	N	LIVER, lobectomy of, for trauma (Anaes.) (Assist.)	1737.65			1303.25	1649.75
30430	Digestive system	Type A Advanced Surgical	N	Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, for trauma (Anaes.) (Assist.)	2417.4			1813.05	2329.5
30431	Digestive system	Type A Surgical	N	Liver abscess, single, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.)	542.4			406.8	461.05
30433	Digestive system	Type A Surgical	N	Liver abscess, multiple, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.)	755.45			566.6	
30439	Digestive system	Unlisted	N	Intraoperative ultrasound of biliary tract, or operative cholangiography, if the service: (a) is performed in association with an intra-abdominal procedure; and (b) is not associated with a service to which item 30442 or 30445 applies (Anaes.) (Assist.)	193.1			144.85	
30440	Digestive system	Type A Surgical	N	CHOLANGIOGRAM, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30451 applies (Anaes.) (Assist.)	547.7			410.8	465.55
30441	Digestive system	Unlisted	N	Intraoperative ultrasoundfor staging of intra-abdominal tumours (Anaes.)	141.8			106.35	
30442	Digestive system	Unlisted	N	CHOLEDOCHOSCOPY in conjunction with another procedure (Anaes.)	193.1			144.85	
30443	Digestive system	Type A Surgical	N	Cholecystectomy, by any approach, without cholangiogram (Anaes.) (Assist.)	668.45			501.35	
30445	Digestive system	Type A Surgical	N	Cholecystectomy, by any approach, with attempted or completed cholangiogram or intraoperative ultrasound of the biliary system, when performed via laparoscopic or open approach or when conversion from laparoscopic to open approach is required (Anaes.) (Assist.)	865.85			649.4	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30448	Digestive system	Type A Advanced Surgical	N	Cholecystectomy, by any approach, involving removal of common duct calculi via the cystic duct, with or without stent insertion (Anaes.) (Assist.)	1012.35			759.3	
30449	Digestive system	Type A Advanced Surgical	N	Cholecystectomy with removal of common duct calculi via choledochotomy, by any approach, with or without insertion of a stent (Anaes.) (Assist.)	1125.7			844.3	
30450	Digestive system	Type A Surgical	N	Calculus of biliary tract, extraction of, using interventional imaging techniques (Anaes.) (Assist.)	545.65			409.25	463.85
30451	Digestive system	Type A Surgical	N	BILIARY DRAINAGE TUBE, exchange of, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30440 applies (Anaes.) (Assist.)	278.55			208.95	236.8
30452	Digestive system	Type A Surgical	N	CHOLEDOCHOSCOPY with balloon dilation of a stricture or passage of stent or extraction of calculi (Anaes.) (Assist.)	392.8			294.6	
30454	Digestive system	Type A Advanced Surgical	N	Choledochotomy without cholecystectomy, with or without removal of calculi (Anaes.) (Assist.)	1371.65			1028.75	
30455	Digestive system	Type A Advanced Surgical	N	Choledochotomy with cholecystectomy, with removal of calculi, including biliary intestinal anastomosis (Anaes.) (Assist.)	1371.65			1028.75	
30457	Digestive system	Type A Advanced Surgical	N	CHOLEDOCHOTOMY, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes.) (Assist.)	1435.35			1076.55	1347.45
30458	Digestive system	Type A Advanced Surgical	N	TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (Anaes.) (Assist.)	1055.1			791.35	
30460	Digestive system	Type A Advanced Surgical	N	CHOLECYSTODUODENOSTOMY, CHOLECYSTOENTEROSTOMY, CHOLEDOCHOJEJUNOSTOMY or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (Anaes.) (Assist.)	897.45			673.1	
30461	Digestive system	Type A Advanced Surgical	N	Radical resection of porta hepatis (including associated neuro-lymphatic tissue), for cancer, suspected cancer or choledochal cyst, including bile duct excision and biliary-enteric anastomoses, other than a service associated with a service to which item 30440, 30451 or 31454 applies (Anaes.) (Assist.)	1538.3			1153.75	
30463	Digestive system	Type A Advanced Surgical	N	Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses, for cancer, suspected cancer or choledochal cyst (Anaes.) (Assist.)	1888.75			1416.6	
30464	Digestive system	Type A Advanced Surgical	N	Radical resection of common hepatic duct and right and left hepatic ducts, for cancer, suspected cancer or choledochal cyst, involving either or both of the following:(a) more than 2 anastomoses;(b) resection of segment (or major portion of segment) of liver; (Anaes.) (Assist.)	2266.5			1699.9	
30469	Digestive system	Type A Advanced Surgical	N	BILIARY STRICTURE, repair of, after 1 or more operations on the biliary tree (Anaes.) (Assist.)	1790.65			1343	1702.75
30472	Digestive system	Type A Advanced Surgical	N	Repair of bile duct injury, including immediate reconstruction, other than a service associated with a service to which item 30584 applies (Anaes.) (Assist.)	1386.9			1040.2	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30473	Gastrointestinal endoscopy	Type B Band 1	N	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy,duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30478 or 30479 applies. (Anaes.)	184.3			138.25	156.7
30475	Gastrointestinal endoscopy	Type A Surgical and Type B Band 1	N	Endoscopic dilatation of stricture of upper gastrointestinal tract (including the use of imaging intensification where clinically indicated) (Anaes.)	363.1			272.35	308.65
30478	Gastrointestinal endoscopy	Type B Band 1	N	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 procedures are performed using one or more of the following endoscopic procedures: (i) polypectomy; (ii) sclerosing or adrenalin injections; (iii) banding; (iv) endoscopic clips; (v) haemostatic powders; (vi) diathermy; (vii) argon plasma coagulation; and (b) the procedures are for the treatment of one or more of the following: (i) upper gastrointestinal tract bleeding; (ii) polyps; (iii) removal of foreign body; (iv) oesophageal or gastric varices; (v) peptic ulcers; (vi) neoplasia; (vii) benign vascular lesions; (viii) strictures of the gastrointestinal tract; (ix) tumorous overgrowth through or over oesophageal stents; other than a service associated with a service to which item30473 or 30479 applies (Anaes.)	255.55			191.7	217.25
30479	Gastrointestinal endoscopy	Type A Surgical	N	Endoscopy with laser therapy, for the treatment of one or more of the following: (a) neoplasia; (b) benign vascular lesions; (c) strictures of the gastrointestinal tract; (d) tumorous overgrowth through or over oesophageal stents; (e) peptic ulcers; (f) angiodysplasia; (g) gastric antral vascular ectasia; (h) post-polypectomy bleeding; other than a service associated with a service to which item 30473 or 30478 applies (Anaes.)	495.35			371.55	421.05
30481	Digestive system	Type A Surgical	N	PERCUTANEOUS GASTROSTOMY (initial procedure): (a) including any associated imaging services; and (b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	371.45			278.6	315.75
30482	Digestive system	Unlisted	N	PERCUTANEOUS GASTROSTOMY (repeat procedure): (a) including any associated imaging services; and (b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	264.1			198.1	224.5
30483	Digestive system	Unlisted	N	Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device: (a) non-endoscopic insertion of; or (b) non-endoscopic replacement of; on a patient 10 years of age or over, excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	184.25			138.2	156.65
30484	Gastrointestinal endoscopy	Type A Surgical and Type B Non-band specific	N	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (Anaes.)	379.7			284.8	322.75
30485	Gastrointestinal endoscopy	Type A Surgical	N	ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct (Anaes.)	586.15			439.65	498.25
30488	Gastrointestinal endoscopy	Unlisted	N	SMALL BOWEL INTUBATIONas an independent procedure (Anaes.)	93.65			70.25	79.65
30490	Gastrointestinal endoscopy	Type A Surgical	N	OESOPHAGEAL PROSTHESIS, insertion of, including endoscopy and dilatation (Anaes.)	547.7			410.8	465.55
30491	Gastrointestinal endoscopy	Type A Surgical	N	BILE DUCT, ENDOSCOPIC STENTING OF (including endoscopy and dilatation) (Anaes.)	577.85			433.4	491.2
30492	Digestive system	Type A Surgical	N	BILE DUCT, PERCUTANEOUS STENTING OF (including dilatation when performed), using interventional imaging techniques - but not including imaging (Anaes.)	819.2			614.4	
30494	Gastrointestinal endoscopy	Type A Surgical	N	ENDOSCOPIC BILIARY DILATATION (Anaes.)	437.55			328.2	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30495	Digestive system	Type A Surgical	N	PERCUTANEOUS BILIARY DILATATION for biliary stricture, using interventional imaging techniques - but not including imaging (Anaes.)	819.2			614.4	
30515	Digestive system	Type A Surgical	N	Gastroenterostomy (including gastroduodenostomy), enterocolostomy or enteroenterostomy, as an independent procedure or in combination with another procedure, only if required for irresectable obstruction, other than a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	732.9			549.7	
30517	Digestive system	Type A Advanced Surgical	N	Revision of gastroenterostomy, pyloroplasty or gastroduodenostomy (Anaes.) (Assist.)	959.55			719.7	
30518	Digestive system	Type A Advanced Surgical	N	Partial gastrectomy, not being a service associated with a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	1027.5			770.65	
30520	Digestive system	Type A Surgical	N	Gastric tumour, 2 cm or greater in diameter, removal of, by local excision, by laparoscopic or open approach, including any associated anastomosis, excluding polypectomy, other than a service to which item 30518 applies (Anaes.) (Assist.)	884			663	
30521	Digestive system	Type A Advanced Surgical	N	GASTRECTOMY, TOTAL, for benign disease (Anaes.) (Assist.)	1503.4			1127.55	
30526	Digestive system	Type A Advanced Surgical	N	Gastrectomy, total, and removal of lower oesophagus, performed by open or minimally invasive approach, with anastomosis in the mediastinum, including any of the following (if performed):(a) distal pancreatectomy;(b) nodal dissection;(c) splenectomy (Anaes.) (Assist.)	2243.7			1682.8	
30529	Digestive system	Type A Advanced Surgical	N	ANTIREFLUX operation by fundoplasty, with OESOPHAGOPLASTY for stricture or short oesophagus (Anaes.) (Assist.)	1359.85			1019.9	
30530	Digestive system	Type A Surgical	N	ANTIREFLUX operation by cardiopexy, with or without fundoplasty (Anaes.) (Assist.)	816			612	
30532	Digestive system	Type A Advanced Surgical	N	Oesophagogastric myotomy (Heller’s operation) by endoscopic, abdominal or thoracic approach, whether performed by open or minimally invasive approach, including fundoplication when performed laparoscopically (Anaes.) (Assist.)	936.9			702.7	
30533	Digestive system	Type A Advanced Surgical	N	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (Anaes.) (Assist.)	1114.4			835.8	
30559	Digestive system	Type A Surgical	N	OESOPHAGUS, local excision for tumour of (Anaes.) (Assist.)	884			663	796.1
30560	Digestive system	Type A Advanced Surgical	N	Oesophageal perforation, repair of, by abdominal or thoracic approach, including thoracic drainage (Anaes.) (Assist.)	982.05			736.55	
30562	Digestive system	Type A Surgical	N	Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient 10 years of age or over (Anaes.) (Assist.)	619.05			464.3	
30563	Digestive system	Type A Surgical	N	COLOSTOMY OR ILEOSTOMY, refashioning of, on a person 10 years of age or over (Anaes.) (Assist.)	619.05			464.3	531.15
30565	Digestive system	Type A Advanced Surgical	N	SMALL INTESTINE, resection of, without anastomosis (including formation of stoma) (Anaes.) (Assist.)	906.65			680	
30574	Hernia and appendix	Unlisted	N	NOTE: Multiple Operation and Multiple Anaesthetic rules apply to this item Appendicectomy, when performed in conjunction with another intra-abdominal procedure and during which a specimen is collected and sent for pathological testing (Anaes.)	64.1			48.1	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30577	Digestive system	Type A Advanced Surgical	N	Initial pancreatic necrosectomy by open, laparoscopic or endoscopic approach, excluding aftercare (Anaes.) (Assist.)	1133.3			850	
30583	Digestive system	Type A Advanced Surgical	N	Distal pancreatectomy with splenic preservation, by open or minimally invasive approach (Anaes.) (Assist.)	1617.35			1213.05	
30584	Digestive system	Type A Advanced Surgical	N	Pancreatico duodenectomy (Whipple's procedure), with or without preservation of pylorus, including any of the following (if performed):(a) cholecystectomy;(b) pancreatico-biliary anastomosis;(c) gastro-jejunal anastomosis (Anaes.) (Assist.)	3121.55			2341.2	
30589	Digestive system	Type A Advanced Surgical	N	PANCREATICO-JEJUNOSTOMY for pancreatitis or trauma (Anaes.) (Assist.)	1301.75			976.35	
30590	Digestive system	Type A Advanced Surgical	N	PANCREATICO-JEJUNOSTOMY following previous pancreatic surgery (Anaes.) (Assist.)	1435.35			1076.55	
30593	Digestive system	Type A Advanced Surgical	N	PANCREATECTOMY, near total or total (including duodenum), with or without splenectomy (Anaes.) (Assist.)	1964.2			1473.15	1876.3
30594	Digestive system	Type A Advanced Surgical	N	PANCREATECTOMY for pancreatitis following previously attempted drainage procedure or partial resection (Anaes.) (Assist.)	2266.5			1699.9	
30596	Digestive system	Type A Advanced Surgical	N	SPLENORRHAPHY OR PARTIAL SPLENECTOMY (Anaes.) (Assist.)	933.65			700.25	
30599	Digestive system	Type A Advanced Surgical	N	SPLENECTOMY, for massive spleen (weighing more than 1500 grams) or involving thoraco-abdominal incision (Anaes.) (Assist.)	1359.85			1019.9	
30600	Digestive system	Type A Surgical	N	Emergency repair of diaphragmatic laceration or hernia, following recent trauma, by any approach, including when performed in conjunction with another procedure indicated as a result of abdominal or chest trauma (Anaes.) (Assist.)	808.6			606.45	
30601	Digestive system	Type A Advanced Surgical	N	Diaphragmatic hernia, congenital, or delayed presentation of traumatic rupture, repair of, by thoracic or abdominal approach, on a patient 10 years of age or over,other thana service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	996.1			747.1	
30606	Digestive system	Type A Advanced Surgical	N	PORTAL HYPERTENSION, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (Anaes.) (Assist.)	1155.8			866.85	
30608	Digestive system	Type A Advanced Surgical	N	Small intestine, resection of, with anastomosis, on a patient under 10 years of age (Anaes.) (Assist.)	1309.25			981.95	
30611	Common list	Type A Surgical	N	Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, on a patient under 10 years of age, if the specimen excised is sent for histological confirmation of diagnosis, other than a service to which another item in this Group applies (Anaes.) (Assist.)	586.2			439.65	498.3
30615	Hernia and appendix	Type A Surgical	N	Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection, on a patient 10 years of age or over (Anaes.) (Assist.)	542.4			406.8	
30618	Ear, nose and throat	Type A Surgical	N	Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient under 10 years of age (Anaes.) (Assist.)	543.4			407.55	461.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30619	Digestive system	Type A Surgical	N	Laparoscopic splenectomy, on a patient under 10 years of age (Anaes.) (Assist.)	974.2			730.65	
30621	Digestive system	Type A Surgical	N	Repair of symptomatic umbilical, epigastric or linea alba hernia requiring mesh or other repair, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30651 or 30655 applies (Anaes.) (Assist.)	424			318	
30622	Digestive system	Type A Surgical	N	Caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, reduction of intussusception, removal of Meckel's diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty or drainage of pancreas, on a patient under 10 years of age (Anaes.) (Assist.)	705.15			528.9	
30623	Digestive system	Type A Surgical	N	Laparotomy involving division of peritoneal adhesions (if no other intra-abdominal procedure is performed), on a patient under 10 years of age (Anaes.) (Assist.)	705.15			528.9	
30626	Digestive system	Type A Surgical	N	Laparotomy involving division of adhesions in association with another intra-abdominal procedure if the time taken to divide the adhesions is between 45 minutes and 2 hours, on a patient under 10 years of age (Anaes.) (Assist.)	708.4			531.3	
30627	Digestive system	Type B Non-band specific	N	Laparoscopy, diagnostic, if no other intra-abdominal procedure is performed, on a patient under 10 years of age (H) (Anaes.)	297.55			223.2	
30628	Male reproductive system	Type C	N	HYDROCELE, tapping of	37.05			27.8	31.5
30629	Male reproductive system	Type A Surgical	N	Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, without insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643 or 30644 applies (Anaes.) (Assist.)	542.4			406.8	
30630	Male reproductive system	Type B Non-band specific	N	Insertion of testicular prosthesis,at least 6 months following orchidectomy (Anaes.) (Assist.)	492.95			369.75	
30631	Male reproductive system	Unlisted	N	Hydrocele, removal of, other than a service associated with a service to which item 30641, 30642 or 30644 applies (Anaes.)	246.25			184.7	209.35
30635	Male reproductive system	Type A Surgical	N	Varicocele, surgical correction of, including microsurgical techniques, other than a service associated with a service to which item 30390, 30627, 30641, 30642 or 30644 applies—one procedure (Anaes.) (Assist.)	303.6			227.7	
30636	Digestive system	Unlisted	N	Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device, non-endoscopic insertion of, or non-endoscopic replacement of, on a patient under 10 years of age (Anaes.)	242.6			181.95	206.25
30637	Digestive system	Type A Surgical	N	Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient under 10 years of age (Anaes.) (Assist.)	804.9			603.7	
30639	Digestive system	Type A Surgical	N	Colostomy or ileostomy, refashioning of, on a patient under 10 years of age (Anaes.) (Assist.)	804.9			603.7	717
30640	Hernia and appendix	Type A Advanced Surgical	N	Repair of large and irreducible scrotal hernia, if surgery exceeds 2 hours, in a patient 10 years of age or over, other than a service to which item30615, 30621, 30648, 30651 or 30655 applies (Anaes.) (Assist.)	952.05			714.05	
30641	Male reproductive system	Type A Surgical	N	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (H) (Anaes.) (Assist.)	424			318	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30642	Male reproductive system	Type A Surgical	N	Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, with insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643, 30644 or 45051 applies (Anaes.) (Assist.)	788.9			591.7	
30643	Male reproductive system	Type A Surgical	N	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient under 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (Anaes.) (Assist.)	705.15			528.9	
30644	Male reproductive system	Type A Surgical	N	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient at least 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (Anaes.) (Assist.)	542.4			406.8	
30645	Hernia and appendix	Type A Surgical	N	Appendicectomy, on a patient under 10 years of age, other than a service to which item 30574 applies (Anaes.) (Assist.)	602.4			451.8	
30646	Hernia and appendix	Type A Surgical	N	Laparoscopic appendicectomy, on a patient under 10 years of age (Anaes.) (Assist.)	602.4			451.8	
30648	Hernia and appendix	Type A Surgical	N	Femoral or inguinal hernia or infantile hydrocele, repair of, by open or minimally invasive approach, on a patient 10 years of age or over,otherthan a service to which item30615 or 30651 applies (Anaes.) (Assist.)	483.35			362.55	
30649	Male reproductive system	Unlisted	N	Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient under 10 years of age (Anaes.)	195.25			146.45	166
30651	Common list	Type A Surgical	N	Ventral hernia repair involving primary fascial closure by suture, with or without onlay mesh or insertion of intraperitoneal onlay mesh repair, without closure of the defect or advancement of the rectus muscle toward the midline, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30621, 30655 or 30657 applies (Anaes.) (Assist.)	542.4			406.8	
30652	Common list	Type A Surgical	N	Recurrent groin hernia regardless of size of defect, repair of, with or without mesh, by open or minimally invasive approach, in a patient 10 years of age or over (Anaes.) (Assist.)	542.4			406.8	
30654	Male reproductive system	Type C	N	Circumcision of the penis, with topical or local analgesia, other than a service to which item 30658 applies	48.4			36.3	41.15
30655	Digestive system	Type A Advanced Surgical	N	Ventral hernia, repair of,with advancement of the rectus muscles to the midline using a retro-rectus, pre-peritoneal or sublay technique,by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30621 or 30651 applies (Anaes.) (Assist.)	952.05			714.05	
30657	Digestive system	Type A Advanced Surgical	N	Unilateral abdominal wall reconstruction with component separation, including transversus abdominus release and external oblique release for abdominal wall closure by mobilising the rectus abdominis muscles to the midline, by open or minimally invasive approach (Anaes.) (Assist.)	1355.65			1016.75	
30658	Male reproductive system	Type B Non-band specific	N	Circumcision of the penis, when performed under general or regional anaesthesia and in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.)	147.7			110.8	125.55
30663	Male reproductive system	Unlisted	N	Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient 10 years of age or over (Anaes.)	150.2			112.65	127.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30666	Male reproductive system	Unlisted	N	PARAPHIMOSIS or PHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not being a service associated with a service to which another item in this Group applies (Anaes.)	49.35			37.05	41.95
30672	Back, neck and spine	Type A Surgical	N	COCCYX, excision of (Anaes.) (Assist.)	463.5			347.65	
30676	Skin	Type A Surgical	N	Pilonidal sinus or cyst, or sacral sinus or cyst, definitive excision of (Anaes.)	394.4			295.8	335.25
30679	Skin	Type B Band 1	N	PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia (Anaes.)	100.2			75.15	85.2
30680	Gastrointestinal endoscopy	Type A Advanced Surgical	N	Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, WITHOUT intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup(with the exception of item 30682 or 30686) The patient to whom the service is provided must: (i)have recurrent or persistent bleeding; and (ii)be anaemic or have active bleeding; and (iii)have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding. (Anaes.)	1217.4			913.05	1129.5
30682	Gastrointestinal endoscopy	Type A Advanced Surgical	N	Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, WITHOUT intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup (with the exception of item 30680 or 30684) The patient to whom the service is provided must: (i)have recurrent or persistent bleeding; and (ii)be anaemic or have active bleeding; and (iii)have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause ofthe bleeding. (Anaes.)	1217.4			913.05	1129.5
30684	Gastrointestinal endoscopy	Type A Advanced Surgical	N	Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, WITH 1 or more of the following procedures (snare polypectomy, removal of foreign body, diathermy, heater probe, laser coagulation or argon plasma coagulation), for diagnosis and management of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup (with the exception of item 30682 or 30686) The patient to whom the service is provided must: (i)have recurrent or persistent bleeding; and (ii)be anaemic or have active bleeding; and (iii)have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding. (Anaes.)	1498.2			1123.65	1410.3
30686	Gastrointestinal endoscopy	Type A Advanced Surgical	N	Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, WITH 1 or more of the following procedures (snare polypectomy, removal of foreign body, diathermy, heater probe, laser coagulation or argon plasma coagulation), for diagnosis and management of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup (with the exception of item 30680 or 30684) The patient to whom the service is provided must: (i)have recurrent or persistent bleeding; and (ii)be anaemic or have active bleeding; and (iii)have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding. (Anaes.)	1498.2			1123.65	1410.3
30687	Gastrointestinal endoscopy	Type B Non-band specific	N	ENDOSCOPY with RADIOFREQUENCY ABLATION of mucosal metaplasia for the treatment of Barrett's Oesophagus in a single course of treatment, following diagnosis of high grade dysplasia confirmed by histological examination (Anaes.)	495.35			371.55	421.05
30688	Gastrointestinal endoscopy	Type A Surgical	N	Endoscopicultrasound(endoscopy with ultrasound imaging), with or without biopsy, for the staging of 1 or more of oesophageal, gastric or pancreatic cancer, not in association with another item in this Subgroup (other thanitem30484, 30485, 30491 or 30494) andother thana service associated with the routine monitoring of chronic pancreatitis. (Anaes.)	379.7			284.8	322.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30690	Gastrointestinal endoscopy	Type A Surgical	N	Endoscopic ultrasound(endoscopy with ultrasound imaging), with or without biopsy,with fine needle aspiration, including aspiration of the locoregional lymph nodes if performed, for the staging of 1 or more of oesophageal, gastric or pancreatic cancer, not in association with another item in this Subgroup (other than item30484, 30485, 30491 or 30494)and other thana service associated with the routine monitoring of chronic pancreatitis. (Anaes.)	586.15			439.65	498.25
30692	Gastrointestinal endoscopy	Type A Surgical	N	Endoscopic ultrasound(endoscopy with ultrasound imaging), with or without biopsy, for the diagnosis of 1 or more of pancreatic, biliary or gastric submucosal tumours, not in association with another item in this Subgroup (other than item30484, 30485, 30491 or 30494)and other thana service associated with the routine monitoring of chronic pancreatitis. (Anaes.)	379.7			284.8	322.75
30694	Gastrointestinal endoscopy	Type A Surgical	N	Endoscopic ultrasound(endoscopy with ultrasound imaging), with or without biopsy,with fine needle aspiration,for the diagnosis of 1 or more of pancreatic, biliary or gastric submucosal tumours,not in association with another item in this Subgroup (other than item30484, 30485, 30491 or 30494)and other thana service associated with the routine monitoring of chronic pancreatitis. (Anaes.)	586.15			439.65	498.25
30720	Hernia and appendix	Type A Surgical	N	Appendicectomy, on a patient 10 years of age or over, whether performed by:(a) laparoscopy or right iliac fossa open incision; or(b) conversion of a laparoscopy to an open right iliac fossa incision;other than a service to which item 30574 applies (Anaes.) (Assist.)	463.5			347.65	
30721	Digestive system	Type A Surgical	N	Laparotomy or laparoscopy, or laparoscopy converted to laparotomy, with or without associated biopsies, including the division of adhesions (if performed, but only if the time taken to divide adhesions is 45 minutes or less), if no other intra-abdominal procedure is performed (Anaes.) (Assist.)	502.85			377.15	
30722	Digestive system	Type A Surgical	N	Laparotomy or laparoscopy, on a patient 10 years of age or over, including any of the following procedures (if performed, and including division of one or more adhesions, but only if the time taken to divide the adhesions is 45 minutes or less): (a) colostomy; (b) colotomy; (c) cholecystostomy; (d) enterostomy; (e) enterotomy; (f) gastrostomy; (g) gastrotomy; (h) caecostomy; (i) gastric fixation by cardiopexy; (j) reduction of intussusception; (k) simple repair of ruptured viscus (including perforated peptic ulcer); (l) reduction of volvulus; (m) drainage of pancreas (Anaes.) (Assist.)	542.4			406.8	
30723	Digestive system	Type A Surgical	N	Laparotomy, laparoscopy or extra-peritoneal approach, for drainage of an intra-abdominal, pancreatic or retroperitoneal collection or abscess (Anaes.) (Assist.)	542.4			406.8	
30724	Digestive system	Type A Surgical	N	Laparotomy or laparoscopy with division of adhesions, lasting more than 45 minutes but less than 2 hours, performed either:(a) as a primary procedure; or(b) when the division of adhesions is performed in conjunction with another primary procedure—to provide access to a surgical field (but excluding mobilisation or normal anatomical dissection of the organ or structure for which the primary procedure is being carried out) (Anaes.) (Assist.)	544.95			408.75	
30725	Digestive system	Type A Advanced Surgical	N	Laparotomy or laparoscopy for intestinal obstruction or division of extensive, complex adhesions, lasting 2 hours or more, performed either:a) as a primary procedure; orb) when the division of adhesions is performed in conjunction with another procedure—to provide access to a surgical field, but excluding mobilisation or normal anatomical dissection of the organ or structure for which the other procedure is being carried out (Anaes.) (Assist.)	965.75			724.35	
30730	Digestive system	Type A Advanced Surgical	N	Small intestine, resection of, including either of the following:(a) a small bowel diverticulum (such as Meckel's procedure) with anastomosis;(b) stricturoplasty (Anaes.) (Assist.)	1007.1			755.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30731	Gastrointestinal endoscopy	Type A Surgical	N	Intraoperative enterotomy for visualisation of the small intestine by endoscopy, including endoscopic examination using a flexible endoscope, with or without biopsies (Anaes.) (Assist.)	755.45			566.6	
30732	Common list	Type A Advanced Surgical	N	Peritonectomy, lasting more than 5 hours, including hyperthermic intra-peritoneal chemotherapy (Anaes.) (Assist.)	4136.1			3102.1	
30750	Digestive system	Type A Advanced Surgical	N	Oesophagectomy with colon or jejunal interposition graft, by any approach, including:(a) any gastrointestinal anastomoses (except vascular anastomoses); and(b) anastomoses in the chest or neck (if appropriate)One surgeon (Anaes.) (Assist.)	2145.8			1609.35	
30751	Digestive system	Type A Advanced Surgical	N	Oesophagectomy with colon or jejunal interposition graft, by any approach, including:(a) any gastrointestinal anastomoses (except vascular anastomoses); and(b) anastomoses in the chest or neck (if appropriate)Conjoint surgery, principal surgeon (Anaes.) (Assist.)	2145.8			1609.35	
30752	Digestive system	Type A Advanced Surgical	N	Oesophagectomy with colon or jejunal interposition graft, by any approach, including:(a) any gastrointestinal anastomoses (except vascular anastomoses); and(b) anastomoses in the chest or neck (if appropriate)Conjoint surgery, co-surgeon (Anaes.) (Assist.)	1609.35			1207.05	
30753	Digestive system	Type A Advanced Surgical	N	Oesophagectomy, by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestOne surgeon (Anaes.) (Assist.)	1790.65			1343	
30754	Digestive system	Type A Advanced Surgical	N	Oesophagectomy, by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestConjoint surgery, principal surgeon (Anaes.) (Assist.)	1790.65			1343	
30755	Digestive system	Type A Advanced Surgical	N	Oesophagectomy by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestConjoint surgery, co-surgeon (Anaes.) (Assist.)	1343			1007.25	
30756	Digestive system	Type A Advanced Surgical	N	Antireflux operation by fundoplasty, with or without cardiopexy, by any approach, with or without closure of the diaphragmatic hiatus, other than a service to which item 30601 applies (Anaes.) (Assist.)	906.65			680	
30760	Digestive system	Type A Surgical	N	Vagotomy, with or without gastroenterostomy, pyloroplasty or other drainage procedure (Anaes.) (Assist.)	611.95			459	
30761	Digestive system	Type A Surgical	N	Bleeding peptic ulcer, control of, by laparoscopy or laparotomy, involving suture of bleeding point or wedge excision (with or without gastric resection), including either of the following (if performed):(a) vagotomy and pyloroplasty;(b) gastroenterostomy (Anaes.) (Assist.)	789.45			592.1	
30762	Digestive system	Type A Advanced Surgical	N	Gastrectomy, subtotal or total radical, for carcinoma, by open or minimally invasive approach, including all necessary anastomoses, including either or both of the following (if performed):(a) extended lymph node dissection;(b) splenectomy (Anaes.) (Assist.)	1730.05			1297.55	
30763	Digestive system	Type A Surgical	N	Gastric tumour, 2cm or greater in diameter, removal of, by local excision, by endoscopic approach, including any required anastomosis, excluding polypectomy, other than a service to which item 30518 applies (Anaes.) (Assist.)	702.7			527.05	
30770	Digestive system	Type A Surgical	N	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes.) (Assist.)	870.25			652.7	
30771	Digestive system	Type A Advanced Surgical	N	Portal hypertension, porto-caval, meso-caval or selective spleno-renal shunt for (Anaes.) (Assist.)	1755.2			1316.4	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
30780	Digestive system	Type A Advanced Surgical	N	Intrahepatic biliary bypass of left or right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)	1461.85			1096.4	
30790	Digestive system	Type A Surgical	N	Pancreatic cyst anastomosis to stomach, duodenum or small intestine, by endoscopic, open or minimally invasive approach, with or without the use of endoscopic or intraoperative ultrasound (Anaes.) (Assist.)	729.7			547.3	
30791	Digestive system	Type A Surgical	N	Pancreatic necrosectomy, by open, laparoscopic or endoscopic approach, excluding aftercare, subsequent procedure (Anaes.) (Assist.)	453.35			340.05	
30792	Digestive system	Type A Advanced Surgical	N	Distal pancreatectomy with splenectomy, by open or minimally invasive approach (Anaes.) (Assist.)	1242.65			932	
30800	Digestive system	Type A Surgical	N	Splenectomy, by open or minimally invasive approach, other than a service to which item 30792 applies (Anaes.) (Assist.)	749.4			562.05	
30810	Digestive system	Type A Advanced Surgical	N	Exploration of pancreas or duodenum for endocrine tumour, including associated imaging, either: (a) followed by local excision of tumour; or (b) when, after extensive exploration, no tumour is found (Anaes.) (Assist.)	1193.7			895.3	
30820	Ear, nose and throat	Type B Non-band specific	N	Lymph node of neck, biopsy of, by open procedure, if the specimen excised is sent for pathological examination (Anaes.)	191.35			143.55	162.65
31000	Skin	Type A Surgical	N	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections (Anaes.)	604.45			453.35	516.55
31001	Skin	Type A Surgical	N	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive) (Anaes.)	755.45			566.6	667.55
31002	Skin	Type A Advanced Surgical	N	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections (Anaes.)	906.65			680	818.75
31003	Skin	Type A Surgical	N	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections Not applicable to a service performed in association with a service to which item31000 applies (Anaes.)	604.45			453.35	516.55
31004	Skin	Type A Surgical	N	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive) Not applicable to a service performed in association with a service to which item31001 applies (Anaes.)	755.45			566.6	667.55
31005	Skin	Type A Surgical	N	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections Not applicable to a service performed in association with a service to which item31002 applies (Anaes.)	906.65			680	818.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
31206	Skin	Type C	N	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is not more than 10 mm in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	99.35			74.55	84.45
31211	Skin	Type C	N	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is more than 10 mm, but not more than 20 mm, in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	128.1			96.1	108.9
31216	Skin	Type C	N	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is more than 20 mm in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	149.4			112.05	127
31220	Skin	Type C	N	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions and suture, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous or subcutaneous tissue by surgical excision (other than by shave excision); and (c) all of the specimens excised are sent for histological examination (Anaes.)	223.25			167.45	189.8
31221	Skin	Type C	N	Tumours, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) each site of excision is closed by suture; and (d) all of the specimens excised are sent for histological examination (Anaes.)	223.25			167.45	189.8
31225	Skin	Type A Surgical and Type B Non-band specific	N	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of more than 10 lesions, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous or subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and (c) each site of excision is closed by suture; and (d) all of the specimens excised are sent for histological examination (Anaes.)	396.75			297.6	337.25
31245	Skin	Type A Surgical	N	SKIN AND SUBCUTANEOUS TISSUE, extensive excision of, in the treatment of SUPPURATIVE HIDRADENITIS (excision from axilla, groin or natal cleft) or SYCOSIS BARBAE or NUCHAE (excision from face or neck) (Anaes.)	383.9			287.95	326.35
31250	Skin	Type A Surgical	N	GIANT HAIRY or COMPOUND NAEVUS, excision of an area at least 1 percent of body surface where the specimen excised is sent for histological confirmation of diagnosis (Anaes.)	383.9			287.95	326.35
31340	Skin	Type A Surgical and Type B Non-band specific	N	Muscle, bone or cartilage, excision of one or more of, if clinically indicated, and if: (a) the specimen excised is sent for histological confirmation; and (b)a malignant tumour of skin covered by item 31000, 31001, 31002, 31003, 31004, 31005, 31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369, 31371,31372, 31373, 31374, 31375 or 31376 is excised (Anaes.)		75% of the fee for excision of malignant tumour			
31345	Skin	Type B Non-band specific	N	LIPOMA, removal of by surgical excision or liposuction, where lesion is subcutaneous and 50mm or more in diameter, or is sub-fascial, where the specimen is sent for histological confirmation of diagnosis (Anaes.)	219.5			164.65	186.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
31346	Diabetes management (excluding insulin pumps)	Type B Non-band specific	N	Liposuction (suction assisted lipolysis) to one regional area for contour problems of abdominal, upper arm or thigh fat because of repeated insulin injections, if: (a) the lesion is subcutaneous; and (b) the lesion is 50 mm or more in diameter; and (c) photographic and/or diagnostic imaging evidence demonstrating the need for this service is documented in the patient notes (Anaes.)	219.5			164.65	186.6
31350	Common list	Type A Surgical and Type B Non-band specific	N	Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, on a patient 10 years of age or over, if the specimen excised is sent for histological confirmation of diagnosis, other than a service to which another item in this Group applies (Anaes.) (Assist.)	450.9			338.2	383.3
31355	Common list	Type A Surgical and Type B Non-band specific	N	MALIGNANT TUMOURof SOFT TISSUE, excluding tumours of skin, cartilage and bone, removal of by surgical excision, where histological proof of malignancy has been obtained, not being a service to which another item in this Group applies (Anaes.) (Assist.)	743.45			557.6	655.55
31356	Skin	Type B Non-band specific	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	230.3			172.75	195.8
31357	Skin	Type C	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	114.1			85.6	97
31358	Skin	Type B Non-band specific	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	281.85			211.4	239.6
31359	Skin	Type B Non-band specific	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision), if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia (the applicable site); and (b) the necessary excision area is at least one third of the surface area of the applicable site; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (H) (Anaes.)	343.55			257.7	
31360	Skin	Type B Non-band specific	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	174.85			131.15	148.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
31361	Skin	Type B Non-band specific	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	194.3			145.75	165.2
31362	Skin	Type C	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	139.35			104.55	118.45
31363	Skin	Type B Non-band specific	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	254.15			190.65	216.05
31364	Skin	Type B Non-band specific	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	174.85			131.15	148.65
31365	Skin	Type C	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372 or 31373), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	164.7			123.55	140
31366	Skin	Type C	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	99.35			74.55	84.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
31367	Skin	Type B Non-band specific	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	222.25			166.7	188.95
31368	Skin	Type C	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and (b) the necessary excision diameter is at least 15 mm but not more than 30mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	130.6			97.95	111.05
31369	Skin	Type B Non-band specific	N	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	255.9			191.95	217.55
31370	Skin	Type C	N	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination (Anaes.)	149.4			112.05	127
31371	Skin	Type B Non-band specific	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	371.45			278.6	315.75
31372	Skin	Type B Non-band specific	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	321.2			240.9	273.05
31373	Skin	Type B Non-band specific	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	371.25			278.45	315.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
31374	Skin	Type B Non-band specific	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	293.3			220	249.35
31375	Skin	Type B Non-band specific	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	315.65			236.75	268.35
31376	Skin	Type B Non-band specific	N	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	365.85			274.4	311
31400	Ear, nose and throat	Type A Surgical	N	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR up to and including 20mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	271.65			203.75	230.95
31403	Ear, nose and throat	Type A Surgical	N	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR more than 20mm and up to and including 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	313.55			235.2	
31406	Ear, nose and throat	Type A Surgical	N	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR more than 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	522.5			391.9	444.15
31409	Ear, nose and throat	Type A Advanced Surgical	N	PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.)	1623.4			1217.55	
31412	Ear, nose and throat	Type A Advanced Surgical	N	RECURRENT OR PERSISTENT PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.)	1999.65			1499.75	
31423	Ear, nose and throat	Type A Surgical	N	Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient 10 years of age or over (Anaes.) (Assist.)	418.05			313.55	355.35
31426	Ear, nose and throat	Type A Surgical	N	LYMPH NODES OF NECK, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck (Anaes.) (Assist.)	836			627	
31429	Ear, nose and throat	Type A Advanced Surgical	N	LYMPH NODES OF NECK, selective dissection of 4 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist.)	1302.85			977.15	
31432	Ear, nose and throat	Type A Advanced Surgical	N	LYMPH NODES OF NECK, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections) (Anaes.) (Assist.)	1393.45			1045.1	
31435	Ear, nose and throat	Type A Advanced Surgical	N	LYMPH NODES OF NECK, comprehensive dissection of all 5 lymph node levels on one side of the neck (Anaes.) (Assist.)	1024.2			768.15	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
31438	Ear, nose and throat	Type A Advanced Surgical	N	LYMPH NODES OF NECK, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist.)	1623.4			1217.55	
31454	Digestive system	Type A Surgical	N	Laparoscopy or laparotomy with drainage of bile, as an independent procedure (H) (Anaes.) (Assist.)	586.15			439.65	
31456	Digestive system	Type B Non-band specific	N	GASTROSCOPY and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition (Anaes.)	255.55			191.7	
31458	Digestive system	Type B Non-band specific	N	GASTROSCOPY and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition, and where the use of imaging intensification is clinically indicated (Anaes.)	306.6			229.95	
31460	Digestive system	Type A Surgical	N	PERCUTANEOUS GASTROSTOMY TUBE, jejunal extension to, including any associated imaging services (Anaes.) (Assist.)	371.45			278.6	
31462	Digestive system	Type A Surgical	N	OPERATIVE FEEDING JEJUNOSTOMY performed in conjunction with major upper gastro-intestinal resection (Anaes.) (Assist.)	542.4			406.8	
31466	Digestive system	Type A Advanced Surgical	N	ANTIREFLUX OPERATION BY FUNDOPLASTY, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (Anaes.) (Assist.)	1359.9			1019.95	
31468	Digestive system	Type A Advanced Surgical	N	Para-oesophageal hiatus hernia, repair of, with complete reduction of hernia, resection of sac and repair of hiatus, with or without fundoplication, other than a service associated with a service to which item 30756 or 31466 applies (Anaes.) (Assist.)	1494.05			1120.55	
31472	Digestive system	Type A Advanced Surgical	N	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y loop to provide biliary drainage or bypass, other than a service associated with a service to which item 30584 applies (Anaes.) (Assist.)	1399.8			1049.85	
31500	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, BENIGN LESION up to and including 50mm in diameter, including simple cyst, fibroadenoma or fibrocystic disease, open surgical biopsy or excision of, with or without frozen section histology (Anaes.)	270.55			202.95	230
31503	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, BENIGN LESION more than 50mm in diameter, excision of (Anaes.) (Assist.)	360.8			270.6	306.7
31506	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, ABNORMALITY detected by mammography or ultrasound where guidewire or other localisation procedure is performed, excision biopsy of (Anaes.) (Assist.)	405.9			304.45	
31509	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, MALIGNANT TUMOUR, open surgical biopsy of, with or without frozen section histology (Anaes.)	360.8			270.6	306.7
31512	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology (Anaes.) (Assist.)	676.5			507.4	
31515	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, TUMOUR SITE, re-excision of following open biopsy or incomplete excision of malignant tumour (Anaes.) (Assist.)	453.85			340.4	
31516	Breast surgery (medically necessary)	Type A Advanced Surgical	N	BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology when targeted intraoperative radiation therapy(using an Intrabeam® or Xoft® Axxent® device) is performed concurrently, if the patient satisfies the requirements mentioned in paragraphs(a) to (g) of item15900 Applicable only once per breast per lifetime (H) (Anaes.) (Assist.)	902.1			676.6	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
31519	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, total mastectomy (H) (Anaes.) (Assist.)	765.9			574.45	
31524	Breast surgery (medically necessary)	Type A Advanced Surgical	N	BREAST, subcutaneous mastectomy (H) (Anaes.) (Assist.)	1082.4			811.8	
31525	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, mastectomy for gynecomastia, with or without liposuction (suction assisted lipolysis), not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)	541.05			405.8	
31530	Breast surgery (medically necessary)	Type B Non-band specific	N	Breast, biopsy of solid tumour or tissue of, using a vacuum-assisted breast biopsy device under imaging guidance, for histological examination, if imaging has demonstrated:(a) microcalcification of lesion; or(b) impalpable lesion less than one cm in diameter;including pre-operative localisation of lesion, if performed, other than a service associated with a service to which item 31548 applies	619.85			464.9	531.95
31533	Breast surgery (medically necessary)	Unlisted	N	FINE NEEDLE ASPIRATION of an impalpable breast lesion detected by mammography or ultrasound, imaging guided - but not including imaging (Anaes.)	143.5			107.65	122
31536	Breast surgery (medically necessary)	Unlisted	N	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques, but not including imaging (Anaes.) (Anaes.)	197.1			147.85	167.55
31548	Breast surgery (medically necessary)	Unlisted	N	Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination, other than a service associated with a service to which item 31530 applies (Anaes.) (Anaes.)	208.1			156.1	176.9
31551	Breast surgery (medically necessary)	Type B Non-band specific	N	BREAST, HAEMATOMA, SEROMA OR INFLAMMATORY CONDITION including abscess, granulomatous mastitis or similar, exploration and drainage of when undertaken in the operating theatre of a hospital, excluding aftercare (Anaes.)	225.5			169.15	
31554	Breast surgery (medically necessary)	Type A Surgical	N	BREAST, microdochotomy of, for benign or malignant condition (Anaes.) (Assist.)	451.05			338.3	
31557	Breast surgery (medically necessary)	Type B Non-band specific	N	BREAST CENTRAL DUCTS, excision of, for benign condition (Anaes.) (Assist.)	360.8			270.6	306.7
31560	Breast surgery (medically necessary)	Type B Non-band specific	N	ACCESSORY BREAST TISSUE, excision of (Anaes.) (Assist.)	360.8			270.6	306.7
31563	Breast surgery (medically necessary)	Type B Non-band specific	N	INVERTED NIPPLE, surgical eversion of (Anaes.)	270.25			202.7	229.75
31566	Breast surgery (medically necessary)	Type B Non-band specific	N	ACCESSORY NIPPLE, excision of (Anaes.)	135.25			101.45	115
31569	Weight loss surgery	Type A Surgical	N	Adjustable gastric band, placement of, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	884			663	
31572	Weight loss surgery	Type A Advanced Surgical	N	Gastric bypass by Roux-en-Y including associated anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity not being associated with a service to which item 30515 applies (Anaes.) (Assist.)	1087.8			815.85	
31575	Weight loss surgery	Type A Surgical	N	Sleeve gastrectomy, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	884			663	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
31578	Weight loss surgery	Type A Surgical	N	Gastroplasty (excluding by gastric plication), with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	884			663	
31581	Weight loss surgery	Type A Advanced Surgical	N	Gastric bypass by biliopancreatic diversion with or without duodenal switch including gastric resection and anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	1087.8			815.85	
31584	Weight loss surgery	Type A Advanced Surgical	N	Surgical reversal of previous bariatric procedure, including revision or conversion, if:a) the previous procedure involved any of the following:(i) placement of adjustable gastric banding;(ii) gastric bypass;(iii) sleeve gastrectomy;(iv) gastroplasty (excluding gastric plication);(v) biliopancreatic diversion; and(b) any of items 31569 to 31581 applied to the previous procedureother than a service associated with a service to which item 31585 applies (Anaes.) (Assist.)	1601.5			1201.15	
31585	Weight loss surgery	Type A Surgical	N	Removal of adjustable gastric band (Anaes.) (Assist.)	865.85			649.4	
31587	Weight loss surgery	Type C	N	Adjustment of gastric band as an independent procedure including any associated consultation	101.9			76.45	86.65
31590	Weight loss surgery	Type B Non-band specific	N	Adjustment of gastric band reservoir, repair, revision or replacement of (Anaes.) (Assist.)	261.95			196.5	222.7
32000	Digestive system	Type A Advanced Surgical	N	LARGE INTESTINE, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (Anaes.) (Assist.)	1073.1			804.85	
32003	Digestive system	Type A Advanced Surgical	N	LARGE INTESTINE, resection of, with anastomosis, including right hemicolectomy (Anaes.) (Assist.)	1122.5			841.9	
32004	Digestive system	Type A Advanced Surgical	N	LARGE INTESTINE, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005 or 32006 applies (Anaes.) (Assist.)	1197			897.75	
32005	Digestive system	Type A Advanced Surgical	N	LARGE INTESTINE, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004 or 32006 applies (Anaes.) (Assist.)	1352.2			1014.15	
32006	Digestive system	Type A Advanced Surgical	N	LEFT HEMICOLECTOMY, including the descending and sigmoid colon (including formation of stoma) (Anaes.) (Assist.)	1197			897.75	
32009	Digestive system	Type A Advanced Surgical	N	TOTAL COLECTOMY AND ILEOSTOMY (Anaes.) (Assist.)	1419.9			1064.95	
32012	Digestive system	Type A Advanced Surgical	N	TOTAL COLECTOMY AND ILEORECTAL ANASTOMOSIS (Anaes.) (Assist.)	1568.45			1176.35	
32015	Digestive system	Type A Advanced Surgical	N	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY1 surgeon (Anaes.) (Assist.)	1927.6			1445.7	
32018	Digestive system	Type A Advanced Surgical	N	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including aftercare) (Anaes.) (Assist.)	1634.55			1225.95	
32021	Digestive system	Type A Surgical	N	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION (Assist.)	586.15			439.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32023	Gastrointestinal endoscopy	Type A Surgical	N	Endoscopic insertion of stent or stents for large bowel obstruction, stricture or stenosis, including colonoscopy and any image intensification, where the obstruction is due to: a) a pre-diagnosed colorectal cancer, or cancer of an organ adjacent to the bowel; or b) an unknown diagnosis (Anaes.)	577.85			433.4	
32024	Digestive system	Type A Advanced Surgical	N	RECTUM, HIGH RESTORATIVE ANTERIOR RESECTION WITH INTRAPERITONEAL ANASTOMOSIS (of the rectum) greater than 10 centimetres from the anal vergeexcluding resection of sigmoid colon alone not being a service associated with a service to which item 32103, 32104 or 32106 applies (Anaes.) (Assist.)	1419.9			1064.95	
32025	Digestive system	Type A Advanced Surgical	N	RECTUM, LOW RESTORATIVE ANTERIOR RESECTION WITH EXTRAPERITONEAL ANASTOMOSIS (of the rectum) less than 10 centimetres from the anal verge, with or without covering stoma not being a service associated with a service to which item 32103, 32104 or 32106 applies (Anaes.) (Assist.)	1899.25			1424.45	
32026	Digestive system	Type A Advanced Surgical	N	RECTUM, ULTRA LOW RESTORATIVE RESECTION, with or without covering stoma, where the anastomosis is sited in the anorectal region and is 6cm or less from the anal verge (Anaes.) (Assist.)	2045.3			1534	
32028	Digestive system	Type A Advanced Surgical	N	RECTUM, LOW OR ULTRA LOW RESTORATIVE RESECTION, with peranal sutured coloanal anastomosis, with or without covering stoma (Anaes.) (Assist.)	2191.55			1643.7	
32029	Digestive system	Type A Surgical	N	COLONIC RESERVOIR, construction of, being a service associated with a service to which any other item in this Subgroup applies (Anaes.) (Assist.)	438.25			328.7	
32030	Digestive system	Type A Advanced Surgical	N	RECTOSIGMOIDECTOMY(Hartmann's operation) (Anaes.) (Assist.)	1073.1			804.85	
32033	Digestive system	Type A Advanced Surgical	N	RESTORATION OF BOWEL following Hartmann's or similar operation, including dismantling of the stoma (Anaes.) (Assist.)	1568.45			1176.35	
32036	Bone, joint and muscle	Type A Advanced Surgical	N	SACROCOCCYGEAL AND PRESACRAL TUMOURexcision of (Anaes.) (Assist.)	1989.3			1492	
32039	Digestive system	Type A Advanced Surgical	N	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF1 surgeon (Anaes.) (Assist.)	1597.25			1197.95	
32042	Digestive system	Type A Advanced Surgical	N	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATIONabdominal resection (Anaes.) (Assist.)	1345.55			1009.2	
32045	Digestive system	Type A Surgical	N	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATIONperineal resection (Assist.)	503.6			377.7	
32046	Digestive system	Type A Surgical	N	RECTUM and ANUS, abdomino-perineal resection of, combined synchronous operation - perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon (Assist.)	778.2			583.65	
32047	Digestive system	Type A Advanced Surgical	N	PERINEAL PROCTECTOMY (Anaes.) (Assist.)	906.65			680	
32051	Digestive system	Type A Advanced Surgical	N	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy1 surgeon (Anaes.) (Assist.)	2410.45			1807.85	
32054	Digestive system	Type A Advanced Surgical	N	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomyconjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.)	2212.35			1659.3	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32057	Digestive system	Type A Surgical	N	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoirconjoint surgery, perineal surgeon (Assist.)	586.15			439.65	
32060	Digestive system	Type A Advanced Surgical	N	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy1 surgeon (Anaes.) (Assist.)	2410.45			1807.85	
32063	Digestive system	Type A Advanced Surgical	N	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomyconjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.)	2212.35			1659.3	
32066	Digestive system	Type A Surgical	N	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomyconjoint surgery, perineal surgeon (Assist.)	586.15			439.65	
32069	Digestive system	Type A Advanced Surgical	N	ILEOSTOMY RESERVOIR, continent type, creation of, including conversion of existing ileostomy where appropriate (Anaes.)	1783.05			1337.3	
32072	Gastrointestinal endoscopy	Type C	N	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy	49.8			37.35	42.35
32075	Gastrointestinal endoscopy	Type B Band 1	N	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not being a service associated with a service to which another item in this Group applies (Anaes.)	78.1			58.6	66.4
32084	Gastrointestinal endoscopy	Type B Band 1	N	Sigmoidoscopy or colonoscopy up to the hepatic flexure, with or without biopsy,other thana service associated with a service to whichany of items 32222 to 32228applies. (Anaes.)	115.9			86.95	98.55
32087	Gastrointestinal endoscopy	Type B Band 1	N	Endoscopic examination of the colon up to the hepatic flexure by sigmoidoscopy or colonoscopy for the removal of one or more polyps, other than a service associated with a service to which any of items 32222 to 32228 applies (Anaes.) (Anaes.)	213			159.75	181.05
32094	Gastrointestinal endoscopy	Type A Surgical and Type B Non-band specific	N	ENDOSCOPIC DILATATION OF COLORECTAL STRICTURES including colonoscopy (Anaes.)	574.2			430.65	
32095	Gastrointestinal endoscopy	Type B Band 1	N	ENDOSCOPIC EXAMINATION of SMALL BOWEL with flexible endoscope passed by stoma, with or without biopsies (Anaes.)	133			99.75	113.05
32096	Digestive system	Type A Surgical	N	RECTAL BIOPSY, full thickness, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital (Anaes.) (Assist.)	267.35			200.55	
32099	Digestive system	Type A Surgical	N	RECTAL TUMOUR of 5 centimetres or less in diameter, per anal submucosal excision of (Anaes.) (Assist.)	346.75			260.1	
32102	Digestive system	Type A Surgical	N	RECTAL TUMOUR of greater than 5 centimetres in diameter, indicated by pathological examination, per anal submucosal excision of (Anaes.) (Assist.)	660.4			495.3	
32103	Digestive system	Type A Surgical	N	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 performed during colonoscopy or by local excision, other than a service associated with a service to which item 32024, 32025, 32104 or 32106 applies (Anaes.) (Assist.)	803.55			602.7	
32104	Digestive system	Type A Advanced Surgical	N	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 performed during colonoscopy or by local excision, other than a service associated with a service to which item 32024, 32025, 32103 or 32106 applies (Anaes.) (Assist.)	1040.2			780.15	
32105	Digestive system	Type A Surgical	N	ANORECTAL CARCINOMAper anal full thickness excision of (Anaes.) (Assist.)	503.6			377.7	428.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32106	Digestive system	Type A Advanced Surgical	N	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 performed during colonoscopy and if removal requires dissection within the peritoneal cavity, other than a service associated with a service to which item 32024, 32025, 32103 or 32104 applies (Anaes.) (Assist.)	1419.9			1064.95	1332
32108	Digestive system	Type A Advanced Surgical	N	RECTAL TUMOUR, transsphincteric excision of (Kraske or similar operation) (Anaes.) (Assist.)	1040.2			780.15	
32111	Digestive system	Type A Surgical	N	RECTAL PROLAPSEDelorme procedure for (Anaes.) (Assist.)	660.4			495.3	
32112	Digestive system	Type A Surgical	N	RECTAL PROLAPSE, perineal recto-sigmoidectomy for (Anaes.) (Assist.)	803.55			602.7	
32114	Digestive system	Unlisted	N	RECTAL STRICTURE, per anal release of (Anaes.)	181.5			136.15	154.3
32115	Digestive system	Type C	N	RECTAL STRICTURE, dilatation of (Anaes.)	132.05			99.05	
32117	Digestive system	Type A Advanced Surgical	N	RECTAL PROLAPSE, abdominal rectopexy of (Anaes.) (Assist.)	1040.2			780.15	
32120	Digestive system	Type A Surgical	N	RECTAL PROLAPSE, perineal repair of (Anaes.) (Assist.)	267.35			200.55	
32123	Digestive system	Type A Surgical	N	ANAL STRICTURE, anoplasty for (Anaes.) (Assist.)	346.75			260.1	294.75
32126	Digestive system	Type A Surgical	N	ANAL INCONTINENCE, Parks' intersphincteric procedure for (Anaes.) (Assist.)	503.6			377.7	
32129	Digestive system	Type A Surgical	N	ANAL SPHINCTER, direct repair of (Anaes.) (Assist.)	660.4			495.3	
32131	Digestive system	Type A Surgical	N	RECTOCELE, transanal repair of rectocele (Anaes.) (Assist.)	555.25			416.45	
32132	Digestive system	Type C	N	HAEMORRHOIDS OR RECTAL PROLAPSEsclerotherapy for (Anaes.)	46.9			35.2	39.9
32135	Digestive system	Type C	N	HAEMORRHOIDS OR RECTAL PROLAPSErubber band ligation of, with or without sclerotherapy, cryotherapy or infra red therapy for (Anaes.)	70.3			52.75	59.8
32138	Digestive system	Type A Surgical	N	HAEMORRHOIDECTOMY including excision of anal skin tags when performed (Anaes.)	382.65			287	325.3
32139	Digestive system	Type A Surgical	N	HAEMORRHOIDECTOMY involving third or fourth degree haemorrhoids, including excision of anal skin tags when performed (Anaes.) (Assist.)	382.65			287	
32142	Digestive system	Type C	N	ANAL SKIN TAGS or ANAL POLYPS, excision of 1 or more of (Anaes.)	70.3			52.75	59.8
32145	Digestive system	Type B Non-band specific	N	ANAL SKIN TAGS or ANAL POLYPS, excision of 1 or more of, undertaken in the operating theatre of a hospital (Anaes.)	140.5			105.4	
32147	Digestive system	Type B Non-band specific	N	PERIANAL THROMBOSIS, incision of (Anaes.)	46.9			35.2	39.9
32150	Digestive system	Type A Surgical and Type B Non-band specific	N	OPERATION FOR FISSUREINANO, including excision or sphincterotomy, but excluding dilatation only (Anaes.) (Assist.)	267.35			200.55	227.25
32153	Digestive system	Type B Non-band specific	N	ANUS, DILATATION OF, under general anaesthesia, with or without disimpaction of faeces, not being a service associated with a service to which another item in this Group applies (Anaes.)	72.9			54.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32156	Digestive system	Type B Non-band specific	N	FISTULA-IN-ANO, SUBCUTANEOUS, excision of (Anaes.)	137.05			102.8	116.5
32159	Digestive system	Type A Surgical	N	ANAL FISTULA, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the lower half of the anal sphincter mechanism (Anaes.) (Assist.)	346.75			260.1	
32162	Digestive system	Type A Surgical	N	ANAL FISTULA, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the upper half of the anal sphincter mechanism (Anaes.) (Assist.)	503.6			377.7	
32165	Digestive system	Type A Surgical	N	ANAL FISTULA, repair of, by mucosal flap advancement (Anaes.) (Assist.)	660.4			495.3	572.5
32166	Digestive system	Unlisted	N	ANAL FISTULA - readjustment of Seton (Anaes.)	214.55			160.95	182.4
32168	Digestive system	Type B Non-band specific	N	FISTULA WOUND, review of, under general or regional anaesthetic, as an independent procedure (Anaes.)	137.05			102.8	
32171	Digestive system	Type B Non-band specific	N	ANORECTAL EXAMINATION, with or without biopsy, under general anaesthetic, not being a service associated with a service to which another item in this Group applies (Anaes.)	92.35			69.3	
32174	Digestive system	Unlisted	N	INTR-AANAL, perianal or ischiorectal abscess, drainage of (excluding aftercare) (Anaes.)	92.35			69.3	78.5
32175	Digestive system	Unlisted	N	INTRA-ANAL, PERIANAL or ISCHIO-RECTAL ABSCESS, draining of, undertaken in the operating theatre of a hospital (excluding aftercare) (Anaes.)	169.25			126.95	
32177	Digestive system	Type B Non-band specific	N	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 to 45 minutes - not being a service associated with a service to which item 35507 or 35508 applies (Anaes.)	181.3			136	
32180	Digestive system	Type A Surgical and Type B Non-band specific	N	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 minutes - not being a service associated with a service to which item 35507 or 35508 applies (Anaes.)	267.35			200.55	
32183	Digestive system	Type A Surgical	N	INTESTINAL SLING PROCEDURE prior to radiotherapy (Anaes.) (Assist.)	584.4			438.3	
32186	Digestive system	Type A Surgical	N	COLONIC LAVAGE, total, intra operative (Anaes.) (Assist.)	584.4			438.3	
32200	Digestive system	Type A Surgical	N	DISTAL MUSCLE, devascularisation of (Anaes.) (Assist.)	307.7			230.8	261.55
32203	Digestive system	Type A Surgical	N	ANAL OR PERINEAL GRACILOPLASTY (Anaes.) (Assist.)	660.75			495.6	
32206	Digestive system	Type A Surgical	N	STIMULATOR AND ELECTRODES, insertion of, following previous graciloplasty (Anaes.) (Assist.)	596.95			447.75	
32209	Digestive system	Type A Advanced Surgical	N	ANAL OR PERINEAL GRACILOPLASTY with insertion of stimulator and electrodes (Anaes.) (Assist.)	959.3			719.5	
32210	Digestive system	Type A Surgical	N	GRACILIS NEOSPHINCTER PACEMAKER, replacement of (Anaes.)	265.8			199.35	225.95
32212	Digestive system	Unlisted	N	ANO-RECTAL APPLICATION OF FORMALIN in the treatment of radiation proctitis, where performed in the operating theatre of a hospital, excluding aftercare (Anaes.)	141.8			106.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32213	Digestive system	Type A Surgical	N	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 an anatomically intact but functionally deficient anal sphincter; and b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months; other than a patient who: c) is medically unfit for surgery; or d) is pregnant or planning pregnancy; or e) has irritable bowel syndrome; or f) has congenital anorectal malformations; or g) has active anal abscesses or fistulas; or h) has anorectal organic bowel disease, including cancer; or i) has functional effects of previous pelvic irradiation; or j) has congenital or acquired malformations of the sacrum; or k) has had rectal or anal surgery within the previous 12 months (Anaes.)	687.75			515.85	
32214	Digestive system	Type A Surgical	N	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 incontinence in a patient who:a) has an anatomically intact but functionally deficient anal sphincter; and b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months; other than a patient who: c) is medically unfit for surgery; or d) is pregnant or planning pregnancy; or e) has irritable bowel syndrome; or f) has congenital anorectal malformations; or g) has active anal abscesses or fistulas; or h) has anorectal organic bowel disease, including cancer; or i) has functional effects of previous pelvic irradiation; or j) has congenital or acquired malformations of the sacrum; or k) has had rectal or anal surgery within the previous 12 months (Anaes.) (Assist.)	347.55			260.7	
32215	Digestive system	Type B Band 1	N	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 who: a) is medically unfit for surgery; or b) is pregnant or planning pregnancy; or c) has irritable bowel syndrome; or d) has congenital anorectal malformations; or e) has active anal abscesses or fistulas; or f) has anorectal organic bowel disease, including cancer; or g) has functional effects of previous pelvic irradiation; or h) has congenital or acquired malformations of the sacrum; or i) has had rectal or anal surgery within the previous 12 months –each day	130.45			97.85	110.9
32216	Digestive system	Type A Surgical	N	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 unsatisfactory positioning, 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) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months; other than a patient who: c) is medically unfit for surgery; or d) is pregnant or planning pregnancy; or e) has irritable bowel syndrome; or f) has congenital anorectal malformations; or g) has active anal abscesses or fistulas; or h) has anorectal organic bowel disease, including cancer; or i) has functional effects of previous pelvic irradiation; or j) has congenital or acquired malformations of the sacrum; or k) has had rectal or anal surgery within the previous 12 months other than a service to which item 32213 applies (Anaes.)	617.6			463.2	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32217	Digestive system	Type B Non-band specific	N	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 sphincter; and b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months; other than a patient who: c) is medically unfit for surgery; or d) is pregnant or planning pregnancy; or e) has irritable bowel syndrome; or f) has congenital anorectal malformations; or g) has active anal abscesses or fistulas; or h) has anorectal organic bowel disease, including cancer; or i) has functional effects of previous pelvic irradiation; or j) has congenital or acquired malformations of the sacrum; or k) has had rectal or anal surgery within the previous 12 months (Anaes.)	162.65			122	
32218	Digestive system	Unlisted	N	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) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months; other than a patient who: c) is medically unfit for surgery; or d) is pregnant or planning pregnancy; or e) has irritable bowel syndrome; or f) has congenital anorectal malformations; or g) has active anal abscesses or fistulas; or h) has anorectal organic bowel disease, including cancer; or i) has functional effects of previous pelvic irradiation; or j) has congenital or acquired malformations of the sacrum; or k) has had rectal or anal surgery within the previous 12 months (Anaes.)	162.65			122	
32220	Digestive system	Type A Advanced Surgical	N	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 have failed.Contraindicated in: (a)patients with inflammatory bowel disease, pelvic sepsis, pregnancy, progressive degenerative diseases or a scarred or fragile perineum; and (b)patients who have had an adverse reaction or radiopaque solution; and (c)patients who enage in receptive anal intercourse (Anaes.) (Assist.)	940.55			705.45	852.65
32221	Digestive system	Type A Advanced Surgical	N	Removal or revision of an artificial bowel sphincter (with or without replacement) for severe faecal incontinence in the treatment of a patient for whom conservative and other less invasive forms of treatment are contraindicated or have failed.Contraindicated in: (a)patients with inflammatory bowel disease, pelvic sepsis, pregnancy, progressive degenerative diseases or a scarred or fragile perineum; and (b)patients who have had an adverse reaction to radiopaque solution; and (c)patients who engage in receptive anal intercourse (Anaes.) (Assist.)	940.55			705.45	852.65
32222	Gastrointestinal endoscopy	Type B Non-band specific	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient: (a) following a positive faecal occult blood test; or (b) who has symptoms consistent with pathology of the colonic mucosa; or (c) with anaemia or iron deficiency; or (d) for whom diagnostic imaging has shown an abnormality of the colon; or (e) who is undergoing the first examination following surgery for colorectal cancer; or (f) who is undergoing pre-operative evaluation; or (g) for whom a repeat colonoscopy is required due to inadequate bowel preparation for the patient's previous colonoscopy; or (h) for the management of inflammatory bowel disease Applicable only once on a day under a single episode of anaesthesia or other sedation (Anaes.)	347.9			260.95	295.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32223	Gastrointestinal endoscopy	Type B Non-band specific	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient: (a) who has had a colonoscopy that revealed: (i) 1 to 4 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or (ii) 1 or 2 sessile serrated lesions, each of which was less than 10 mm in diameter, and without dysplasia; or (b) with a moderate risk of colorectal cancer due to family history; or (c) with a history of colorectal cancer, who has had an initial post-operative colonoscopy that did not reveal any adenomas or colorectal cancer Applicable only once in any 5 year period.	347.9			260.95	295.75
32224	Gastrointestinal endoscopy	Type B Non-band specific	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient with a moderate risk of colorectal cancer due to: (a) a history of adenomas, including an adenoma that: (i) was 10 mm or greater in diameter; or (ii) had villous features; or (iii) had high grade dysplasia; or (b) having had a previous colonoscopy that revealed: (i) 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or (ii) 1 or 2 sessile serrated lesions, each of which was 10 mm or greater in diameter or had dysplasia; or (iii) a hyperplastic polyp that was 10 mm or greater in diameter; or (iv) 3 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or (v) 1 or 2 traditional serrated adenomas, of any size Applicable only once in any 3 year period (Anaes.)	347.9			260.95	295.75
32225	Gastrointestinal endoscopy	Type B Non-band specific	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient with a high risk of colorectal cancer due to having had a previous colonoscopy that: (a) revealed 10 or more adenomas; or (b) included a piecemeal, or possibly incomplete, excision of a large, sessile polyp Applicable not more than 4 times in any 12 month period (Anaes.)	347.9			260.95	295.75
32226	Gastrointestinal endoscopy	Type B Non-band specific	N	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to: (a) having either: (i) a known or suspected familial condition, such as familial adenomatous polyposis, Lynch syndrome or serrated polyposis syndrome; or (ii) a genetic mutation associated with hereditary colorectal cancer; or (b) having had a previous colonoscopy that revealed: (i) 5 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or (ii) 3 or more sessile serrated lesions, 1 or more of which was 10 mm or greater in diameter or had dysplasia; or (iii) 3 or more traditional serrated adenomas, of any size Applicable only once in any 12 month period (Anaes.)	347.9			260.95	295.75
32227	Gastrointestinal endoscopy	Type B Non-band specific	N	Endoscopic examination of the colon to the caecum by colonoscopy: (a) for the treatment of bleeding, including one or more of the following: (i) radiation proctitis; (ii) angioectasia; (iii) post-polypectomy bleeding; or (b) for the treatment of colonic strictures with balloon dilatation Applicable only once on a day under a single episode of anaesthesia or other sedation (Anaes.)	488.2			366.15	415
32228	Gastrointestinal endoscopy	Type B Non-band specific	N	Endoscopic examination of the colon to the caecum by colonoscopy, other that a service to which item 32222, 32223, 32224, 32225, or 32226 applies. Applicable only once (Anaes.)	347.9			260.95	295.75
32229	Gastrointestinal endoscopy	Type B Non-band specific	N	Removal of one or more polyps during colonoscopy, in association with a service to which item 32222, 32223, 32224, 32225, 32226, or 32228 applies (Anaes.)	280.6			210.45	238.55
32230	Gastrointestinal endoscopy	Type A Surgical and Type B Non-band specific	N	Endoscopic mucosal resection using electrocautery of a non-invasive sessile or flat superficial colorectal neoplasm which is at least 25mm in diameter, if the service is: (a) provided by a specialist gastroenterologist or surgical endoscopist; and (b) supported by photographic evidence to confirm the size of the polyp in situ, and (c) performed within 6 months after a service to which item32222, 32223, 32224, 32225, 32226 or 32228 applies has been performed Applicable only once per polyp (H) (Anaes.)	695.25			521.45	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32500	Heart and vascular system	Type C	N	Varicose veins, multiple injections of sclerosant using continuous compression techniques, including associated consultation, one or both legs, if: (a) proximal reflux of 0.5 seconds or longer has been demonstrated; and (b) the service is not for cosmetic purposes; and (c) the service is not associated with: (i) any other varicose vein operation on the same leg (excluding aftercare); or (ii) a service on the same leg (excluding aftercare) to which any of the following items apply: (A) 35200; (B) 59970 to 60078; (C) 60500 to 60509; (D) 61109 Applicable to a maximum of 6 treatments in a 12 month period (Anaes.)	114.2			85.65	97.1
32504	Heart and vascular system	Type A Surgical and Type B Non-band specific	N	VARICOSE VEINS, multiple excision of tributaries, with or without division of 1 or more perforating veins - 1 leg - not being a service associated with a service to which item 32507, 32508, 32511, 32514 or 32517 applies on the same leg (Anaes.)	278.55			208.95	236.8
32507	Heart and vascular system	Type A Surgical	N	Varicose veins, sub-fascial ligation of one or more incompetent perforating veins in one leg of a patient, if the service: (a) is performed by open surgical technique (not including endoscopic ligation) and the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; and (b) is not associated with: (i) any other varicose vein operation on the same leg; or (ii) a service (on the same leg) to which item35200, 60072, 60075 or 60078 applies (H) (Anaes.) (Assist.)	555.25			416.45	
32508	Heart and vascular system	Type A Surgical	N	Varicose veins, complete dissection at the sapheno-femoral or sapheno-popliteal junction, with or without either ligation or stripping, or both, of the great or small saphenous veins in one leg of a patient, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (a) ache; (b) pain; (c) tightness; (d) skin irritation; (e) heaviness; (f) muscle cramps; (g) limb swelling; (h) discolouration; (i) discomfort; (j) any other signs or symptoms attributable to venous dysfunction (H) (Anaes.) (Assist.)	555.25			416.45	
32511	Heart and vascular system	Type A Surgical	N	Varicose veins, complete dissection at the sapheno-femoral and sapheno-popliteal junction, with or without either ligation or stripping, or both, of the great or small saphenous veins in one leg of a patient, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (a) ache; (b) pain; (c) tightness; (d) skin irritation; (e) heaviness; (f) muscle cramps; (g) limb swelling; (h) discolouration; (i) discomfort; (j) any other signs or symptoms attributable to venous dysfunction (H) (Anaes.) (Assist.)	825.45			619.1	
32514	Heart and vascular system	Type A Advanced Surgical	N	Varicose veins, ligation of the great or small saphenous vein in the same leg of a patient, with or without stripping, by re-operation for recurrent veins in the same territory—one leg—including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (a) ache; (b) pain; (c) tightness; (d) skin irritation; (e) heaviness; (f) muscle cramps; (g) limb swelling; (h) discolouration; (i) discomfort; (j) any other signs or symptoms attributable to venous dysfunction (H) (Anaes.) (Assist.)	964.35			723.3	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32517	Heart and vascular system	Type A Advanced Surgical	N	Varicose veins, ligation of the great and small saphenous vein in the same leg of a patient, with or without stripping, by re-operation for recurrent veins in either territory—one leg—including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (a) ache; (b) pain; (c) tightness; (d) skin irritation; (e) heaviness; (f) muscle cramps; (g) limb swelling; (h) discolouration; (i) discomfort; (j) any other signs or symptoms attributable to venous dysfunction (H) (Anaes.) (Assist.)	1241.8			931.35	
32520	Heart and vascular system	Type C	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a laser probe introduced by an endovenous catheter, if all of the following apply: (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) of the patient demonstrates reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include radiofrequency diathermy, radiofrequency ablation or cyanoacrylate adhesive; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60078; (iv) 60500 to 60509; (v) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	555.25			416.45	472
32522	Heart and vascular system	Type C	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a laser probe introduced by an endovenous catheter, if all of the following apply: (a) it is documented by duplex ultrasound that the great and small saphenous veins of the patient demonstrate reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include radiofrequency diathermy, radiofrequency ablation or cyanoacrylate adhesive; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60078; (iv) 60500 to 60509; (v) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	825.45			619.1	737.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32523	Heart and vascular system	Type C	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a radiofrequency catheter introduced by an endovenous catheter, if all of the following apply: (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include endovenous laser therapy or cyanoacrylate adhesive; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60078; (iv) 60500 to 60509; (v) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	555.25			416.45	472
32526	Heart and vascular system	Type C	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a radiofrequency catheter introduced by an endovenous catheter, if all of the following apply: (a) it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include endovenous laser therapy or cyanoacrylate adhesive; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60078; (iv) 60500 to 60509; (v) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	825.45			619.1	737.55
32528	Heart and vascular system	Type C	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using cyanoacrylate adhesive, if all of the following apply: (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60078; (iv) 60500 to 60509; (v) 61109 The service include all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	555.25			416.45	472

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32529	Heart and vascular system	Type C	N	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using cyanoacrylate adhesive, if all of the following apply: (a) it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer; (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux: (i) ache; (ii) pain; (iii) tightness; (iv) skin irritation; (v) heaviness; (vi) muscle cramps; (vii) limb swelling; (viii) discolouration; (ix) discomfort; (x) any other signs or symptoms attributable to venous dysfunction; (c) the service does not include radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy; (d) the service is not associated with a service (on the same leg) to which any of the following items apply: (i) 32500 to 32507; (ii) 35200; (iii) 59970 to 60078; (iv) 60500 to 60509; (v) 61109 The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)	825.45			619.1	737.55
32700	Heart and vascular system	Type A Advanced Surgical	N	ARTERY OF NECK, bypass using vein or synthetic material (Anaes.) (Assist.)	1494.55			1120.95	
32703	Heart and vascular system	Type A Advanced Surgical	N	INTERNAL CAROTID ARTERY, transection and reanastomosis of, or resection of small length and reanastomosis of - with or without endarterectomy (Anaes.) (Assist.)	1236.35			927.3	
32708	Heart and vascular system	Type A Advanced Surgical	N	AORTIC BYPASS for occlusive disease using a straight non-bifurcated graft (Anaes.) (Assist.)	1478.95			1109.25	
32710	Heart and vascular system	Type A Advanced Surgical	N	AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (Anaes.) (Assist.)	1643.25			1232.45	
32711	Heart and vascular system	Type A Advanced Surgical	N	AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries (Anaes.) (Assist.)	1807.65			1355.75	
32712	Heart and vascular system	Type A Advanced Surgical	N	ILIO-FEMORAL BYPASS GRAFTING (Anaes.) (Assist.)	1306.7			980.05	
32715	Heart and vascular system	Type A Advanced Surgical	N	AXILLARY or SUBCLAVIAN TO FEMORAL BYPASS GRAFTING to 1 or both FEMORAL ARTERIES (Anaes.) (Assist.)	1306.7			980.05	
32718	Heart and vascular system	Type A Advanced Surgical	N	FEMORO-FEMORAL OR ILIO-FEMORAL CROSS-OVER BYPASS GRAFTING (Anaes.) (Assist.)	1236.35			927.3	
32721	Heart and vascular system	Type A Advanced Surgical	N	RENAL ARTERY, bypass grafting to (Anaes.) (Assist.)	1963.8			1472.85	
32724	Heart and vascular system	Type A Advanced Surgical	N	RENAL ARTERIES (both), bypass grafting to (Anaes.) (Assist.)	2229.95			1672.5	
32730	Heart and vascular system	Type A Advanced Surgical	N	MESENTERIC VESSEL (single), bypass grafting to (Anaes.) (Assist.)	1690.15			1267.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
32733	Heart and vascular system	Type A Advanced Surgical	N	MESENTERIC VESSELS (multiple), bypass grafting to (Anaes.) (Assist.)	1963.8			1472.85	
32736	Heart and vascular system	Type A Surgical	N	INFERIOR MESENTERIC ARTERY, operation on, when performed in conjunction with another intra-abdominal vascular operation (Anaes.) (Assist.)	430.3			322.75	
32739	Heart and vascular system	Type A Advanced Surgical	N	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (Anaes.) (Assist.)	1345.8			1009.35	
32742	Heart and vascular system	Type A Advanced Surgical	N	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to below knee popliteal artery (Anaes.) (Assist.)	1541.55			1156.2	
32745	Heart and vascular system	Type A Advanced Surgical	N	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to tibio peroneal trunk or tibial or peroneal artery (Anaes.) (Assist.)	1760.5			1320.4	
32748	Heart and vascular system	Type A Advanced Surgical	N	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis within 5cms of the ankle joint (Anaes.) (Assist.)	1909.15			1431.9	
32751	Heart and vascular system	Type A Advanced Surgical	N	FEMORAL ARTERY BYPASS GRAFTING using synthetic graft, with lower anastomosis above or below the knee (Anaes.) (Assist.)	1236.35			927.3	
32754	Heart and vascular system	Type A Advanced Surgical	N	FEMORAL ARTERY BYPASS GRAFTING, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at 1 or both anastomoses (Anaes.) (Assist.)	1541.55			1156.2	
32757	Heart and vascular system	Type A Surgical	N	FEMORAL ARTERY SEQUENTIAL BYPASS GRAFTING, (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than 1 artery - each additional artery revascularised beyond a femoral bypass (Anaes.) (Assist.)	430.3			322.75	
32760	Heart and vascular system	Type A Surgical	N	VEIN, HARVESTING OF, FROM LEG OR ARM for bypass or replacement graft when not performed on the limb which is the subject of the bypass or graft - each vein (Anaes.) (Assist.)	422.5			316.9	
32763	Heart and vascular system	Type A Advanced Surgical	N	ARTERIAL BYPASS GRAFTING, using vein or synthetic material, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	1236.35			927.3	
32766	Heart and vascular system	Type A Surgical	N	ARTERIAL OR VENOUS ANASTOMOSIS, not being a service to which another item in this Sub-group applies, as an independent procedure (Anaes.) (Assist.)	821.7			616.3	
32769	Heart and vascular system	Type A Surgical	N	ARTERIAL OR VENOUS ANASTOMOSIS not being a service to which another item in this Sub-group applies, when performed in combination with another vascular operation (including graft to graft anastomosis) (Anaes.) (Assist.)	284.75			213.6	
33050	Heart and vascular system	Type A Advanced Surgical	N	BYPASS GRAFTING to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (Anaes.) (Assist.)	1514.3			1135.75	
33055	Heart and vascular system	Type A Advanced Surgical	N	BYPASS GRAFTING to replace a popliteal aneurysm using a synthetic graft (Anaes.) (Assist.)	1214.35			910.8	
33070	Heart and vascular system	Type A Surgical	N	ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	876.1			657.1	788.2
33075	Heart and vascular system	Type A Advanced Surgical	N	ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1114.45			835.85	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
33080	Heart and vascular system	Type A Advanced Surgical	N	INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1360.45			1020.35	
33100	Heart and vascular system	Type A Advanced Surgical	N	ANEURYSM OF COMMON OR INTERNAL CAROTID ARTERY, OR BOTH, replacement by graft of vein or synthetic material (Anaes.) (Assist.)	1494.55			1120.95	1406.65
33103	Heart and vascular system	Type A Advanced Surgical	N	THORACIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	2096.95			1572.75	
33109	Heart and vascular system	Type A Advanced Surgical	N	THORACO-ABDOMINAL ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)	2535.25			1901.45	2447.35
33112	Heart and vascular system	Type A Advanced Surgical	N	SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)	2198.7			1649.05	
33115	Heart and vascular system	Type A Advanced Surgical	N	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft, not being a service associated with a service to which item 33116 applies (Anaes.) (Assist.)	1478.95			1109.25	
33116	Heart and vascular system	Type A Advanced Surgical	N	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.)	1455.7			1091.8	1367.8
33118	Heart and vascular system	Type A Advanced Surgical	N	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) not being a service associated with a service to which item 33119 applies (Anaes.) (Assist.)	1643.25			1232.45	
33119	Heart and vascular system	Type A Advanced Surgical	N	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to one or both iliac arteries using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.)	1617.55			1213.2	1529.65
33121	Heart and vascular system	Type A Advanced Surgical	N	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)	1807.65			1355.75	
33124	Heart and vascular system	Type A Advanced Surgical	N	ANEURYSM OF ILIAC ARTERY (common, external or internal), replacement by graft - unilateral (Anaes.) (Assist.)	1259.85			944.9	
33127	Heart and vascular system	Type A Advanced Surgical	N	ANEURYSMS OF ILIAC ARTERIES (common, external or internal), replacement by graft - bilateral (Anaes.) (Assist.)	1651.1			1238.35	1563.2
33130	Heart and vascular system	Type A Advanced Surgical	N	ANEURYSM OF VISCERAL ARTERY, excision and repair by direct anastomosis or replacement by graft (Anaes.) (Assist.)	1439.75			1079.85	
33133	Heart and vascular system	Type A Advanced Surgical	N	ANEURYSM OF VISCERAL ARTERY, dissection and ligation of arteries without restoration of continuity (Anaes.) (Assist.)	1079.7			809.8	
33136	Heart and vascular system	Type A Advanced Surgical	N	FALSE ANEURYSM, repair of, at aortic anastomosis following previous aortic surgery (Anaes.) (Assist.)	2722.8			2042.1	
33139	Heart and vascular system	Type A Advanced Surgical	N	FALSE ANEURYSM, repair of, in iliac artery and restoration of arterial continuity (Anaes.) (Assist.)	1651.1			1238.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
33142	Heart and vascular system	Type A Advanced Surgical	N	FALSE ANEURYSM, repair of, in femoral artery and restoration of arterial continuity (Anaes.) (Assist.)	1541.55			1156.2	1453.65
33145	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED THORACIC AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	2652.5			1989.4	
33148	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED THORACO-ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	3294.1			2470.6	
33151	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)	3129.8			2347.35	
33154	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft (Anaes.) (Assist.)	2316.05			1737.05	
33157	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)	2582.05			1936.55	
33160	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (Anaes.) (Assist.)	2582.05			1936.55	
33163	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED ILIAC ARTERY ANEURYSM, replacement by graft (Anaes.) (Assist.)	2191.05			1643.3	
33166	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED ANEURYSM OF VISCERAL ARTERY, replacement by anastomosis or graft (Anaes.) (Assist.)	2191.05			1643.3	2103.15
33169	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED ANEURYSM OF VISCERAL ARTERY, simple ligation of (Anaes.) (Assist.)	1705.8			1279.35	
33172	Heart and vascular system	Type A Advanced Surgical	N	ANEURYSM OF MAJOR ARTERY, replacement by graft, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	1330.15			997.65	
33175	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1225.85			919.4	
33178	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1558.9			1169.2	
33181	Heart and vascular system	Type A Advanced Surgical	N	RUPTURED INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	1905.9			1429.45	
33500	Heart and vascular system	Type A Advanced Surgical	N	ARTERY OR ARTERIES OF NECK, endarterectomy of, including closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) (Anaes.) (Assist.)	1181.4			886.05	
33506	Heart and vascular system	Type A Advanced Surgical	N	INNOMINATE OR SUBCLAVIAN ARTERY, endarterectomy of, including closure by suture (Anaes.) (Assist.)	1322.4			991.8	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
33509	Heart and vascular system	Type A Advanced Surgical	N	AORTIC ENDARTERECTOMY, including closure by suture, not being a service associated with another procedure on the aorta (Anaes.) (Assist.)	1478.95			1109.25	
33512	Heart and vascular system	Type A Advanced Surgical	N	AORTO-ILIAC ENDARTERECTOMY (1 or both iliac arteries), including closure by suture not being a service associated with a service to which item 33515 applies (Anaes.) (Assist.)	1643.25			1232.45	
33515	Heart and vascular system	Type A Advanced Surgical	N	AORTO-FEMORAL ENDARTERECTOMY (1 or both femoral arteries) or BILATERAL ILIO-FEMORAL ENDARTERECTOMY, including closure by suture, not being a service associated with a service to which item 33512 applies (Anaes.) (Assist.)	1807.65			1355.75	
33518	Heart and vascular system	Type A Advanced Surgical	N	ILIAC ENDARTERECTOMY, including closure by suture, not being a service associated with another procedure on the iliac artery (Anaes.) (Assist.)	1322.4			991.8	1234.5
33521	Heart and vascular system	Type A Advanced Surgical	N	ILIO-FEMORAL ENDARTERECTOMY (1 side), including closure by suture (Anaes.) (Assist.)	1431.8			1073.85	
33524	Heart and vascular system	Type A Advanced Surgical	N	RENAL ARTERY, endarterectomy of (Anaes.) (Assist.)	1690.15			1267.65	
33527	Heart and vascular system	Type A Advanced Surgical	N	RENAL ARTERIES (both), endarterectomy of (Anaes.) (Assist.)	1963.8			1472.85	
33530	Heart and vascular system	Type A Advanced Surgical	N	COELIAC OR SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.)	1690.15			1267.65	
33533	Heart and vascular system	Type A Advanced Surgical	N	COELIAC AND SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.)	1963.8			1472.85	
33536	Heart and vascular system	Type A Advanced Surgical	N	INFERIOR MESENTERIC ARTERY, endarterectomy of, not being a service associated with a service to which another item in this Sub-group applies (Anaes.) (Assist.)	1400.65			1050.5	
33539	Heart and vascular system	Type A Advanced Surgical	N	ARTERY OF EXTREMITIES, endarterectomy of, including closure by suture (Anaes.) (Assist.)	1009.35			757.05	
33542	Heart and vascular system	Type A Advanced Surgical	N	EXTENDED DEEP FEMORAL ENDARTERECTOMY where the endarterectomy is at least 7cms long (Anaes.) (Assist.)	1439.75			1079.85	
33545	Heart and vascular system	Type A Surgical	N	ARTERY, VEIN OR BYPASS GRAFT, patch grafting to by vein or synthetic material where patch is less than 3cm long (Anaes.) (Assist.)	284.75			213.6	
33548	Heart and vascular system	Type A Surgical	N	ARTERY, VEIN OR BYPASS GRAFT, patch grafting to by vein or synthetic material where patch is 3cm long or greater (Anaes.) (Assist.)	579.15			434.4	
33551	Heart and vascular system	Type A Surgical	N	VEIN, harvesting of from leg or arm for patch when not performed through same incision as operation (Anaes.) (Assist.)	284.75			213.6	
33554	Heart and vascular system	Type A Surgical	N	ENDARTERECTOMY, in conjunction with an arterial bypass operation to prepare the site for anastomosis - each site (Anaes.) (Assist.)	283.45			212.6	
33800	Heart and vascular system	Type A Advanced Surgical	N	EMBOLUS, removal of, from artery of neck (Anaes.) (Assist.)	1228.45			921.35	1140.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
33803	Heart and vascular system	Type A Advanced Surgical	N	EMBOLECTOMY or THROMBECTOMY, by abdominal approach, of an artery or bypass graft of trunk (Anaes.) (Assist.)	1173.75			880.35	
33806	Heart and vascular system	Type A Surgical	N	Embolectomy or thrombectomy (including the infusion of thrombolytic or other agents) from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery, item to be claimed once per extremity, regardless of the number of incisions required to access the artery or bypass graft (Anaes.) (Assist.)	845.1			633.85	757.2
33810	Heart and vascular system	Type A Surgical	N	INFERIOR VENA CAVA OR ILIAC VEIN, closed thrombectomy by catheter via the femoral vein (Anaes.) (Assist.)	616.5			462.4	528.6
33811	Heart and vascular system	Type A Advanced Surgical	N	INFERIOR VENA CAVA OR ILIAC VEIN, open removal of thrombus or tumour (Anaes.) (Assist.)	1835.25			1376.45	
33812	Heart and vascular system	Type A Advanced Surgical	N	THROMBUS, removal of, from femoral or other similar large vein (Anaes.) (Assist.)	970.2			727.65	882.3
33815	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)	892			669	
33818	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)	1040.7			780.55	
33821	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)	1189.3			892	
33824	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)	1134.5			850.9	
33827	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)	1330.15			997.65	
33830	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)	1525.7			1144.3	
33833	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by lateral suture (Anaes.) (Assist.)	1385.1			1038.85	
33836	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by direct anastomosis (Anaes.) (Assist.)	1651.1			1238.35	
33839	Heart and vascular system	Type A Advanced Surgical	N	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by means of interposition graft (Anaes.) (Assist.)	1932.65			1449.5	
33842	Heart and vascular system	Type A Advanced Surgical	N	ARTERY OF NECK, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (Anaes.) (Assist.)	954.6			715.95	
33845	Heart and vascular system	Type A Surgical	N	LAPAROTOMY for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed (Anaes.) (Assist.)	665.15			498.9	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
33848	Heart and vascular system	Type A Surgical	N	EXTREMITY, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed (Anaes.) (Assist.)	665.15			498.9	
34100	Heart and vascular system	Type A Surgical	N	MAJOR ARTERY OF NECK, elective ligation or exploration of, not being a service associated with any other vascular procedure (Anaes.) (Assist.)	735.6			551.7	
34103	Heart and vascular system	Type A Surgical	N	Great artery (aorta or pulmonary artery) or great vein (superior or inferior vena cava), ligation or exploration of immediate branches or tributaries, or ligation or exploration of the subclavian, axillary, iliac, femoral or popliteal arteries or veins, if the service is not associated with item 32508, 32511, 32520, 32522, 32523, 32526, 32528 or 32529 - for a maximum of 2 services provided to the same patient on the same occasion (H) (Anaes.) (Assist.)	430.3			322.75	
34106	Heart and vascular system	Type A Surgical	N	ARTERY OR VEIN (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not being a service associated with any other vascular procedure except those services to which items 32508, 32511, 32514 or 32517 apply (Anaes.) (Assist.)	303.5			227.65	258
34109	Heart and vascular system	Type A Surgical and Type B Non-band specific	N	TEMPORAL ARTERY, biopsy of (Anaes.) (Assist.)	352.05			264.05	299.25
34112	Heart and vascular system	Type A Advanced Surgical	N	ARTERIO-VENOUS FISTULA OF AN EXTREMITY, dissection and ligation (Anaes.) (Assist.)	892			669	
34115	Heart and vascular system	Type A Advanced Surgical	N	ARTERIO-VENOUS FISTULA OF THE NECK, dissection and ligation (Anaes.) (Assist.)	1009.35			757.05	
34118	Heart and vascular system	Type A Advanced Surgical	N	ARTERIO-VENOUS FISTULA OF THE ABDOMEN, dissection and ligation (Anaes.) (Assist.)	1439.75			1079.85	1351.85
34121	Heart and vascular system	Type A Advanced Surgical	N	ARTERIO-VENOUS FISTULA OF AN EXTREMITY, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	1150.15			862.65	
34124	Heart and vascular system	Type A Advanced Surgical	N	ARTERIO-VENOUS FISTULA OF THE NECK, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	1259.85			944.9	
34127	Heart and vascular system	Type A Advanced Surgical	N	ARTERIO-VENOUS FISTULA OF THE ABDOMEN, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	1651.1			1238.35	
34130	Heart and vascular system	Type A Surgical and Type B Non-band specific	N	SURGICALLY CREATED ARTERIO-VENOUS FISTULA OF AN EXTREMITY, closure of (Anaes.) (Assist.)	516.4			387.3	438.95
34133	Lung and chest	Type A Surgical	N	SCALENOTOMY (Anaes.) (Assist.)	579.15			434.4	
34136	Lung and chest	Type A Advanced Surgical	N	FIRST RIB, resection of portion of (Anaes.) (Assist.)	931			698.25	
34139	Lung and chest	Type A Advanced Surgical	N	CERVICAL RIB, removal of, or other operation for removal of thoracic outlet compression, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	931			698.25	
34142	Heart and vascular system	Type A Advanced Surgical	N	COELIAC ARTERY, decompression of, for coeliac artery compression syndrome, as an independent procedure (Anaes.) (Assist.)	1150.15			862.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
34145	Heart and vascular system	Type A Surgical	N	POPLITEAL ARTERY, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (Anaes.) (Assist.)	837.2			627.9	
34148	Heart and vascular system	Type A Advanced Surgical	N	CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is 4cm or less in maximum diameter (Anaes.) (Assist.)	1494.55			1120.95	
34151	Heart and vascular system	Type A Advanced Surgical	N	CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4cm in maximum diameter (Anaes.) (Assist.)	2042.15			1531.65	
34154	Heart and vascular system	Type A Advanced Surgical	N	RECURRENT CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or replacement of portion of internal or common carotid arteries (Anaes.) (Assist.)	2433.5			1825.15	2345.6
34157	Heart and vascular system	Type A Advanced Surgical	N	NECK, excision of infected bypass graft, including closure of vessel or vessels (Anaes.) (Assist.)	1236.35			927.3	
34160	Heart and vascular system	Type A Advanced Surgical	N	AORTO-DUODENAL FISTULA, repair of, by suture of aorta and repair of duodenum (Anaes.) (Assist.)	2316.05			1737.05	
34163	Heart and vascular system	Type A Advanced Surgical	N	AORTO-DUODENAL FISTULA, repair of, by insertion of aortic graft and repair of duodenum (Anaes.) (Assist.)	2973.3			2230	
34166	Heart and vascular system	Type A Advanced Surgical	N	AORTO-DUODENAL FISTULA, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo-bifemoral grafting (Anaes.) (Assist.)	2973.3			2230	
34169	Heart and vascular system	Type A Advanced Surgical	N	INFECTED BYPASS GRAFT FROM TRUNK, excision of, including closure of arteries (Anaes.) (Assist.)	1651.1			1238.35	
34172	Heart and vascular system	Type A Advanced Surgical	N	INFECTED AXILLO-FEMORAL OR FEMORO-FEMORAL GRAFT, excision of, including closure of arteries (Anaes.) (Assist.)	1345.8			1009.35	
34175	Heart and vascular system	Type A Advanced Surgical	N	INFECTED BYPASS GRAFT FROM EXTREMITIES, excision of including closure of arteries (Anaes.) (Assist.)	1236.35			927.3	
34500	Heart and vascular system	Type A Surgical and Type B Non-band specific	N	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of (Anaes.) (Assist.)	320.9			240.7	272.8
34503	Heart and vascular system	Type A Surgical and Type B Non-band specific	N	ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, in conjunction with another venous or arterial operation (Anaes.) (Assist.)	430.3			322.75	
34506	Heart and vascular system	Type B Non-band specific	N	ARTERIOVENOUS SHUNT, EXTERNAL, removal of (Anaes.) (Assist.)	218.95			164.25	
34509	Heart and vascular system	Type A Advanced Surgical	N	ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, not in conjunctionwith another venous or arterial operation (Anaes.) (Assist.)	1017.15			762.9	
34512	Heart and vascular system	Type A Advanced Surgical	N	ARTERIOVENOUS ACCESS DEVICE, insertion of (Anaes.) (Assist.)	1119			839.25	
34515	Heart and vascular system	Type A Surgical	N	ARTERIOVENOUS ACCESS DEVICE, thrombectomy of (Anaes.) (Assist.)	798.05			598.55	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
34518	Heart and vascular system	Type A Advanced Surgical	N	STENOSIS OF ARTERIOVENOUS FISTULA OR PROSTHETIC ARTERIOVENOUS ACCESS DEVICE, correction of (Anaes.) (Assist.)	1337.85			1003.4	
34521	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	INTRA-ABDOMINAL ARTERY OR VEIN, cannulation of, for infusion chemotherapy, by open operation (excluding aftercare) (Anaes.) (Assist.)	822			616.5	
34524	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical and Type B Non-band specific	N	ARTERIAL CANNULATION for infusion chemotherapy by open operation, not being a service to which item 34521 applies (excluding after-care) (Anaes.) (Assist.)	430.3			322.75	
34527	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	CENTRAL VEIN CATHETERISATION by open technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation, on apatient 10 years of age or over (Anaes.)	573.95			430.5	487.9
34528	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, on a patient 10 years of age or over (Anaes.)	283.45			212.6	240.95
34529	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	CENTRAL VEIN CATHETERISATION by open technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation, on apatient under 10 years of age (Anaes.)	746.15			559.65	658.25
34530	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	CENTRAL VENOUS LINE, OR OTHER CHEMOTHERAPY DEVICE, removal of, by open surgical procedure in the operating theatre of a hospital on apatient 10 years of age or over (Anaes.)	212.5			159.4	180.65
34533	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Advanced Surgical	N	ISOLATED LIMB PERFUSION, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and venotomy at conclusion of procedure (excluding aftercare) (Anaes.) (Assist.)	1290.9			968.2	1203
34534	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, on a patient under 10 years of age (Anaes.)	368.45			276.35	313.2
34538	Common list	Type A Surgical	N	CENTRAL VEIN CATHERTERISATION by percutaneous technique, using subcutaneous tunnelled cuffed catheter or similar device, for the administration of haemodialysis or parenteral nutrition (Anaes.)	283.45			212.6	240.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
34539	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	N	TUNNELLED CUFFED CATHETER, OR SIMILAR DEVICE, removal of, by open surgical procedure (Anaes.)	212.5			159.4	180.65
34540	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	N	CENTRAL VENOUS LINE, OR OTHER CHEMOTHERAPY DEVICE, removal of, by open surgical procedure in the operating theatre of a hospital, on a patient under 10 years of age (Anaes.)	276.25			207.2	234.85
34800	Heart and vascular system	Type A Surgical	N	INFERIOR VENA CAVA, plication, ligation, or application of caval clip (Anaes.) (Assist.)	845.1			633.85	757.2
34803	Heart and vascular system	Type A Advanced Surgical	N	INFERIOR VENA CAVA, reconstruction of or bypass by vein or synthetic material (Anaes.) (Assist.)	1862.4			1396.8	
34806	Heart and vascular system	Type A Advanced Surgical	N	CROSS LEG BYPASS GRAFTING, saphenous to iliac or femoral vein (Anaes.) (Assist.)	1009.35			757.05	
34809	Heart and vascular system	Type A Advanced Surgical	N	SAPHENOUS VEIN ANASTOMOSIS to femoral or popliteal vein for femoral vein bypass (Anaes.) (Assist.)	1009.35			757.05	
34812	Heart and vascular system	Type A Advanced Surgical	N	VENOUS STENOSIS OR OCCLUSION, vein bypass for, using vein or synthetic material, not being a service associated with a service to which item 34806 or 34809 applies (Anaes.) (Assist.)	1220.6			915.45	
34815	Heart and vascular system	Type A Advanced Surgical	N	VEIN STENOSIS, patch angioplasty for, (excluding vein graft stenosis)-using vein or synthetic material (Anaes.) (Assist.)	1009.35			757.05	
34818	Heart and vascular system	Type A Advanced Surgical	N	VENOUS VALVE, plication or repair to restore valve competency (Anaes.) (Assist.)	1111.05			833.3	
34821	Heart and vascular system	Type A Advanced Surgical	N	VEIN TRANSPLANT to restore valvular function (Anaes.) (Assist.)	1510.2			1132.65	1422.3
34824	Heart and vascular system	Type A Surgical	N	EXTERNAL STENT, application of, to restore venous valve competency to superficial vein - 1 stent (Anaes.) (Assist.)	516.4			387.3	
34827	Heart and vascular system	Type A Surgical	N	EXTERNAL STENTS, application of, to restore venous valve competency to superficial vein or veins - more than 1 stent (Anaes.) (Assist.)	626.05			469.55	
34830	Heart and vascular system	Type A Surgical	N	EXTERNAL STENT, application of, to restore venous valve competency to deep vein (1 stent) (Anaes.) (Assist.)	735.6			551.7	647.7
34833	Heart and vascular system	Type A Advanced Surgical	N	EXTERNAL STENTS, application of, to restore venous valve competency to deep vein or veins (more than 1 stent) (Anaes.) (Assist.)	954.6			715.95	
35000	Brain and nervous system	Type A Surgical	N	LUMBAR SYMPATHECTOMY (Anaes.) (Assist.)	735.6			551.7	647.7
35003	Brain and nervous system	Type A Advanced Surgical	N	CERVICAL OR UPPER THORACIC SYMPATHECTOMY by any surgical approach (Anaes.) (Assist.)	954.6			715.95	

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35006	Brain and nervous system	Type A Advanced Surgical	N	CERVICAL OR UPPER THORACIC SYMPATHECTOMY, where operation is a reoperation for previous incomplete sympathectomy by any surgical approach (Anaes.) (Assist.)	1197.2			897.9	
35009	Brain and nervous system	Type A Advanced Surgical	N	LUMBAR SYMPATHECTOMY, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (Anaes.) (Assist.)	931			698.25	
35012	Brain and nervous system	Type A Surgical	N	SACRAL or PRE-SACRAL SYMPATHECTOMY (Anaes.) (Assist.)	735.6			551.7	
35100	Heart and vascular system	Type A Surgical	N	ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (Anaes.) (Assist.)	383.45			287.6	
35103	Heart and vascular system	Unlisted	N	ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (Anaes.)	244.05			183.05	
35200	Heart and vascular system	Unlisted	N	OPERATIVE ARTERIOGRAPHY OR VENOGRAPHY, 1 or more of, performed during the course of an operative procedure on an artery or vein, 1 site (Anaes.)	178.45			133.85	
35202	Heart and vascular system	Type A Surgical	N	MAJOR ARTERIES OR VEINS IN THE NECK, ABDOMEN OR EXTREMITIES, access to, as part of RE-OPERATION after prior surgery on these vessels (Anaes.) (Assist.)	850.2			637.65	
35300	Heart and vascular system	Type A Surgical	N	TRANSLUMINAL BALLOON ANGIOPLASTY of 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	536.25			402.2	455.85
35303	Heart and vascular system	Type A Surgical	N	TRANSLUMINAL BALLOON ANGIOPLASTY of aortic arch branches, aortic visceral branches, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	687.55			515.7	599.65
35306	Heart and vascular system	Type A Surgical	N	TRANSLUMINAL STENT INSERTION, 1 or more stents, including associated balloon dilatation for 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare. (Anaes.) (Assist.)	634.6			475.95	546.7
35307	Heart and vascular system	Type A Advanced Surgical	N	TRANSLUMINAL STENT INSERTION, 1 or more stents (not drug-eluting), with or without associated balloon dilatation, for 1 carotid artery, percutaneous (not direct), with or without the use of an embolic protection device, in patients who: -meet the indications for carotid endarterectomy; and -have medical or surgical comorbidities that would make them at high risk of perioperative complications from carotid endarterectomy, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	1166.6			874.95	
35309	Heart and vascular system	Type A Surgical	N	TRANSLUMINAL STENT INSERTION, 1 or more stents, including associated balloon dilatation for visceral arteries or veins, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare. (Anaes.) (Assist.)	793.25			594.95	705.35
35312	Heart and vascular system	Type A Advanced Surgical	N	PERIPHERAL ARTERIAL ATHERECTOMY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	899			674.25	
35315	Heart and vascular system	Type A Advanced Surgical	N	PERIPHERAL LASER ANGIOPLASTY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	899			674.25	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35317	Heart and vascular system	Type A Surgical	N	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY CONTINUOUS INFUSION, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35319 or 35320 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	370.2			277.65	314.7
35319	Heart and vascular system	Type A Surgical	N	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY PULSE SPRAY TECHNIQUE, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35320 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	663.6			497.7	575.7
35320	Heart and vascular system	Type A Advanced Surgical	N	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY OPEN EXPOSURE, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35319 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	891.4			668.55	803.5
35321	Heart and vascular system	Type A Surgical	N	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION to administer agents to occlude arteries, veins or arterio-venous fistulae or to arrest haemorrhage, (but not for the treatment of uterine fibroids or varicose veins) percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)	846.25			634.7	758.35
35324	Heart and vascular system	Type A Surgical and Type B Non-band specific	N	ANGIOSCOPY not combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	317.35			238.05	
35327	Heart and vascular system	Type A Surgical	N	ANGIOSCOPY combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	425.3			319	
35330	Heart and vascular system	Type A Surgical	N	INSERTION of INFERIOR VENA CAVAL FILTER, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	536.25			402.2	455.85
35331	Heart and vascular system	Type A Surgical	N	RETRIEVAL OF INFERIOR VENA CAVAL FILTER, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (Anaes.)	616.5			462.4	
35360	Heart and vascular system	Type A Surgical	N	Retrieval of foreign body in PULMONARY ARTERY, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)	861.75			646.35	
35361	Heart and vascular system	Type A Surgical	N	Retrieval of foreign body in RIGHT ATRIUM, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)	739.05			554.3	
35362	Heart and vascular system	Type A Surgical	N	Retrieval of foreign body in INFERIOR VENA CAVA or AORTA, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)	616.5			462.4	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35363	Heart and vascular system	Type A Surgical	N	Retrieval of foreign body in PERIPHERAL VEIN or PERIPHERAL ARTERY, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)	493.9			370.45	
35401	Back, neck and spine	Type A Surgical	N	Vertebroplasty, for one or more fractures in one or more vertebrae, performed by an interventional radiologist, for the treatment of a painful osteoporotic thoracolumbar vertebral compression fracture of the thoracolumbar spinal segment (T11, T12, L1 or L2), if: (a) pain is severe (numeric rated pain score greater than or equal to 7 out of 10); and (b) symptoms are poorly controlled by opiate therapy; and (c) severe pain duration is 3 weeks or less; and (d) there is MRI (or SPECT-CT if MRI unavailable) evidence of acute vertebral fracture Applicable only once for the same fracture, but is applicable for a new fracture of the same vertebra or vertebrae (H) (Anaes.)	710.5			532.9	
35404	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	DOSIMETRY, HANDLING AND INJECTION OF SIR-SPHERES for selective internal radiation therapy of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies The procedure must be performed by a specialist or consultant physician recognised in the specialties of nuclear medicine or radiation oncology on an admitted patient in a hospital. To be claimed once in the patient's lifetime only.	360.65			270.5	
35406	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	Trans-femoral catheterisation of the hepatic artery to administer SIR-Spheres to embolise the microvasculature of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, for selective internal radiation therapy used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	846.25			634.7	
35408	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	Catheterisation of the hepatic artery via a permanently implanted hepatic artery port to administer SIR-Spheres to embolise the microvasculature of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, for selective internal radiation therapy used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	634.8			476.1	
35410	Gynaecology	Type A Surgical	N	UTERINE ARTERY CATHETERISATION with percutaneous administration of occlusive agents, for the treatment of symptomatic uterine fibroids in a patient who has been referred for uterine artery embolisation by a specialist gynaecologist, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	846.25			634.7	758.35
35412	Brain and nervous system	Type A Advanced Surgical	N	Intracranial aneurysm, ruptured or unruptured, endovascular occlusion with detachable coils, and assisted coiling if performed, with parent artery preservation, not for use with liquid embolics only, including aftercare, including intra-operative imaging, but in association with the following pre-operative diagnostic imaging items: - either 60009 or 60010; and - either 60072, 60073, 60075, 60076, 60078 or 60079 (Anaes.) (Assist.)	2973.3			2230	2885.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35414	Brain and nervous system	Type A Advanced Surgical	N	Mechanical thrombectomy, in a patient with a diagnosis of acute ischaemic stroke caused by occlusion of a large vessel of the anterior cerebral circulation, including intra-operative imaging and aftercare, if: (a) the diagnosis is confirmed by an appropriate imaging modality such as computed tomography, magnetic resonance imaging or angiography; and (b) the service is performed by a specialist or consultant physician with appropriate training that is recognised by the Conjoint Committee for Recognition of Training in Interventional Neuroradiology; and (c) the service is provided in an eligible stroke centre. For any particular patient - applicable once per presentation by the patient at an eligible stroke centre, regardless of the number of times mechanical thrombectomy is attempted during that presentation (Anaes.) (Assist.)	3641.85			2731.4	
35500	Gynaecology	Type B Band 1	N	GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)	84.6			63.45	71.95
35502	Gynaecology	Type C	N	INTRAUTERINE DEVICE, INTRODUCTION OF, for the control of idiopathic menorrhagia, AND ENDOMETRIAL BIOPSY to exclude endometrial pathology, not being a service associated with a service to which another item in this Group applies (Anaes.)	83.4			62.55	70.9
35503	Gynaecology	Type C	N	Intra uterine contraceptive device, introduction of, if the service is not associated with a service to which another item in this Group applies (other than a service mentioned in item 30062) (Anaes.)	55.7			41.8	47.35
35506	Gynaecology	Unlisted	N	INTRAUTERINE CONTRACEPTIVE DEVICE, REMOVAL OF UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)	55.85			41.9	47.5
35507	Gynaecology	Type B Non-band specific	N	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 taken is less than or equal to 45 minutes - not being a service associated with a service to which item 32177 or 32180 applies (Anaes.)	181.5			136.15	154.3
35508	Gynaecology	Type A Surgical and Type B Non-band specific	N	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 taken is greater than 45 minutes - not being a service associated with a service to which item 32177 or 32180 applies (Anaes.) (Assist.)	267.35			200.55	227.25
35509	Gynaecology	Type B Non-band specific	N	HYMENECTOMY (Anaes.)	93.1			69.85	79.15
35513	Gynaecology	Type B Non-band specific	N	BARTHOLIN'S CYST, excision of (Anaes.)	230.7			173.05	196.1
35517	Gynaecology	Type B Non-band specific	N	BARTHOLIN'S CYST OR GLAND, marsupialisation of (Anaes.)	151.95			114	129.2
35518	Gynaecology	Unlisted	N	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 interventional imaging techniques and not associated with services provided for assisted reproductive techniques (Anaes.)	216.3			162.25	183.9
35520	Gynaecology	Type B Non-band specific	N	BARTHOLIN'S ABSCESS, incision of (Anaes.)	60.7			45.55	51.6
35523	Gynaecology	Type B Non-band specific	N	URETHRA OR URETHRAL CARUNCLE, cauterisation of (Anaes.)	60.7			45.55	51.6
35527	Gynaecology	Type B Non-band specific	N	URETHRAL CARUNCLE, excision of (Anaes.)	151.95			114	129.2
35530	Gynaecology	Type A Surgical	N	CLITORIS, amputation of, where medically indicated (Anaes.) (Assist.)	280.75			210.6	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35533	Gynaecology	Type A Surgical	N	Vulvoplasty or labioplasty, for repair of: (a) female genital mutilation; or (b) an anomaly associated with a major congenital anomaly of the uro-gynaecological tract other than a service associated with a service to which item35536, 37836, 37050, 37842, 37851 or 43882 applies (Anaes.)	364.05			273.05	
35534	Gynaecology	Type A Surgical	N	Vulvoplasty or labioplasty, in a patient aged 18 years or more, performed by a specialist in the practice of the specialist's specialty, for a structural abnormality that is causing significant functional impairment, if the patient's labium extends more than 8 cm below the vaginal introitus while the patient is in a standing resting position (Anaes.)	364.05			273.05	
35536	Gynaecology	Type A Surgical	N	VULVA, wide local excision of suspected malignancy or hemivulvectomy, 1 or both procedures (Anaes.) (Assist.)	362.6			271.95	308.25
35539	Gynaecology	Type A Surgical and Type B Band 1	N	COLPOSCOPICALLY DIRECTED CO² LASER THERAPY for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies1 anatomical site (Anaes.)	284			213	241.4
35542	Gynaecology	Type A Surgical and Type B Non-band specific	N	COLPOSCOPICALLY DIRECTED CO² LASER THERAPY for previously confirmed intraepithelial neoplasticchanges of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies2 or more anatomical sites (Anaes.) (Assist.)	332.5			249.4	282.65
35545	Gynaecology	Type B Band 1	N	COLPOSCOPICALLY DIRECTED CO² LASER THERAPY for condylomata, unsuccessfully treated by other methods (Anaes.)	191.05			143.3	162.4
35548	Gynaecology	Type A Surgical	N	VULVECTOMY, radical, for malignancy (Anaes.) (Assist.)	867.85			650.9	
35551	Common list	Type A Advanced Surgical	N	Pelvic lymph nodes, radical excision of,unilateral, or sentinel node dissection (including any pre-operative injection) (Anaes.) (Assist.)	962.2			721.65	
35552	Common list	Type A Advanced Surgical	N	Pelvic lymph nodes, radical excision of, unilateral, following similar previous dissection, radiation or chemotherapy (Anaes.) (Assist.)	1447.5			1085.65	
35554	Gynaecology	Type C	N	VAGINA, DILATATION OF, as an independent procedure including any associated consultation (Anaes.)	45.25			33.95	38.5
35557	Gynaecology	Type B Non-band specific	N	VAGINA, removal of simple tumour (including Gartner duct cyst) (Anaes.)	223.2			167.4	189.75
35560	Gynaecology	Type A Surgical	N	VAGINA, partial or complete removal of (Anaes.) (Assist.)	711.6			533.7	
35561	Gynaecology	Type A Advanced Surgical	N	VAGINECTOMY, radical, for proven invasive malignancy - 1 surgeon (Anaes.) (Assist.)	1435.35			1076.55	
35562	Gynaecology	Type A Advanced Surgical	N	VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - abdominal surgeon (including aftercare) (Anaes.) (Assist.)	1178.45			883.85	
35564	Gynaecology	Type A Surgical	N	VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - perineal surgeon (Assist.)	544			408	
35565	Gynaecology	Type A Surgical	N	VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus (Anaes.) (Assist.)	711.6			533.7	
35566	Gynaecology	Type A Surgical	N	VAGINAL SEPTUM, excision of, for correction of double vagina (Anaes.) (Assist.)	413.35			310.05	
35568	Gynaecology	Type A Surgical	N	SACROSPINOUS COLPOPEXY FOR MANAGEMENT OF UPPER VAGINAL PROLAPSE (Anaes.) (Assist.)	649.9			487.45	
35569	Gynaecology	Type B Non-band specific	N	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE (Anaes.)	167.35			125.55	
35570	Gynaecology	Type A Surgical	N	Anterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving repair of urethrocele and cystocele; and (b) using native tissue without graft; other than a service associated with a service to which item 35573, 35577 or 35578 applies (Anaes.) (Assist.)	576.3			432.25	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35571	Gynaecology	Type A Surgical	N	Posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving repair of one or more of the following: (i) perineum; (ii) rectocoele; (iii) enterocoele; and (b) using native tissue without graft; other than a service associated with a service to which item 35573, 35577 or 35578 applies (Anaes.) (Assist.)	576.3			432.25	
35572	Gynaecology	Type B Non-band specific	N	COLPOTOMYnot being a service to which another item in this Group applies (Anaes.)	128.85			96.65	
35573	Gynaecology	Type A Surgical	N	Anterior and posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving anterior and posterior compartment defects; and (b) using native tissue without graft; other than a service associated with a service to which item 35577 or 35578 applies (Anaes.) (Assist.)	864.55			648.45	
35577	Gynaecology	Type A Surgical	N	Manchester (Donald Fothergill) operation for pelvic organ prolapse, involving either or both of the following: (a) cervical amputation; (b) anterior and posterior native tissue vaginal wall repairs without graft (Anaes.) (Assist.)	701.85			526.4	
35578	Gynaecology	Type A Surgical	N	LE FORT OPERATION for genital prolapse, not being a service associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)	701.85			526.4	
35581	Gynaecology	Type A Surgical	N	Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), less than 2cm2 in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35582 or 35585 applies (Anaes.) (Assist.)	576.3			432.25	
35582	Gynaecology	Type A Surgical	N	Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure),2cm2 or more in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35581 or 35585 applies (Anaes.) (Assist.)	864.55			648.45	
35585	Gynaecology	Type A Advanced Surgical	N	Abdominal procedure, by open, laparoscopic or robot-assisted approach, if the service: (a) is for the removal of graft material: (i) in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure); or (ii) where the graft has penetrated adjacent organs such as the bladder (including urethra) or bowel; and (b) if required—includes retroperitoneal dissection, and mobilisation, of either or both of the bladder and bowel; other than a service associated with a service to which item 35581 or 35582 applies (Anaes.) (Assist.)	1532.85			1149.65	
35595	Gynaecology	Type A Advanced Surgical	N	LAPAROSCOPIC OR ABDOMINAL PELVIC FLOOR REPAIR INCORPORATING THE FIXATION OF THE UTEROSACRAL AND CARDINAL LIGAMENTS TO RECTOVAGINAL AND PUBOCERVICAL FASCIA for symptomatic upper vaginal vault prolapse (Anaes.) (Assist.)	1201.8			901.35	
35596	Gynaecology	Type A Surgical	N	FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not being a service to which item 37029, 37333 or 37336 applies (Anaes.) (Assist.)	711.6			533.7	
35597	Gynaecology	Type A Advanced Surgical	N	SACRAL COLPOPEXY, laparoscopic or open procedure where graft or mesh secured to vault, anterior and posterior compartment and to sacrum for correction of symptomatic upper vaginal vault prolapse (Anaes.) (Assist.)	1532.85			1149.65	
35599	Gynaecology	Type A Surgical	N	Stress incontinence, procedure using a female synthetic mid-urethral sling, with diagnostic cystoscopy to assess the integrity of the lower urinary tract, other than a service associated with a service to which item 36812 applies (H) (Anaes.) (Assist.)	788.6			591.45	
35602	Gynaecology	Type A Surgical	N	Stress incontinence, combined synchronous abdomino-vaginal operation for—abdominal procedure, with or without mesh, (including after care) (H) (Anaes.) (Assist.)	701.85			526.4	
35605	Gynaecology	Type A Surgical	N	Stress incontinence, combined synchronous abdomino-vaginal operation for—vaginal procedure, with or without mesh, (including after care) (Anaes.) (Assist.)	380.8			285.6	323.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35608	Gynaecology	Type C	N	CERVIX, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix (Anaes.)	66.55			49.95	56.6
35611	Gynaecology	Type B Non-band specific	N	CERVIX, removal of polyp or polypi, with or without dilatation of cervix, not being a service associated with a service to which item 35608 applies (Anaes.)	66.55			49.95	56.6
35612	Gynaecology	Type A Surgical	N	CERVIX, RESIDUAL STUMP, removal of, by abdominal approach (Anaes.) (Assist.)	526.5			394.9	447.55
35613	Gynaecology	Type A Surgical	N	CERVIX, RESIDUAL STUMP, removal of, by vaginal approach (Anaes.) (Assist.)	421.2			315.9	
35614	Gynaecology	Type C	N	EXAMINATION OF LOWER TRACT by a Hinselmanntype colposcope in a patient with a previous abnormal cervical smear screen result or a history of maternal ingestion of oestrogen or where a patient, because of suspicious signs of cancer, has been referred by another medical practitioner (Anaes.)	66.45			49.85	56.5
35615	Gynaecology	Type B Non-band specific	N	VULVA, biopsy of, when performed in conjunction with a service to which item 35614 applies	55.85			41.9	47.5
35616	Gynaecology	Type B Non-band specific	N	ENDOMETRIUM, endoscopic examination of and ablation of, by microwave or thermal balloon or radiofrequency electrosurgery, for chronic refractory menorrhagia including any hysteroscopy performed on the same day, with or without uterine curettage (Anaes.)	467.8			350.85	
35618	Gynaecology	Type B Non-band specific	N	CERVIX, cone biopsy, amputation or repair of, other than a service to which item35577 or 35578 applies (Anaes.)	226.8			170.1	192.8
35620	Gynaecology	Type C	N	ENDOMETRIAL BIOPSY where malignancy is suspected in patients with abnormal uterine bleeding or post menopausal bleeding (Anaes.)	55.5			41.65	47.2
35622	Gynaecology	Type A Surgical and Type B Non-band specific	N	ENDOMETRIUM, endoscopic ablation of, by laser or diathermy, for chronic refractory menorrhagia including any hysteroscopy performed on the same day, with or without uterine curettage, not being a service associated with a service to which item 30390 applies (Anaes.)	626.9			470.2	
35623	Gynaecology	Type A Surgical and Type B Non-band specific	N	HYSTEROSCOPIC RESECTION of myoma, or myoma and uterine septum resection (where both are performed), followed by endometrial ablation by laser or diathermy (Anaes.)	852.45			639.35	
35626	Gynaecology	Type B Non-band specific	N	HYSTEROSCOPY, including biopsy, performed by a specialist in the practice of his or her specialty where the patient is referred to him or her for the investigation of suspected intrauterine pathology (with or without local anaesthetic), not being a service associated with a service to which item 35627 or 35630 applies	86.1			64.6	73.2
35627	Gynaecology	Type B Non-band specific	N	HYSTEROSCOPY with dilatation of the cervix performed in the operating theatre of a hospital - not being a service associated with a service to which item 35626 or 35630 applies (Anaes.)	111.5			83.65	
35630	Gynaecology	Type B Non-band specific	N	HYSTEROSCOPY, with endometrial biopsy, performed in the operating theatre of a hospital - not being a service associated with a service to which item 35626 or 35627 applies (Anaes.)	190.45			142.85	
35633	Gynaecology	Type B Non-band specific	N	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 more of (Anaes.)	226.8			170.1	192.8
35634	Gynaecology	Type A Surgical	N	HYSTEROSCOPIC RESECTION of uterine septum followed by endometrial ablation by laser or diathermy (Anaes.)	713.45			535.1	625.55
35635	Gynaecology	Type A Surgical	N	HYSTEROSCOPY involving resection of the uterine septum (Anaes.)	311.6			233.7	
35636	Gynaecology	Type A Surgical	N	HYSTEROSCOPY, involving resection of myoma, or resection of myoma and uterine septum (where both are performed) (Anaes.)	450.55			337.95	
35637	Gynaecology	Type A Surgical and Type B Non-band specific	N	LAPAROSCOPY, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or similar procedure - 1 or more procedures with or without biopsy - not being a service associated with any other laparoscopic procedure or hysterectomy (Anaes.) (Assist.)	423.1			317.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35638	Gynaecology	Type A Surgical	N	Complicated operative laparoscopy, including use of laser when required, for one or more of the following procedures: (a) oophorectomy; (b) ovarian cystectomy; (c) myomectomy; (d) salpingectomy; (e) salpingostomy; (f) ablation of moderate or severe endometriosis requiring more than 1 hour's operating time; (g) division of utero-sacral ligaments for significant dysmenorrhoea; other than a service associated with another intraperitoneal or retroperitoneal procedure except item 30724 (H) (Anaes.) (Assist.)	740.35			555.3	
35640	Miscarriage and termination of pregnancy	Type B Non-band specific	N	UTERUS, CURETTAGE OF, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia, or under epidural or spinal (intrathecal) nerve block, including procedures to which item 35626, 35627 or 35630 applies,if performed (Anaes.)	190.45			142.85	
35641	Gynaecology	Type A Advanced Surgical	N	ENDOMETRIOSIS LEVEL 4 OR 5, LAPAROSCOPIC RESECTION OF, involving any two of the following procedures, resection of the pelvic side wall including dissection of endometriosis or scar tissue from the ureter, resection of the Pouch of Douglas, resection of an ovarian endometrioma greater than 2 cms in diameter, dissection of bowel from uterus from the level of the endocervical junction or above: where the operating time exceeds 90 minutes (Anaes.) (Assist.)	1293.05			969.8	
35643	Miscarriage and termination of pregnancy	Type B Non-band specific	N	EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE other than a service to which item 35640 applies, including procedures to which item 35626, 35627 or 35630 applies, if performed (Anaes.)	226.8			170.1	192.8
35644	Gynaecology	Type B Non-band specific	N	CERVIX, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, other than a service associated with a service to which item 35640 or 35647 applies (Anaes.)	211.9			158.95	180.15
35645	Gynaecology	Type A Surgical and Type B Non-band specific	N	CERVIX, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in conjunction with ablative therapy of additional areas of intraepithelial change in 1 or more sites of vagina, vulva, urethra or anus, not being a service associated with a service to which item 35648 applies (Anaes.)	331.6			248.7	281.9
35646	Gynaecology	Type B Non-band specific	N	CERVIX, colposcopy with radical diathermy of, with or without cervical biopsy, for previously confirmed intraepithelial neoplastic changes of the cervix (Anaes.)	211.9			158.95	180.15
35647	Gynaecology	Type B Non-band specific	N	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, not being a service associated with a service to which item 35644 applies (Anaes.)	211.9			158.95	180.15
35648	Gynaecology	Type A Surgical and Type B Non-band specific	N	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 additional areas of intraepithelial change of 1 or more sites of vagina, vulva, urethra or anus, not being a service associated with a service to which item 35645 applies (Anaes.)	331.6			248.7	281.9
35649	Gynaecology	Type A Surgical	N	HYSTEROTOMY or UTERINE MYOMECTOMY, abdominal (Anaes.) (Assist.)	557.7			418.3	
35653	Gynaecology	Type A Surgical	N	HYSTERECTOMY, ABDOMINAL, SUBTOTAL or TOTAL, with or without removal of uterine adnexae (Anaes.) (Assist.)	702.05			526.55	
35657	Gynaecology	Type A Surgical	N	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 minors.Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law.Observe the explanatory note before submitting a claim. (Anaes.) (Assist.)	702.05			526.55	
35658	Gynaecology	Type A Surgical	N	UTERUS (at least equivalent in size to a 10 week gravid uterus), debulking of, prior to vaginal removal at hysterectomy (Anaes.) (Assist.)	432.9			324.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35661	Gynaecology	Type A Advanced Surgical	N	HYSTERECTOMY, ABDOMINAL, requiring extensive retroperitoneal dissection, with or without exposure of 1 or both ureters, for the management of severe endometriosis, pelvic inflammatory disease or benign pelvic tumours, with or without conservation of the ovaries (Anaes.) (Assist.)	906.65			680	
35664	Gynaecology	Type A Advanced Surgical	N	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, paracolpos, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (Anaes.) (Assist.)	1511.1			1133.35	
35667	Gynaecology	Type A Advanced Surgical	N	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, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (Anaes.) (Assist.)	1284.25			963.2	
35670	Gynaecology	Type A Advanced Surgical	N	HYSTERECTOMY, abdominal, with radical excision of pelvic lymph nodes, with or without removal of uterine adnexae (Anaes.) (Assist.)	1057.5			793.15	
35673	Gynaecology	Type A Surgical	N	HYSTERECTOMY, VAGINAL (with or without uterine curettage) with salpingectomy, oophorectomy or excision of ovarian cyst, 1 or more, 1 or both sides (Anaes.) (Assist.)	788.5			591.4	
35674	Miscarriage and termination of pregnancy	Unlisted	N	ULTRASOUND GUIDED NEEDLING and injection of ectopic pregnancy	216.3			162.25	183.9
35677	Miscarriage and termination of pregnancy	Type A Surgical	N	ECTOPIC PREGNANCY, removal of (Anaes.) (Assist.)	557.7			418.3	
35678	Miscarriage and termination of pregnancy	Type A Surgical	N	ECTOPIC PREGNANCY, laparoscopic removal of (Anaes.) (Assist.)	672.45			504.35	
35680	Gynaecology	Type A Surgical	N	BICORNUATE UTERUS, plastic reconstruction for (Anaes.) (Assist.)	605.6			454.2	517.7
35684	Gynaecology	Type A Surgical	N	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure (Anaes.) (Assist.)	490.25			367.7	
35688	Gynaecology	Type A Surgical and Type B Non-band specific	N	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method NOTE:Strict legal requirements apply in relation to sterilisation procedures on minors.Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law.Observe the explanatory note before submitting a claim. (Anaes.) (Assist.)	413.35			310.05	
35691	Gynaecology	Unlisted	N	STERILISATION BY INTERRUPTION OF FALLOPIAN TUBES, when performed in conjunction with Caesarean section NOTE:Strict legal requirements apply in relation to sterilisation procedures on minors.Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law.Observe the explantory note before submitting a claim. (Anaes.) (Assist.)	165.1			123.85	
35694	Gynaecology	Type A Surgical	N	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, 1 or more procedures (Anaes.) (Assist.)	663.5			497.65	
35697	Gynaecology	Type A Advanced Surgical	N	MICROSURGICAL TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, 1 or more procedures (Anaes.) (Assist.)	984.55			738.45	
35700	Gynaecology	Type A Surgical	N	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope (Anaes.) (Assist.)	759.7			569.8	
35703	Gynaecology	Type B Band 1	N	HYDROTUBATION OF FALLOPIAN TUBES as a nonrepetitive procedure not being a service associated with a service to which another item in this Sub-group applies (Anaes.)	70.3			52.75	59.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
35706	Gynaecology	Unlisted	N	RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES (Anaes.)	70.3			52.75	59.8
35709	Gynaecology	Unlisted	N	FALLOPIAN TUBES, hydrotubation of, as a repetitive postoperative procedure (Anaes.)	45.25			33.95	38.5
35710	Gynaecology	Type A Surgical	N	FALLOPOSCOPY, unilateral or bilateral, including hysteroscopy and tubal catheterization (Anaes.) (Assist.)	482.05			361.55	
35713	Gynaecology	Type A Surgical	N	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARAOVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - one such procedure,other than a serviceassociated with hysterectomy (Anaes.) (Assist.)	471.2			353.4	
35717	Gynaecology	Type A Surgical	N	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARAOVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - 2 or more such procedures, unilateral or bilateral,other thana service associated with hysterectomy (Anaes.) (Assist.)	567.35			425.55	
35720	Gynaecology	Type A Surgical	N	RADICAL OR DEBULKING OPERATION for advanced gynaecological malignancy, with or without omentectomy (Anaes.) (Assist.)	701.85			526.4	
35723	Gynaecology	Type A Surgical	N	RETROPERITONEAL LYMPH NODE BIOPSIES from above the level of the aortic bifurcation, for staging or restaging of gynaecological malignancy (Anaes.) (Assist.)	502.7			377.05	
35726	Gynaecology	Type A Surgical	N	INFRACOLIC OMENTECTOMY with multiple peritoneal biopsies for staging or restaging of gynaecological malignancy (Anaes.) (Assist.)	502.7			377.05	
35729	Gynaecology	Unlisted	N	OVARIAN TRANSPOSITION out of the pelvis, in conjunction with radical hysterectomy for invasive malignancy (Anaes.)	226.6			169.95	
35730	Gynaecology	Type B Non-band specific	N	Ovarian repositioning for one or both ovaries to preserve ovarian function, prior to gonadotoxic radiotherapy when the treatment volume and dose of radiation have a high probability of causing infertility (Anaes.)	226.6			169.95	
35750	Gynaecology	Type A Surgical	N	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY, including any associated laparoscopy (Anaes.) (Assist.)	816.4			612.3	
35753	Gynaecology	Type A Advanced Surgical	N	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY with one or more of the following procedures:salpingectomy, oophorectomy, excision of ovarian cyst or treatment of moderate endometriosis, one or both sides, including any associated laparoscopy (Anaes.) (Assist.)	902.75			677.1	
35754	Gynaecology	Type A Advanced Surgical	N	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY which requires dissection of endometriosis, or other pathology, from the ureter, one or both sides, including any associated laparoscopy, including when performed with one or more of the following procedures:salpingectomy, oophorectomy, excision of ovarian cyst, or treatment of endometriosis, not being a service to which item 35641 applies (Anaes.) (Assist.)	1136.15			852.15	
35756	Gynaecology	Type A Surgical	N	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY, when procedure is completed by open hysterectomy, including any associated laparoscopy (Anaes.) (Assist.)	816.4			612.3	
35759	Gynaecology	Type A Surgical	N	Procedure for the control of POST OPERATIVE HAEMORRHAGE following gynaecological surgery, under general anaesthesia, utilising a vaginal or abdominal and vaginal approach where no other procedure is performed (Anaes.) (Assist.)	586.15			439.65	
36502	Common list	Type A Surgical	N	PELVIC LYMPHADENECTOMY, open or laparoscopic, or both, unilateral or bilateral (Anaes.) (Assist.)	711.6			533.7	
36503	Kidney and bladder	Type A Advanced Surgical	N	RENAL TRANSPLANT (not being a service to which item 36506 or 36509 applies) (Anaes.) (Assist.)	1447.5			1085.65	
36504	Kidney and bladder	Type B Non-band specific	N	RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with biopsy of bladder, not being a service associated with a service to which item 36505, 36507, 36508, 36812, 36830, 36836, 36840, 36845, 36848, 36854, 37203, 37206, 37215, 37230 or 37233 applies. (Anaes.)	306.8			230.1	260.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
36505	Kidney and bladder	Type B Non-band specific	N	RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with urethroscopy with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies. (Anaes.)	241.1			180.85	204.95
36506	Kidney and bladder	Type A Advanced Surgical	N	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating togethervascular anastomosis including aftercare (Anaes.) (Assist.)	962.2			721.65	
36507	Kidney and bladder	Type B Non-band specific	N	RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with resection, diathermy or visual laser destruction of bladder tumour or other lesion of the bladder, not being a service to which item 36840 or 36845 applies. (Anaes.)	403.9			302.95	343.35
36508	Kidney and bladder	Type A Surgical	N	RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with diathermy, resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2cm in diameter, not being a service to which item 36845 applies. (Anaes.)	787.05			590.3	699.15
36509	Kidney and bladder	Type A Surgical	N	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating togetherureterovesical anastomosis including aftercare (Assist.)	814.7			611.05	
36516	Kidney and bladder	Type A Advanced Surgical	N	Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	962.2			721.65	
36519	Kidney and bladder	Type A Advanced Surgical	N	Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, complicated by previous surgery on the same kidney, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1343.45			1007.6	
36522	Kidney and bladder	Type A Advanced Surgical	N	Nephrectomy, partial,by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1152.9			864.7	
36525	Kidney and bladder	Type A Advanced Surgical	N	Nephrectomy, partial, by open, laparoscopic or robot-assisted approach: (a) if complicated by previous surgery or ablative procedure on the same kidney; or (b) for a patient with a solitary functioning kidney; or (c) for a patient with an estimated glomerular filtration rate (eGFR) of less than 60ml/min/1.73m2; other than a service associated with a service to which item30390 or 30627 applies (Anaes.) (Assist.)	1638.25			1228.7	
36528	Kidney and bladder	Type A Advanced Surgical	N	Nephrectomy, radical, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour less than 10 cm in diameter, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1343.45			1007.6	
36529	Kidney and bladder	Type A Advanced Surgical	N	Nephrectomy, radical, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy: (a) for a tumour 10 cm or more in diameter; or (b) if complicated by previous open or laparoscopic surgery on the same kidney; other than a service associated with a service to which item30390 or 30627 applies (Anaes.) (Assist.)	1658			1243.5	
36531	Kidney and bladder	Type A Advanced Surgical	N	Nephroureterectomy, complete, by open, laparoscopic or robot-assisted approach, including associated bladder repair and any associated endoscopic procedure, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1204.8			903.6	
36532	Kidney and bladder	Type A Advanced Surgical	N	Nephroureterectomy, for tumour, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, other than a service to which item 36533 applies or a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1729.2			1296.9	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
36533	Kidney and bladder	Type A Advanced Surgical	N	Nephroureterectomy, for tumour, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, if complicated by previous open or laparoscopic surgery on the same kidney or ureter, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	2043.8			1532.85	
36537	Kidney and bladder	Type A Surgical	N	KIDNEY OR PERINEPHRIC AREA, EXPLORATION OF, with or without drainage of, by open exposure, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	719.4			539.55	
36543	Kidney and bladder	Type A Advanced Surgical	N	Nephrolithotomy or pyelolithotomy, or both, extended, for one or more renal stones, including one or more of nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (Anaes.) (Assist.)	1343.45			1007.6	1255.55
36546	Kidney and bladder	Type A Surgical	N	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) to urinary tract and posttreatment care for 3 days, including pretreatment consultation, unilateral (Anaes.)	719.4			539.55	631.5
36549	Kidney and bladder	Type A Surgical	N	Ureterolithotomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)	866.9			650.2	
36552	Kidney and bladder	Type A Surgical	N	NEPHROSTOMY or pyelostomy, open, as an independent procedure (Anaes.) (Assist.)	771.55			578.7	
36558	Kidney and bladder	Type A Surgical	N	RENAL CYST OR CYSTS, excision or unroofing of (Anaes.) (Assist.)	676.15			507.15	588.25
36561	Kidney and bladder	Type B Non-band specific	N	Renal biopsy, performed under image guidance (closed) (Anaes.)	179.5			134.65	152.6
36564	Kidney and bladder	Type A Advanced Surgical	N	Pyeloplasty, (plastic reconstruction of the pelvi-ureteric junction) by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)	962.2			721.65	
36567	Kidney and bladder	Type A Advanced Surgical	N	Pyeloplasty in a kidney that is congenitally abnormal (in addition to the presence of pelvi-ureteric junction obstruction), or in a solitary kidney, by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)	1057.5			793.15	
36570	Kidney and bladder	Type A Advanced Surgical	N	Pyeloplasty, complicated by previous surgery on the same kidney, by open,laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)	1343.45			1007.6	
36573	Kidney and bladder	Type A Advanced Surgical	N	DIVIDED URETER, repair of (Anaes.) (Assist.)	962.2			721.65	
36576	Kidney and bladder	Type A Advanced Surgical	N	Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, by open, laparoscopic or robot-assisted approach, other than a service associated with: (a) any other procedure performed on the kidney, renal pelvis or renal pedicle; or (b) a service to which item30390 or 30627 applies (Anaes.) (Assist.)	1204.8			903.6	
36579	Kidney and bladder	Type A Surgical	N	Ureterectomy, complete or partial: (a) for a tumour within the ureter, proven by histopathology at the time of surgery; or (b) for congenital anomaly; with or without associated bladder repair (Anaes.) (Assist.)	771.55			578.7	
36585	Kidney and bladder	Type A Surgical	N	URETER, transplantation of, into skin (Anaes.) (Assist.)	771.55			578.7	
36588	Kidney and bladder	Type A Advanced Surgical	N	URETER, reimplantation into bladder (Anaes.) (Assist.)	962.2			721.65	
36591	Kidney and bladder	Type A Advanced Surgical	N	URETER, reimplantation into bladder with psoas hitch or Boari flap or both (Anaes.) (Assist.)	1152.9			864.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
36594	Kidney and bladder	Type A Advanced Surgical	N	URETER, transplantation of, into intestine (Anaes.) (Assist.)	962.2			721.65	
36597	Kidney and bladder	Type A Advanced Surgical	N	URETER, transplantation of, into another ureter (Anaes.) (Assist.)	962.2			721.65	
36600	Kidney and bladder	Type A Advanced Surgical	N	URETER, transplantation of, into isolated intestinal segment, unilateral (Anaes.) (Assist.)	1152.9			864.7	1065
36603	Kidney and bladder	Type A Advanced Surgical	N	URETERS, transplantation of, into isolated intestinal segment, bilateral (Anaes.) (Assist.)	1343.45			1007.6	
36604	Kidney and bladder	Type A Surgical	N	Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional radiology techniques, but not including imaging (Anaes.)	278.55			208.95	236.8
36606	Kidney and bladder	Type A Advanced Surgical	N	INTESTINAL URINARY RESERVOIR, continent, formation of, including formation of nonreturn valves and implantation of ureters (1 or both) into reservoir (Anaes.) (Assist.)	2409.65			1807.25	
36607	Kidney and bladder	Type A Surgical	N	Ureteric stent insertion of, with balloon dilatation of: (a) the pelvicalyceal system; or (b) ureter; or (c) the pelvicalyceal system and ureter; through a nephrostomy tube using interventionalradiology techniques, but not including imaging (Anaes.)	718.7			539.05	
36608	Kidney and bladder	Type A Surgical	N	Ureteric stent, exchange of, percutaneously through either the ileal conduit or bladder, using interventional radiology techniques, but not including imaging, not being a service associated with a service to which items 36811 to 36854 apply (Anaes.)	278.55			208.95	
36609	Kidney and bladder	Type A Surgical	N	Intestinal urinary conduit, reservoir or ureterostomy, revision of (Anaes.) (Assist.)	771.55			578.7	
36610	Kidney and bladder	Type A Advanced Surgical	N	Intestinal urinary conduit, incontinent, formation of (including associated small bowel resection and anastomosis), including implantation of one or both ureters into reservoir (Anaes.) (Assist.)	1846.95			1385.25	
36611	Kidney and bladder	Type A Advanced Surgical	N	Intestinal urinary reservoir, continent, formation of (including associated small bowel resection and anastomosis), including formation of non-return valves and implantation of one or both ureters into reservoir, performed by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)	2913.2			2184.9	
36612	Kidney and bladder	Type A Surgical	N	URETER, exploration of, with or without drainage of, as an independent procedure (Anaes.) (Assist.)	676.15			507.15	
36615	Kidney and bladder	Type A Surgical	N	Ureterolysis, unilateral, with or without repositioning of the ureter, for obstruction of the ureter, if: (a) the obstruction: (i) is evident either radiologically or by proximal ureteric dilatation at operation; and (ii) is secondary to retroperitoneal fibrosis; and (b) there is biopsy proven fibrosis, endometriosis or cancer at the site of the obstruction at time of surgery (Anaes.) (Assist.)	771.55			578.7	
36618	Kidney and bladder	Type A Surgical	N	REDUCTION URETEROPLASTY (Anaes.) (Assist.)	676.15			507.15	
36621	Kidney and bladder	Type A Surgical	N	CLOSURE OF CUTANEOUS URETEROSTOMY (Anaes.) (Assist.)	483.35			362.55	
36624	Kidney and bladder	Type A Surgical	N	Nephrostomy, percutaneous, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.)	580.75			435.6	493.65
36627	Kidney and bladder	Type A Surgical	N	Nephroscopy, percutaneous, with or without any one or more of; stone extraction, biopsy or diathermy, not being a service to which item 36639 or 36645 applies (Anaes.)	719.4			539.55	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
36633	Kidney and bladder	Type A Surgical	N	Nephroscopy, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a service to which item 36627, 36639 or 36645 applies (Anaes.) (Assist.)	771.55			578.7	683.65
36636	Kidney and bladder	Type A Surgical	N	Nephroscopy, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639 or 36645 applies (Anaes.) (Assist.)	416.1			312.1	
36639	Kidney and bladder	Type A Surgical	N	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 (Anaes.)	866.9			650.2	
36645	Kidney and bladder	Type A Advanced Surgical	N	NEPHROSCOPY, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones (Anaes.) (Assist.)	1109.5			832.15	
36649	Kidney and bladder	Type A Surgical	N	Nephrostomy drainage tube, exchange of, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.)	278.55			208.95	236.8
36650	Kidney and bladder	Type B Non-band specific	N	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 (Anaes.)	155.8			116.85	
36652	Kidney and bladder	Type A Surgical	N	PYELOSCOPY, retrograde, of one collecting system, with or without any one or more of, cystoscopy, ureteric meatotomy, ureteric dilatation, not being a service associated with a service to which item 36803, 36812 or 36824 applies (Anaes.) (Assist.)	676.15			507.15	
36654	Kidney and bladder	Type A Surgical	N	PYELOSCOPY, retrograde, of one collecting system, being a service to which item 36652 applies, plus 1 or more of extraction of stone from the renal pelvis or calyces, or biopsy or diathermy of the renal pelvis or calyces, not being a service associated with a service to which item 36656 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)	866.9			650.2	
36656	Kidney and bladder	Type A Advanced Surgical	N	PYELOSCOPY, retrograde, of one collecting system, being a service to which item 36652 applies, plus extraction of 2 or more stones in the renal pelvis or calyces or destruction of stone with ultrasound, electrohydraulic or kinetic lithotripsy, or laser in the renal pelvis or calyces, with or without extraction of fragments, not being a service associated with a service to which item 36654 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)	1109.5			832.15	
36663	Kidney and bladder	Type A Surgical	N	Both:(a) percutaneous placement of sacral nerve lead or leads using fluoroscopic guidance, or open placement of sacral nerve lead or leads; and (b) intra-operative test stimulation, to manage: (i) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (ii) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (Anaes.)	687.75			515.85	599.85
36664	Kidney and bladder	Type A Surgical	N	Both:(a) percutaneous repositioning of sacral nerve lead or leads using fluoroscopic guidance, or open repositioning of sacral nerve lead or leads; and (b) intra-operative test stimulation, to correct displacement or unsatisfactory positioning, if inserted for the management of: (i) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (ii) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment —other than a service to which item 36663 applies (Anaes.)	617.6			463.2	529.7
36665	Kidney and bladder	Type B Band 1	N	Sacral nerve electrode or electrodes, management and adjustment of the pulse generator by a medical practitioner, to manage detrusor overactivity or non obstructive urinary retention - each day	130.45			97.85	110.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
36666	Kidney and bladder	Type A Surgical	N	Pulse generator, subcutaneous placement of, and placement and connection of extension wire or wires to sacral nerve electrode or electrodes, for the management of:(a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (Anaes.)	347.55			260.7	295.45
36667	Kidney and bladder	Type B Non-band specific	N	Sacral nerve lead or leads, removal of, if the lead was inserted to manage:(a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (Anaes.)	162.65			122	138.3
36668	Kidney and bladder	Type B Non-band specific	N	Pulse generator, removal of, if the pulse generator was inserted to manage:(a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (Anaes.)	162.65			122	138.3
36671	Kidney and bladder	Type C	N	Percutaneous tibial nerve stimulation, initial treatment protocol, for the treatment of overactive bladder, by a specialist urologist, gynaecologist or urogynaecologist, if: (a) the patient has been diagnosed with idiopathic overactive bladder; and (b) the patient has been refractory to, is contraindicated or otherwise not suitable for conservative treatments (including anti-cholinergic agents); and (c) the patient is contraindicated or otherwise not a suitable candidate for botulinum toxin type A therapy; and (d) the patient is contraindicated or otherwise not a suitable candidate for sacral nerve stimulation; and (e) the patient is willing and able to comply with the treatment protocol; and (f) the initial treatment protocol comprises 12 sessions, delivered over a 3 month period; and (g) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. For each patient—applicable only once, unless the patient achieves at least a 50% reduction in overactive bladder symptoms from baseline at any time during the 3 month treatment period. Not applicable for a service associated with a service to which item36672 or 36673 applies	208.1			156.1	176.9
36672	Kidney and bladder	Type C	N	Percutaneous tibial nerve stimulation, tapering treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if: (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and (b) the tapering treatment protocol comprises no more than 5 sessions, delivered over a 3 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. Not applicable for a service associated with a service to which item36671 or 36673 applies	208.1			156.1	176.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
36673	Kidney and bladder	Type C	N	Percutaneous tibial nerve stimulation, maintenance treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if: (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and to the tapering treatment protocol, and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and (b) the maintenance treatment protocol comprises no more than 12 sessions, delivered over a 12 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. Not applicable for service associated with a service to which item36671 or 36672 applies	208.1			156.1	176.9
36800	Kidney and bladder	Type C	N	BLADDER, catheterisation of, where no other procedure is performed (Anaes.)	28.7			21.55	24.4
36803	Kidney and bladder	Type A Surgical	N	Ureteroscopy, of one ureter, with or without any one or more of; cystoscopy, ureteric meatotomy or ureteric dilatation, not being a service associated with a service to which item 36652, 36654, 36656,36806, 36809, 36812, 36824 or 36848 applies (Anaes.) (Assist.)	485.25			363.95	412.5
36806	Kidney and bladder	Type A Surgical	N	Ureteroscopy, of one ureter: (a) with or without one or more of the following: (i) cystoscopy; (ii) endoscopic incision of pelviureteric junction or ureteric stricture; (iii) ureteric meatotomy; (iv) ureteric dilatation; and (b) with either or both of the following: (i) extraction of stone from the ureter; (ii) biopsy or diathermy of the ureter; other than: (c) a service associated with a service to which item36803 or 36812 applies; or (d) a service associated with a service, performed on the same ureter, to which item36809, 36824 or 36848 applies (Anaes.) (Assist.)	676.15			507.15	
36809	Kidney and bladder	Type A Surgical	N	Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, ureteric meatotomy or ureteric dilatation, plus destruction of stone in the ureter with ultrasound, electrohydraulic or kinetic lithotripsy, or laser, with or without extraction of fragments, not being a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36806, 36824 or 36848 applies to a procedure performed on the same ureter (Anaes.) (Assist.)	866.9			650.2	
36811	Kidney and bladder	Type A Surgical	N	Cystoscopy, with insertion of one or more urethral or prostatic prostheses, other than a service associated with a service to which item 37203, 37207 or 37230 applies (Anaes.)	336.5			252.4	286.05
36812	Kidney and bladder	Type B Non-band specific	N	Either or both of cystoscopy and urethroscopy, with or without urethral dilatation, other than a service associated with any other urological endoscopic procedure on the lower urinary tract (Anaes.)	173.45			130.1	147.45
36815	Kidney and bladder	Type B Non-band specific	N	CYSTOSCOPY, with or without urethroscopy, for the treatment of penile warts or uretheral warts, not being a service associated with a service to which item 30189 applies (Anaes.)	247.55			185.7	210.45
36818	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	Cystoscopy, with ureteric catheterisation, unilateral or bilateral, guided by fluoroscopic imaging of the upper urinary tract, other than a service associated with a service to which item 36824 or 36830 applies (Anaes.)	287.8			215.85	244.65
36821	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	Cystoscopy with one or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or renal pelvis, unilateral (Anaes.) (Assist.)	336.3			252.25	285.9
36822	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	Cystoscopy, with ureteric catheterisation, unilateral: (a) guided by fluoroscopic imaging of the upper urinary tract; and (b) including one or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis; other than a service associated with a service to which item36818, 36821 or 36830 applies (Anaes.) (Assist.)	480.25			360.2	408.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
36823	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	Cystoscopy, with removal of ureteric stent and ureteric catheterisation, unilateral: (a) guided by fluoroscopic imaging of the upper urinary tract; and (b) including either or both of the following: (i) ureteric dilatation; or (ii) insertion of ureteric stent of ureter or of renal pelvis; other than a service associated with a service to which item36818, 36821, 36830 or 36833 applies (Anaes.) (Assist.)	552.2			414.15	469.4
36824	Kidney and bladder	Type B Non-band specific	N	Cystoscopy, with ureteric catheterisation, unilateral or bilateral,other than a service associated with a service to which item 36818 applies (Anaes.)	221.8			166.35	188.55
36827	Kidney and bladder	Type B Non-band specific	N	Cystoscopy, with controlled hydrodilatation of the bladder,other than a service associated with a service to which item 37011 or 37245 applies (Anaes.)	239.2			179.4	203.35
36830	Kidney and bladder	Type B Non-band specific	N	CYSTOSCOPY, with ureteric meatotomy (Anaes.)	211.5			158.65	
36833	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	Cystoscopy, with removal of ureteric stent or other foreign body in the lower urinary tract, unilateral (Anaes.)	287.8			215.85	244.65
36836	Kidney and bladder	Type B Non-band specific	N	CYSTOSCOPY, with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203, 37206, 37215, 37230 or 37233applies (Anaes.)	239.2			179.4	203.35
36840	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	Cystoscopy, with diathermy, resection or visual laser destruction of bladder tumour or other lesion of the bladder, for: (a) a tumour or lesion in only one quadrant of the bladder; or (b) a solitary tumour of not more than 2 cm in diameter; other than a service associated with a service to which item36845 applies (Anaes.)	336.3			252.25	285.9
36842	Kidney and bladder	Type A Surgical	N	Cystoscopy, with lavage of blood clots from bladder, including any associated cautery of prostate or bladder, other than a service associated with a service to which any of items 36812, 36827 to 36863, 37203, 37206, 37230 and 37233 apply (Anaes.)	338.35			253.8	
36845	Kidney and bladder	Type A Surgical	N	Cystoscopy, with diathermy, resection or visual laser destruction of: (a) multiple tumours in 2 or more quadrants of the bladder; or (b) a solitary bladder tumour of more than 2 cm in diameter (Anaes.)	719.4			539.55	631.5
36848	Kidney and bladder	Unlisted	N	CYSTOSCOPY, with resection of ureterocele (Anaes.)	239.2			179.4	
36851	Kidney and bladder	Unlisted	N	Cystoscopy, with injection into bladder wall, other than a service associated with a service to which item 18375 or 18379 applies (H) (Anaes.)	239.2			179.4	
36854	Kidney and bladder	Type A Surgical	N	CYSTOSCOPY, with endoscopic incision or resection of external sphincter, bladder neck or both (Anaes.)	485.25			363.95	
36860	Kidney and bladder	Type B Non-band specific	N	ENDOSCOPIC EXAMINATION of intestinal conduit or reservoir (Anaes.)	173.45			130.1	147.45
36863	Kidney and bladder	Type A Surgical	N	Litholapaxy, with or without cystoscopy (Anaes.)	485.25			363.95	
37000	Kidney and bladder	Type A Surgical	N	BLADDER, partial excision of (Anaes.) (Assist.)	771.55			578.7	
37004	Kidney and bladder	Type A Surgical	N	BLADDER, repair of rupture (Anaes.) (Assist.)	676.15			507.15	
37008	Kidney and bladder	Type A Surgical	N	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 procedure (Anaes.) (Assist.)	433.3			325	368.35
37011	Kidney and bladder	Type B Non-band specific	N	Suprapubic stab cystotomy, other than a service associated with a service to which item 36827 applies (Anaes.)	97.1			72.85	82.55
37014	Kidney and bladder	Type A Advanced Surgical	N	BLADDER, total excision of (Anaes.) (Assist.)	1109.5			832.15	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37015	Kidney and bladder	Type A Advanced Surgical	N	Bladder, total excision of, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis (Anaes.) (Assist.)	1331.4			998.55	
37016	Kidney and bladder	Type A Advanced Surgical	N	Cystectomy, including prostatectomy and pelvic lymph node dissection, other than a service associated with a service to which items 37000, 37014, 37015, 37209, 35551 or 36502 applies (Anaes.) (Assist.)	2076.05			1557.05	
37018	Kidney and bladder	Type A Advanced Surgical	N	Cystectomy, including prostatectomy and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis, other than a service associated with a service to which items 37000, 37014, 37015, 37016, 37209, 35551 or 36502 applies (Anaes.) (Assist.)	3114.15			2335.65	
37019	Kidney and bladder	Type A Advanced Surgical	N	Cystectomy, including anterior exenteration and pelvic lymph node dissection, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502, and 35653 to 35756 apply (Anaes.) (Assist.)	2073.7			1555.3	
37020	Kidney and bladder	Type A Surgical	N	BLADDER DIVERTICULUM, excision or obliteration of (Anaes.) (Assist.)	771.55			578.7	
37021	Kidney and bladder	Type A Advanced Surgical	N	Cystectomy, including anterior exenteration and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, radiation therapy or chemotherapy to the pelvis, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502 and 35653 to 35756 apply (Anaes.) (Assist.)	3110.55			2332.95	
37023	Kidney and bladder	Type A Surgical	N	VESICAL FISTULA, cutaneous, operation for (Anaes.)	433.3			325	
37026	Kidney and bladder	Type A Surgical	N	CUTANEOUS VESICOSTOMY, establishment of (Anaes.) (Assist.)	433.3			325	
37029	Kidney and bladder	Type A Advanced Surgical	N	VESICOVAGINAL FISTULA, closure of, by abdominal approach (Anaes.) (Assist.)	962.2			721.65	
37038	Kidney and bladder	Type A Surgical	N	VESICOINTESTINAL FISTULA, closure of, excluding bowel resection (Anaes.) (Assist.)	719.75			539.85	
37039	Kidney and bladder	Type A Surgical	N	Bladder stress incontinence, sling procedure for, using a non-autologous biological sling (Anaes.) (Assist.)	701.85			526.4	
37040	Kidney and bladder	Type A Advanced Surgical	N	Bladder stress incontinence, sling procedure for, using a non-adjustable synthetic male sling system, other than a service associated with a service to which item 37042 applies (H) (Anaes.) (Assist.)	948.25			711.2	
37041	Kidney and bladder	Type C	N	BLADDER ASPIRATION by needle	48.5			36.4	41.25
37042	Kidney and bladder	Type A Advanced Surgical	N	Bladder stress incontinence—sling procedure for, using autologous fascial sling, including harvesting of sling, other than a service associated with a service to which item 35599 applies (H) (Anaes.) (Assist.)	948.25			711.2	
37043	Kidney and bladder	Type A Surgical	N	Bladder stress incontinence, Stamey or similar type needle colposuspension, other than a service associated with a service to which item 35599 applies (H) (Anaes.) (Assist.)	701.85			526.4	
37044	Kidney and bladder	Type A Surgical	N	Bladder stress incontinence, suprapubic procedure for, e.g., Burch colposuspension, other than a service associated with a service to which item 35599 applies (H) (Anaes.) (Assist.)	719.75			539.85	
37045	Kidney and bladder	Type A Advanced Surgical	N	CONTINENT CATHETERISATION BLADDER STOMAS (eg. Mitrofanoff), formation of (Anaes.) (Assist.)	1486.6			1114.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37046	Kidney and bladder	Type A Surgical	N	Suprapubic or perineal procedure for excision of graft material, either singly or in multiple pieces, for a symptomatic patient with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), if not more than one service to which this item applies has been provided to the patient by the same practitioner in the preceding 12 months (Anaes.) (Assist.)	720.5			540.4	
37047	Kidney and bladder	Type A Advanced Surgical	N	BLADDER ENLARGEMENT using intestine (Anaes.) (Assist.)	1733.55			1300.2	
37048	Kidney and bladder	Type A Advanced Surgical	N	Bladder neck closure for the management of urinary incontinence (Anaes.) (Assist.)	962.2			721.65	
37050	Kidney and bladder	Type A Surgical	N	BLADDER EXSTROPHY CLOSURE, not involving sphincter reconstruction (Anaes.) (Assist.)	771.55			578.7	
37053	Kidney and bladder	Type A Advanced Surgical	N	BLADDER TRANSECTION AND RE-ANASTOMOSIS TO TRIGONE (Anaes.) (Assist.)	891.4			668.55	
37200	Male reproductive system	Type A Advanced Surgical	N	Prostatectomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)	1057.5			793.15	
37201	Male reproductive system	Type A Surgical	N	PROSTATE, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including services to which item 36854, 37203, 37206, 37207, 37208, 37245, 37303, 37321 or 37324 applies (Anaes.)	862.45			646.85	
37202	Male reproductive system	Type A Surgical	N	PROSTATE, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is prostatectomy using diathermy or cold punch) and including services to which item 36854, 37245, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203 or 37207 which had to be discontinued for medical reasons (Anaes.)	432.9			324.7	368
37203	Male reproductive system	Type A Advanced Surgical	N	Prostatectomy, transurethral resection using cautery, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37201, 37202, 37207, 37208, 37245, 37303, 37321 or 37324 applies (Anaes.)	1084.35			813.3	
37206	Male reproductive system	Type A Surgical	N	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 items36854, 37303, 37321 and 37324 apply; continuation, within 10 days, of treatment of benign prostatic hyperplasia that had to be discontinued for medical reasons (Anaes.)	580.75			435.6	
37207	Male reproductive system	Type A Advanced Surgical	N	PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37201, 37202, 37203, 37206, 37245, 37303, 37321 or 37324 applies (Anaes.)	1084.35			813.3	
37208	Male reproductive system	Type A Surgical	N	PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37201, 37203, 37207 or 37245 which had to be discontinued for medical reasons (Anaes.)	580.75			435.6	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37209	Male reproductive system	Type A Advanced Surgical	N	PROSTATE, and/or SEMINAL VESICLE/AMPULLA OF VAS, unilateral or bilateral, total excision of, not being a service associated with a service to which item number 37210 or 37211 applies (Anaes.) (Assist.)	1343.45			1007.6	
37210	Male reproductive system	Type A Advanced Surgical	N	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated) with or without bladder neck reconstruction, other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)	1658			1243.5	
37211	Male reproductive system	Type A Advanced Surgical	N	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated): (a) with or without bladder neck reconstruction; and (b) with pelvic lymphadenectomy; other than a service associated with a service to which item30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)	2013.6			1510.2	
37213	Male reproductive system	Type A Advanced Surgical	N	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated): (a) complicated by: (i) previous radiation therapy (including brachytherapy) on the prostate; or (ii) previous ablative procedures on the prostate; and (b) with bladder neck reconstruction; other than a service associated with a service to which item30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)	2486.85			1865.15	
37214	Male reproductive system	Type A Advanced Surgical	N	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated): (a) complicated by: (i) previous radiation therapy (including brachytherapy) on the prostate; or (ii) previous ablative procedures on the prostate; and (b) with bladder neck reconstruction and pelvic lymphadenectomy; other than a service associated with a service to which item30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)	3020.65			2265.5	
37215	Male reproductive system	Type A Surgical and Type B Non-band specific	N	Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.)	433.3			325	368.35
37216	Male reproductive system	Type B Non-band specific	N	Prostate or prostatic bed, needle biopsy of, by the transrectal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55603 applies (Anaes.)	146.15			109.65	124.25
37217	Male reproductive system	Type B Non-band specific	N	Prostate, implantation of radio-opaque fiducial markers into the prostate gland or prostate surgical bed, under ultrasound guidance, being an item associated with a service to which item 55603 applies (Anaes.)	143.9			107.95	122.35
37218	Male reproductive system	Type B Non-band specific	N	Prostate, injection into, one or more, excluding insertion of fiduciary markers (Anaes.)	143.9			107.95	122.35
37219	Male reproductive system	Type B Non-band specific	N	Prostate or prostatic bed, needle biopsy of, by the transperineal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55600 or 55603 applies (Anaes.)	350.75			263.1	298.15
37220	Male reproductive system	Type A Advanced Surgical	N	Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance: (a) for a patient with: (i) localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate); and (ii) a Gleason score of less than or equal to 7 (Grade Group 1 to Grade Group 3); and (iii) a prostate specific antigen (PSA) of not more than 10ng/ml at the time of diagnosis; and (b) performed by a urologist at an approved site in association with a radiation oncologist; and (c) being a service associated with: (i) services to which items15338 and 55603 apply; and (ii) a service to which item60506 or 60509 applies (Anaes.)	1086.5			814.9	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37221	Male reproductive system	Type A Surgical	N	Prostatic abscess, endoscopic drainage of (Anaes.)	485.25			363.95	
37223	Male reproductive system	Unlisted	N	PROSTATIC COIL, insertion of, under ultrasound control (Anaes.)	214.6			160.95	
37224	Male reproductive system	Type A Surgical	N	Prostate, diathermy or cauterisation,other than a service associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208 or 37215 applies (Anaes.)	336.3			252.25	285.9
37226	Male reproductive system	Type B Non-band specific	N	Prostate or prostatic bed, needle biopsy of, using prostatic magnetic resonance imaging techniques and obtaining 1 or more prostatic specimens. (Anaes.) (Anaes.)	292.25			219.2	248.45
37227	Male reproductive system	Type A Surgical	N	PROSTATE, transperineal insertion of catheters into, for high dose rate brachytherapy using ultrasound guidance including any associated cystoscopy. The procedure must be performed at an approved site in association with a radiation oncologist, and be associated with a service to which item 15331 or 15332 applies. (Anaes.)	588.75			441.6	500.85
37230	Male reproductive system	Type A Advanced Surgical	N	Prostate, ablation by electrocautery or high-energy transurethral microwave thermotherapy, with or without cystoscopy and with or without urethroscopy (Anaes.)	1084.35			813.3	996.45
37233	Male reproductive system	Type A Surgical	N	Prostate, ablation by electrocautery or high-energy transurethral microwave thermotherapy, with or without cystoscopy and with or without urethroscopy, continuation, within 10 days, of a urological procedure of the prostate that had to be discontinued for medical reasons (Anaes.)	580.75			435.6	493.65
37245	Male reproductive system	Type A Advanced Surgical	N	Prostate, endoscopic enucleation of, for the treatment of benign prostatic hyperplasia: (a) with morcellation, including mechanical morcellation or by an endoscopic technique; and (b) with or without cystoscopy; and (c) with or without urethroscopy; and other than a service associated with a service to which item36827, 36854, 37008, 37201, 37202, 37203, 37206, 37207, 37208, 37303, 37321 or 37324 applies (Anaes.)	1313.3			985	
37300	Kidney and bladder	Type C	N	URETHRAL SOUNDS, passage of, as an independent procedure (Anaes.)	48.5			36.4	41.25
37303	Kidney and bladder	Type C	N	URETHRAL STRICTURE, dilatation of (Anaes.)	77.1			57.85	65.55
37306	Kidney and bladder	Type A Surgical	N	URETHRA, repair of rupture of distal section (Anaes.) (Assist.)	676.15			507.15	
37309	Kidney and bladder	Type A Advanced Surgical	N	URETHRA, repair of rupture of prostatic or membranous segment (Anaes.) (Assist.)	962.2			721.65	
37318	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	Urethroscopy, with or without cystoscopy, with one or more of biopsy, diathermy, visual laser destruction of urethral calculi or removal of foreign body or calculi (Anaes.)	287.8			215.85	244.65
37321	Kidney and bladder	Type B Non-band specific	N	URETHRAL MEATOTOMY, EXTERNAL (Anaes.)	97.1			72.85	82.55
37324	Kidney and bladder	Type B Non-band specific	N	Urethrotomy or urethrostomy, internal or external (Anaes.) (Assist.)	239.2			179.4	
37327	Kidney and bladder	Type A Surgical	N	URETHROTOMY, optical, for urethral stricture (Anaes.) (Assist.)	336.3			252.25	
37330	Kidney and bladder	Type A Surgical	N	URETHRECTOMY, partial or complete, for removal of tumour (Anaes.) (Assist.)	676.15			507.15	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37333	Kidney and bladder	Type A Surgical	N	URETHROVAGINAL FISTULA, closure of (Anaes.) (Assist.)	580.75			435.6	
37336	Kidney and bladder	Type A Surgical	N	URETHRORECTAL FISTULA, closure of (Anaes.) (Assist.)	771.55			578.7	
37338	Kidney and bladder	Type A Advanced Surgical	N	Urethral synthetic male sling system, division or removal of, for urethral obstruction, sling erosion, pain or infection, following previous surgery for urinary incontinence, other than a service associated with a service to which item 37340 or 37341 applies (Anaes.) (Assist.)	948.25			711.2	
37339	Kidney and bladder	Type B Non-band specific	N	Periurethral or transurethral injection of urethral bulking agents for the treatment of urinary incontinence, including cystoscopy and urethroscopy, other than a service associated with a service to which item 18375 or 18379 applies (Anaes.)	249.6			187.2	212.2
37340	Kidney and bladder	Type A Advanced Surgical	N	Urethral synthetic sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service associated with a service to which item 37341 or 37344 applies (Anaes.) (Assist.)	948.25			711.2	
37341	Kidney and bladder	Type A Advanced Surgical	N	Urethral sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, suprapubic, combined suprapubic and vaginal or combined suprapubic and perineal approach, other than a service associated with a service to which item 37340 or 37344 applies (Anaes.) (Assist.)	948.25			711.2	
37342	Kidney and bladder	Type A Surgical	N	URETHROPLASTYsingle stage operation (Anaes.) (Assist.)	866.9			650.2	
37343	Kidney and bladder	Type A Advanced Surgical	N	URETHROPLASTY, single stage operation, transpubic approach via separate incisions above and below the symphysis pubis, excluding laparotomy, symphysectomy and suprapubic cystotomy, with or without re-routing of the urethra around the crura (Anaes.) (Assist.)	1447.5			1085.65	
37344	Kidney and bladder	Type A Advanced Surgical	N	Urethral autologous fascial sling (or other biological sling), division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service to which 37340 or 37341 applies (Anaes.) (Assist.)	948.25			711.2	
37345	Kidney and bladder	Type A Surgical	N	URETHROPLASTY2 stage operationfirst stage (Anaes.) (Assist.)	719.4			539.55	
37348	Kidney and bladder	Type A Surgical	N	URETHROPLASTY2 stage operationsecond stage (Anaes.) (Assist.)	719.4			539.55	
37351	Kidney and bladder	Type A Surgical	N	URETHROPLASTY, not being a service to which another item in this Group applies (Anaes.) (Assist.)	287.8			215.85	
37354	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	HYPOSPADIAS, meatotomy and hemicircumcision (Anaes.) (Assist.)	336.3			252.25	
37369	Kidney and bladder	Type B Non-band specific	N	URETHRA, excision of prolapse of (Anaes.)	194.2			145.65	
37372	Kidney and bladder	Type A Advanced Surgical	N	Urethral diverticulum, excision of (Anaes.) (Assist.)	962.2			721.65	
37375	Kidney and bladder	Type A Advanced Surgical	N	URETHRAL SPHINCTER, reconstruction by bladder tubularisation technique or similar procedure (Anaes.) (Assist.)	1204.8			903.6	
37381	Kidney and bladder	Type A Surgical	N	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, perineal approach (Anaes.) (Assist.)	771.55			578.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37384	Kidney and bladder	Type A Advanced Surgical	N	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, abdominal approach (Anaes.) (Assist.)	1204.8			903.6	
37387	Kidney and bladder	Type A Surgical	N	ARTIFICIAL URINARY SPHINCTER, insertion of pressure regulating balloon and pump (Anaes.) (Assist.)	336.3			252.25	
37388	Kidney and bladder	Type C	N	Artificial urinary sphincter, sterile, percutaneous adjustment of filling volume	101.9			76.45	86.65
37390	Kidney and bladder	Type A Advanced Surgical	N	ARTIFICIAL URINARY SPHINCTER, revision or removal of, with or without replacement (Anaes.) (Assist.)	962.2			721.65	
37393	Male reproductive system	Unlisted	N	PRIAPISM, decompression by glanular stab cavernosospongiosum shunt or penile aspiration with or without lavage (Anaes.)	239.2			179.4	203.35
37396	Male reproductive system	Type A Surgical	N	PRIAPISM, shunt operation for, not being a service to which item 37393 applies (Anaes.) (Assist.)	771.55			578.7	
37402	Male reproductive system	Type A Surgical	N	PENIS, partial amputation of (Anaes.) (Assist.)	485.25			363.95	
37405	Male reproductive system	Type A Advanced Surgical	N	PENIS, complete or radical amputation of (Anaes.) (Assist.)	962.2			721.65	
37408	Male reproductive system	Type A Surgical	N	PENIS, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (Anaes.) (Assist.)	485.25			363.95	
37411	Male reproductive system	Type A Advanced Surgical	N	PENIS, repair of avulsion (Anaes.) (Assist.)	962.2			721.65	874.3
37415	Male reproductive system	Type C	N	Penis, injection of, for the investigation and treatment of erectile dysfunction. Applicable not more than twice in a 36-month period	48.5			36.4	41.25
37417	Male reproductive system	Type A Surgical	N	Penis, correction of chordee by plication techniques including Nesbit's corporoplasty (Anaes.) (Assist.)	580.75			435.6	
37418	Male reproductive system	Type A Surgical	N	Penis, correction of chordee with incision or excision of fibrous plaque or plaques, with or without mobilisation of one or both of the neuro-vascular bundle and urethra (Anaes.) (Assist.)	771.55			578.7	683.65
37423	Male reproductive system	Type A Advanced Surgical	N	Penis, lengthening by translocation of corpora, in conjunction with partial penectomy or penile epispadias secondary repair, either as primary or secondary procedures (Anaes.) (Assist.)	962.2			721.65	
37426	Male reproductive system	Type A Advanced Surgical	N	PENIS, artificial erection device, insertion of, into 1 or both corpora (Anaes.) (Assist.)	1014.05			760.55	
37429	Male reproductive system	Type A Surgical	N	PENIS, artificial erection device, insertion of pump and pressure regulating reservoir (Anaes.) (Assist.)	336.3			252.25	
37432	Male reproductive system	Type A Advanced Surgical	N	PENIS, artificial erection device, complete or partial revision or removal of components, with or without replacement (Anaes.) (Assist.)	962.2			721.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37435	Male reproductive system	Type B Non-band specific	N	PENIS, frenuloplasty as an independent procedure (Anaes.)	97.1			72.85	82.55
37438	Male reproductive system	Type A Surgical	N	Scrotum, partial excision of, for histologically proven malignancy or infection (Anaes.) (Assist.)	287.8			215.85	244.65
37601	Male reproductive system	Type A Surgical	N	SPERMATOCELE OR EPIDIDYMAL CYST, excision of, 1 or more of, on 1 side (Anaes.)	287.8			215.85	244.65
37604	Male reproductive system	Type A Surgical	N	Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral or bilateral, other than a service associated with sperm harvesting for IVF (Anaes.)	287.8			215.85	244.65
37605	Assisted reproductive services	Type A Surgical	N	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 item 13218 applies. (Anaes.)	388.6			291.45	330.35
37606	Assisted reproductive services	Type A Surgical	N	Open surgical sperm retrieval, unilateral, including the exploration of scrotal contents, with our without biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, performed in a hospital, excluding a service to which item13218 or 37604 applies. (Anaes.)	577			432.75	490.45
37607	Male reproductive system	Type A Advanced Surgical	N	Bilateral retroperitoneal lymph node dissection, for testicular tumour, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	1443.25			1082.45	
37610	Male reproductive system	Type A Advanced Surgical	N	Bilateral retroperitoneal lymph node dissection, for testicular tumour, following previous similar retroperitoneal dissection, retroperitoneal radiation therapy or chemotherapy, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)	2171.3			1628.5	
37613	Male reproductive system	Type A Surgical	N	EPIDIDYMECTOMY (Anaes.)	287.8			215.85	244.65
37616	Male reproductive system	Type A Surgical	N	VASOVASOSTOMY or VASOEPIDIDYMOSTOMY, unilateral, using operating microscope, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	719.4			539.55	
37619	Male reproductive system	Type A Surgical	N	VASOVASOSTOMY or VASOEPIDIDYMOSTOMY, unilateral, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	287.8			215.85	244.65
37623	Male reproductive system	Type B Non-band specific	N	VASOTOMY OR VASECTOMY, unilateral or bilateral NOTE:Strict legal requirements apply in relation to sterilisation procedures on minors.Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law.Observe the explanatory note before submitting a claim. (Anaes.)	239.2			179.4	203.35
37800	Kidney and bladder	Type A Surgical	N	PATENT URACHUS, excision of, on a patient 10 years of age or over. (Anaes.) (Assist.)	542.4			406.8	
37801	Kidney and bladder	Type A Surgical	N	PATENT URACHUS, excision of, when performed on a patient under 10 years of age (Anaes.) (Assist.)	705.15			528.9	
37803	Male reproductive system	Type A Surgical and Type B Non-band specific	N	UNDESCENDED TESTIS, orchidopexy for, not being a service to which item 37806 applies, on a patient 10 years of age or over. (Anaes.) (Assist.)	542.4			406.8	
37804	Male reproductive system	Type A Surgical	N	UNDESCENDED TESTIS, orchidopexy for, not being a service to which item 37807 applies, on apatient under 10 years of age (Anaes.) (Assist.)	705.15			528.9	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37806	Male reproductive system	Type A Surgical and Type B Non-band specific	N	UNDESCENDED TESTIS in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a patient 10 years of age or over (Anaes.) (Assist.)	626.7			470.05	538.8
37807	Male reproductive system	Type A Surgical	N	UNDESCENDED TESTIS in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a patient under 10 years of age (Anaes.) (Assist.)	814.7			611.05	726.8
37809	Male reproductive system	Type A Surgical and Type B Non-band specific	N	UNDESCENDED TESTIS, revision orchidopexy for, on a patient 10 years of age or over. (Anaes.) (Assist.)	626.7			470.05	
37810	Male reproductive system	Type A Surgical	N	UNDESCENDED TESTIS, revision orchidopexy for, on a patient under 10 years of age (Anaes.) (Assist.)	814.7			611.05	
37812	Male reproductive system	Type A Surgical and Type B Non-band specific	N	IMPALPABLE TESTIS, exploration of groin for, not being a service associated with a service to which items 37803, 37806 and 37809 applies, on a patient 10 years of age or over. (Anaes.) (Assist.)	578.5			433.9	
37813	Male reproductive system	Type A Surgical	N	IMPALPABLE TESTIS, exploration of groin for, not being a service associated with a service to which items 37804, 37807 and 37810 applies, on a patient under 10 years of age (Anaes.) (Assist.)	752.05			564.05	
37815	Male reproductive system	Type B Non-band specific	N	HYPOSPADIAS, examination under anaesthesia with erection test on a patient 10 years of age or over. (Anaes.)	96.5			72.4	
37816	Male reproductive system	Type B Non-band specific	N	HYPOSPADIAS, examination under anaesthesia with erection test, on apatient under 10 years of age (Anaes.)	125.5			94.15	
37818	Male reproductive system	Type A Surgical	N	HYPOSPADIAS, glanuloplasty incorporating meatal advancement, on a patient 10 years of age or over (Anaes.) (Assist.)	511.35			383.55	434.65
37819	Male reproductive system	Type A Surgical	N	HYPOSPADIAS, glanuloplasty incorporating meatal advancement, on a patient under 10 years of age (Anaes.) (Assist.)	664.8			498.6	576.9
37821	Male reproductive system	Type A Surgical	N	HYPOSPADIAS, distal, 1 stage repair, on a patient 10 years of age or over. (Anaes.) (Assist.)	866.9			650.2	
37822	Male reproductive system	Type A Surgical	N	HYPOSPADIAS, distal, 1 stage repair, on a patient under 10 years of age (Anaes.) (Assist.)	1126.95			845.25	
37824	Male reproductive system	Type A Advanced Surgical	N	HYPOSPADIAS, proximal, 1 stage repair, on a patient 10 years of age or over (Anaes.) (Assist.)	1205.25			903.95	
37825	Male reproductive system	Type A Advanced Surgical	N	HYPOSPADIAS, proximal, 1 stage repair, on a patient under 10 years of age (Anaes.) (Assist.)	1566.85			1175.15	
37827	Male reproductive system	Type A Surgical	N	HYPOSPADIAS, staged repair, first stage, on a patient 10 years of age or over (Anaes.) (Assist.)	555.25			416.45	
37828	Male reproductive system	Type A Surgical	N	HYPOSPADIAS, staged repair, first stage, on a patient under 10 years of age (Anaes.) (Assist.)	721.8			541.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
37830	Male reproductive system	Type A Surgical	N	HYPOSPADIAS, staged repair, second stage, on a patient 10 years of age or over (Anaes.) (Assist.)	719.4			539.55	631.5
37831	Male reproductive system	Type A Advanced Surgical	N	HYPOSPADIAS, staged repair, second stage, on a patient under 10 years of age (Anaes.) (Assist.)	935.35			701.55	847.45
37833	Male reproductive system	Type A Surgical	N	Hypospadias, repair of urethral fistula, on apatient 10 years of age or over (Anaes.) (Assist.)	343.35			257.55	
37834	Male reproductive system	Type A Surgical	N	Hypospadias, repair of urethral fistula, on a patient under 10 years of age (Anaes.) (Assist.)	446.35			334.8	
37836	Male reproductive system	Type A Surgical	N	EPISPADIAS, staged repair, first stage (Anaes.) (Assist.)	723.15			542.4	
37839	Male reproductive system	Type A Surgical	N	EPISPADIAS, staged repair, second stage (Anaes.) (Assist.)	819.5			614.65	
37842	Kidney and bladder	Type A Advanced Surgical	N	Exstrophy of bladder or epispadias, primary or secondary repair with or without bladder neck tightening, with or without ureteric reimplantation (Anaes.) (Assist.)	1591.05			1193.3	
37845	Kidney and bladder	Type A Surgical	N	Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with or without endoscopy (Anaes.) (Assist.)	723.15			542.4	
37848	Kidney and bladder	Type A Advanced Surgical	N	Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty with endoscopy and vaginoplasty (Anaes.) (Assist.)	1301.7			976.3	
37851	Kidney and bladder	Type A Advanced Surgical	N	Congenital disorder of sexual differentiation, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.)	964.35			723.3	
37854	Kidney and bladder	Type A Surgical and Type B Non-band specific	N	Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.)	381.3			286	
38200	Heart and vascular system	Type A Surgical and Type B Non-band specific	N	Right heart catheterisation with any one or more of the following: (a) fluoroscopy; (b) oximetry; (c) dye dilution curves; (d) cardiac output measurement by any method; (e) shunt detection; (f) exercise stress test; other than a service associated with a service to which item 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38254 or 38368 applies (Anaes.)	463.5			347.65	394
38203	Heart and vascular system	Type A Surgical	N	Left heart catheterisation by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture, with any one or more of the following: (a) fluoroscopy; (b) oximetry; (c) dye dilution curves; (d) cardiac output measurements by any method; (e) shunt detection; (f) exercise stress test; other than a service associated with a service to which item 38200, 38206, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (Anaes.)	553.1			414.85	470.15
38206	Heart and vascular system	Type A Surgical	N	Right heart catheterisation with left heart catheterisation via the right heart or by another procedure, with any one or more of the following: (a) fluoroscopy; (b) oximetry; (c) dye dilution curves; (d) cardiac output measurements by any method; (e) shunt detection; (f) exercise stress test; other than a service associated with a service to which item 38200, 38203, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (Anaes.)	668.7			501.55	580.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38209	Heart and vascular system	Type A Surgical	N	CARDIAC ELECTROPHYSIOLOGICAL STUDYup to and including 3 catheter investigation of any 1 or more ofsyncope, atrioventricular conduction, sinus node function or simple ventricular tachycardia studies, not being a service associated with a service to which item 38212 or 38213 applies (Anaes.)	858.6			643.95	770.7
38212	Heart and vascular system	Type A Advanced Surgical	N	Cardiac electrophysiological study for: (a) the investigation of supraventricular tachycardia involving 4 or more catheters; or (b) complex tachycardia inductions; or (c) multiple catheter mapping; or (d) acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or (e) catheter ablation to intentionally induce complete atrioventricular block; or (f) intraoperative mapping; other than a service associated with a service to which item 38209 or 38213 applies (Anaes.)	1428.05			1071.05	1340.15
38213	Heart and vascular system	Type A Surgical	N	Cardiac electrophysiological study, performed either: (a) during insertion of implantable defibrillator; or (b) for defibrillation threshold testing at a different time to implantation; other than a service associated with a service to which item 38209 or 38212 applies (Anaes.)	425.3			319	361.55
38241	Heart and vascular system	Unlisted	N	Use of a coronary pressure wire, if the service is: (a) performed during selective coronary angiography, percutaneous angioplasty or transluminal insertion of one or more stents; and (b) to measure fractional flow reserve, non-hyperaemic pressure ratios or coronary flow reserve in intermediate coronary artery or graft lesions (stenosis of 50 to 70%); and (c) to determine whether revascularisation is appropriate, if previous functional imaging: (i) has not been performed; or (ii) has been performed but the results are inconclusive or do not apply to the vessel being interrogated; and (d) performed on one or more coronary vascular territories (Anaes.)	488.7			366.55	415.4
38244	Heart and Vascular system	Type A Advanced surgical	N	Note: (acute coronary syndrome)the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Selective coronary angiography: (a) for a patient who is eligible for the service under clause 5.10.17A; and (b) with placement of one or more catheters and injection of opaque material into native coronary arteries; and (c) with or without left heart catheterisation, left ventriculography or aortography; and (d) including all associated imaging; other than a service associated with a service to which 38200, 38203, 38206, 38247, 38248, 38249, 38251 or 38252 applies (Anaes.)	920			690	832.1
38247	Heart and Vascular system	Type A Advanced surgical	N	Note: (acute coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Selective coronary and graft angiography: (a) for a patient who is eligible for the service under clause 5.10.17A; and (b) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and (c) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and (d) with or without left heart catheterisation, left ventriculography or aortography; and (e) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38248, 38249, 38251 or 38252 applies (Anaes.)	1473.95			1105.5	1386.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38248	Heart and Vascular system	Type A Advanced surgical	N	Note: (stable coronary syndrome) the service only applies if the patient meets the requirements of the descriptor and the of Note: TR.8.3 and TR.8.5 Selective coronary angiography: (a) for a patient who is eligible for the service under clause 5.10.17B; and (b) as part of the management of the patient; and (c) with placement of catheters and injection of opaque material into native coronary arteries; and (d) with or without left heart catheterisation, left ventriculography or aortography; and (e) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38249, 38251 or 38252 applies—applicable each 3 months (Anaes.)	920			690	832.1
38249	Heart and Vascular system	Type A Advanced surgical	N	Note: (stable coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5 Selective coronary and graft angiography: (a) for a patient who is eligible for the service under clause 5.10.17B; and (b) as part of the management of the patient; and (c) with placement of one or more catheters and injection of opaque material into native coronary arteries; and (d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts);and (e) with or without left heart catheterisation, left ventriculography or aortography; and (f) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38251 or 38252 applies—applicable once each 3 months (Anaes.)	1473.95			1105.5	1386.05
38251	Heart and Vascular system	Type A Advanced surgical	N	Note: (pre-operative assessment) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5 Selective coronary angiography: (a) for a symptomatic patient with valvular or other non-coronary structural heart disease; and (b) as part of the management of the patient for: (i) pre-operative assessment for planning non-coronary cardiac surgery, including by transcatheter approaches; or (ii) evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment; and (c) with placement of catheters and injection of opaque material into native coronary arteries; and (d) with or without left heart catheterisation, left ventriculography or aortography; and (e) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38252 applies—applicable once each 12 months (Anaes.)	920			690	832.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38252	Heart and Vascular system	Type A Advanced surgical	N	Note: (pre-operative assessment - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5 Selective coronary and graft angiography: (a) for a symptomatic patient with valvular or other non-coronary structural heart disease; and (b) as part of the management of the patient for: (i) pre-operative assessment for planning non-coronary cardiac surgery, including by transcatheter approaches; or (ii) evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment; and (c) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and (d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and (e) with or without left heart catheterisation, left ventriculography or aortography; and (f) including all associated imaging; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38251 applies—applicable once each 12 months (Anaes.)	1473.95			1105.5	1386.05
38254	Heart and Vascular system	Unlisted	N	Right heart catheterisation: (a) performed at the same time as a service to which item 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313 or 38314 applies; and (b) including any of the following (if performed): (i) fluoroscopy; (ii) oximetry; (iii) dye dilution curves; (iv) cardiac output measurement; (v) shunt detection; (vi) exercise stress test (Anaes.)	463.5			347.65	394
38256	Heart and vascular system	Type A Surgical	N	TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of (Anaes.)	278.1			208.6	236.4
38270	Heart and vascular system	Type A Advanced Surgical	N	BALLOON VALVULOPLASTY OR ISOLATED ATRIAL SEPTOSTOMY, including cardiac catheterisations before and after balloon dilatation (Anaes.) (Assist.)	949.25			711.95	861.35
38272	Heart and vascular system	Type A Advanced Surgical and Type B Non-band specific	N	Atrial septal defect or patent foramen closure: (a) for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism; and (b) using a septal occluder or similar device, by transcatheter approach; and (c) including right or left heart catheterisation (or both); other than a service associated with a service to which item 38200, 38203, 38206 or 38254 applies (Anaes.) (Assist.)	949.25			711.95	861.35
38273	Heart and vascular system	Type A Advanced Surgical	N	Patent ductus arteriosus, transcatheter closure of, including cardiac catheterisation and any imaging associated with the service (Anaes.) (Assist.)	949.25			711.95	
38274	Heart and vascular system	Type A Surgical	N	Ventricular septal defect, transcatheter closure of, with cardiac catheterisation, excluding imaging (H) (Anaes.) (Assist.)	777.6			583.2	
38275	Heart and vascular system	Type A Surgical	N	MYOCARDIAL BIOPSY, by cardiac catheterisation (Anaes.)	310.25			232.7	263.75
38276	Heart and vascular system	Type A Advanced Surgical	N	Transcatheter occlusion of left atrial appendage, and cardiac catheterisation performed by the same practitioner, for stroke prevention in a patient who has non-valvular atrial fibrillation and a contraindication to life-long oral anticoagulation therapy, and is at increased risk of thromboembolism demonstrated by: (a) a prior stroke (whether of an ischaemic or unknown type), transient ischaemic attack or non-central nervous system systemic embolism; or (b) at least 2 of the following risk factors: (i) an age of 65 years or more; (ii) hypertension; (iii) diabetes mellitus; (iv) heart failure or left ventricular ejection fraction of 35% or less (or both); (v) vascular disease (prior myocardial infarction, peripheral artery disease or aortic plaque) (Anaes.) (Assist.)	949.25			711.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38285	Heart and vascular system	Type B Non-band specific	N	Insertion of implantable ECG loop recorder, by a specialist or consultant physician, for the diagnosis of a primary disorder, including initial programming and testing, if: (a) the patient has recurrent unexplained syncope and does not have a structural heart defect associated with a high risk of sudden cardiac death; and (b) a diagnosis has not been achieved through all other available cardiac investigations; and (c) a neurogenic cause is not suspected (Anaes.)	160.55			120.45	136.5
38286	Heart and vascular system	Type B Non-band specific	N	Removal of implantable ECG loop recorder (Anaes.)	144.6			108.45	122.95
38287	Heart and vascular system	Type A Advanced Surgical	N	ABLATION OF ARRHYTHMIA CIRCUIT OR FOCUS or isolation procedure involving 1 atrial chamber (Anaes.) (Assist.)	2183.55			1637.7	2095.65
38288	Heart and vascular system	Type B Non-band specific	N	Implantable loop recorder, insertion of, for diagnosis of atrial fibrillation, if: (a) the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source; and (b) the bases of the diagnosis included the following: (i) the medical history of the patient; (ii) physical examination; (iii) brain and carotid imaging; (iv) cardiac imaging; (v) surface ECG testing including 24-hour Holter monitoring; and (c) atrial fibrillation is suspected; and (d) the patient: (i) does not have a permanent indication for oral anticoagulants; or (ii) does not have a permanent oral anticoagulants contraindication; including initial programming and testing (Anaes.)	200.75			150.6	170.65
38290	Heart and vascular system	Type A Advanced Surgical	N	ABLATION OF ARRHYTHMIA CIRCUITS OR FOCI, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (Anaes.) (Assist.)	2780.2			2085.15	
38293	Heart and vascular system	Type A Advanced Surgical	N	VENTRICULAR ARRHYTHMIA with mapping and ablation, including all associated electrophysiological studies performed on the same day (Anaes.) (Assist.)	2984.25			2238.2	2896.35
38307	Heart and Vascular system	Type A Advanced surgical	N	Note: (acute coronary syndrome -1 coronary territory with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; (ii) transluminal insertion of one or more stents; and (d) performed on one coronary vascular territory; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	1844.6			1383.45	1756.7
38308	Heart and Vascular system	Type A Advanced surgical	N	Note:(acute coronary syndrome -2 coronary territories with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 2 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	2122.25			1591.7	2034.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38309	Heart and vascular system	Type A Advanced Surgical	N	Percutaneous transluminal rotational atherectomy of one or more coronary arteries, including all associated imaging, if: (a) the target stenosis within at least one coronary artery is heavily calcified and balloon angioplasty with or without stenting is not feasible without rotational artherectomy; and (b) the service is performed in conjunction with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies Applicable only once on each occasion the service is performed (Anaes.) (Assist.)	1250.7			938.05	1162.8
38310	Heart and Vascular system	Type A Advanced surgical	N	Note: (acute coronary syndrome -3 coronary territories with selective coronary angiography)the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 3 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	2399.9			1799.95	2312
38311	Heart and Vascular system	Type A Advanced surgical	N	Note: (stablemulti-vessel disease-1 coronary territory with selective angiography)the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible under clause 5.10.17C for the service and a service to which item 38314 applies; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on one coronary vascular territory; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	1844.6			1383.45	1756.7
38313	Heart and Vascular system	Type A Advanced surgical	N	Note: (stablemulti-vessel disease-2 coronary territories with selective angiography)the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible under clause 5.10.17C for the service and a service to which item 38314 applies; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 2 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	2122.25			1591.7	2034.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38314	Heart and Vascular system	Type A Advanced surgical	N	Note: (stable multi-vessel disease - 3 coronary territory with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17C; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and (b) including selective coronary angiography and all associated imaging, catheter and contrast; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 3 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	2399.9			1799.95	2312
38316	Heart and Vascular system	Type A Advanced surgical	N	Note: (acute coronary syndrome -1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on one coronary vascular territory; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	1648.95			1236.75	1561.05
38317	Heart and Vascular system	Type A Advanced surgical	N	Note: (acute coronary syndrome -2 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 2 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 3808, 38310, 38311, 38313, 38314, 38316, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	2088.8			1566.6	2000.9
38319	Heart and Vascular system	Type A Advanced surgical	N	Note: (acute coronary syndrome -3 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 3 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38320, 38322 or 38323 applies (Anaes.) (Assist.)	2366.45			1774.85	2278.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38320	Heart and Vascular system	Type A Advanced surgical	N	Note: (stablemulti-vessel disease-1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible under clause 5.10.17C for the service and a service to which item 38323 applies; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on one coronary vascular territory; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38322 or 38323 applies (Anaes.) (Assist.)	1648.95			1236.75	1561.05
38322	Heart and Vascular system	Type A Advanced surgical	N	Note: (stablemulti-vessel disease-2 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible under clause 5.10.17C for the service and a service to which item 38323 applies; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 2 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38323 applies (Anaes.) (Assist.)	2088.8			1566.6	2000.9
38323	Heart and Vascular system	Type A Advanced surgical	N	Note: (stablemulti-vessel disease-3 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 Percutaneous coronary intervention: (a) for a patient: (i) eligible for the service under clause 5.10.17C; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and (b) including any associated coronary angiography; and (c) including either or both: (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and (d) performed on 3 coronary vascular territories; and (e) excluding aftercare; other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38322 applies (Anaes.) (Assist.)	2366.45			1774.85	2278.55
38350	Heart and vascular system	Type A Surgical	N	SINGLE CHAMBER PERMANENT TRANSVENOUS ELECTRODE, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)	664.55			498.45	
38353	Heart and vascular system	Type A Surgical	N	PERMANENT CARDIAC PACEMAKER, insertion, removal or replacement of, not for cardiac resynchronisation therapy, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)	265.8			199.35	
38356	Heart and vascular system	Type A Surgical	N	DUAL CHAMBER PERMANENT TRANSVENOUS ELECTRODES, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)	871.25			653.45	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38358	Heart and vascular system	Type A Advanced Surgical	N	Extraction of one or more chronically implanted transvenous pacing or defibrillator leads, by percutaneous method, with locking stylets and snares, with extraction sheaths (if any), if: (a) the leads have been in place for more than 6 months and require removal; and (b) the service is performed: (i) in association with a service to which item 61109 or 60509 applies; and (ii) by a specialist or consultant physician who has undertaken the training to perform the service; and (iii) in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and (c) if the service is performed by an interventional cardiologist—a cardiothoracic surgeon is in attendance during the service (H) (Anaes.) (Assist.)	2984.25			2238.2	
38359	Heart and vascular system	Unlisted	N	PERICARDIUM, paracentesis of (excluding aftercare) (Anaes.)	139			104.25	118.15
38362	Heart and vascular system	Type A Surgical	N	INTRA-AORTIC BALLOON PUMP, percutaneous insertion of (Anaes.)	400.5			300.4	340.45
38365	Heart and vascular system	Type A Surgical	N	Insertion, removal or replacement of permanent cardiac synchronisation device, if the patient: (a) has all of the following: (i) chronic heart failure, classified as New York Heart Association class III or IV (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 130 ms; or (b) has all of the following: (i) chronic heart failure, classified as New York Heart Association class II (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 150 ms; other than a service associated with a service to which item 38212 applies(H) (Anaes.) (Assist.)	265.8			199.35	
38368	Heart and vascular system	Type A Advanced Surgical	N	Insertion, removal or replacement of permanent transvenous left ventricular electrode, through the coronary sinus, for the purpose of cardiac resynchronisation therapy, including right heart catheterisation and any associated venograms, if the patient: (a) has all of the following: (i) chronic heart failure, classified as New York Heart Association class III or IV (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 130 ms; or (b) has all of the following: (i) chronic heart failure, classified as New York Heart Association class II (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 150 ms; other than a service associated with a service to which item 35200, 38200 or 38212 applies (H) (Anaes.) (Assist.)	1274.2			955.65	
38415	Lung and chest	Type A Surgical	N	EMPYEMA, radical operation for, involving resection of rib (Anaes.) (Assist.)	415.55			311.7	353.25
38416	Lung and chest	Type A Surgical	N	Endoscopic ultrasound guided fine needle aspiration biopsy or biopsies (endoscopy with ultrasound imaging) to obtain one or more specimens from either or both of the following: (a) mediastinal masses; (b) locoregional nodes to stage non-small cell lung carcinoma; other than a service associated with a service to which an item in Subgroup 1 of this Group, or item 38417 or 55054, applies (Anaes.)	586.15			439.65	498.25
38417	Lung and chest	Type A Surgical	N	Endobronchial ultrasound guided biopsy or biopsies (bronchoscopy with ultrasound imaging, with or without associated fluoroscopic imaging) to obtain one or more specimens by: (a) transbronchial biopsy or biopsies of peripheral lung lesions; or (b) fine needle aspirations of one or more mediastinal masses; or (c) fine needle aspirations of locoregional nodes to stage non-small cell lung carcinoma; other than a service associated with a service to which an item in Subgroup 1 of this Group, item 38416, 38420 or 38423, or an item in Subgroup I5 of Group I3, applies (Anaes.)	586.15			439.65	498.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38418	Lung and chest	Type A Advanced Surgical	N	THORACOTOMY, exploratory, with or without biopsy (Anaes.) (Assist.)	997.25			747.95	
38419	Ear, nose and throat	Type B Non-band specific	N	Bronchoscopy, as an independent procedure (Anaes.)	185.25			138.95	157.5
38420	Ear, nose and throat	Type B Non-band specific	N	Bronchoscopy with one or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.)	244.6			183.45	207.95
38421	Lung and chest	Type A Advanced Surgical	N	THORACOTOMY, with pulmonary decortication (Anaes.) (Assist.)	1594.05			1195.55	
38422	Ear, nose and throat	Type A Surgical	N	Bronchus, removal of foreign body in (Anaes.) (Assist.)	382.65			287	
38423	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	Fibreoptic bronchoscopy with one or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (Anaes.) (Assist.)	267.35			200.55	227.25
38424	Lung and chest	Type A Advanced Surgical	N	THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts (Anaes.) (Assist.)	997.25			747.95	
38425	Ear, nose and throat	Type A Surgical	N	Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures (Anaes.) (Assist.)	628.75			471.6	
38426	Ear, nose and throat	Type A Surgical	N	Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (Anaes.) (Assist.)	471.7			353.8	
38427	Lung and chest	Type A Advanced Surgical	N	THORACOPLASTY (complete) - 3 or more ribs (Anaes.) (Assist.)	1231.4			923.55	
38428	Ear, Nose and Throat	Type B Non-band specific	N	Bronchoscopy with dilatation of tracheal stricture (Anaes.)	256.5			192.4	218.05
38430	Lung and chest	Type A Surgical	N	THORACOPLASTY (in stages)each stage (Anaes.) (Assist.)	634.6			475.95	
38436	Lung and chest	Unlisted	N	THORACOSCOPY, with or without division of pleural adhesions, including insertion of intercostal catheter where necessary, with or without biopsy (Anaes.)	259.85			194.9	
38438	Lung and chest	Type A Advanced Surgical	N	PNEUMONECTOMY or LOBECTOMY or SEGMENTECTOMY not being a service associated with a service to which Item 38418 applies (Anaes.) (Assist.)	1594.05			1195.55	
38440	Lung and chest	Type A Advanced Surgical	N	LUNG, wedge resection of (Anaes.) (Assist.)	1193.7			895.3	
38441	Lung and chest	Type A Advanced Surgical	N	RADICAL LOBECTOMY or PNEUMONECTOMY including resection of chest wall, diaphragm, pericardium, or formal mediastinal node dissection (Anaes.) (Assist.)	1888.75			1416.6	
38446	Lung and chest	Type A Advanced Surgical	N	THORACOTOMY or STERNOTOMY, for removal of thymus or mediastinal tumour (Anaes.) (Assist.)	1231.4			923.55	
38447	Heart and vascular system	Type A Advanced Surgical	N	PERICARDIECTOMY via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass (Anaes.) (Assist.)	1594.05			1195.55	
38448	Lung and chest	Type A Surgical	N	MEDIASTINUM, cervical exploration of, with or without biopsy (Anaes.) (Assist.)	377.75			283.35	
38449	Heart and vascular system	Type A Advanced Surgical	N	PERICARDIECTOMY via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass (Anaes.) (Assist.)	2230.05			1672.55	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38450	Heart and vascular system	Type A Advanced Surgical	N	PERICARDIUM, transthoracic open surgical drainage of (Anaes.) (Assist.)	891.35			668.55	
38452	Heart and vascular system	Type A Surgical	N	PERICARDIUM, subxiphoid open surgical drainage of (Anaes.) (Assist.)	596.95			447.75	
38453	Lung and chest	Type A Advanced Surgical	N	TRACHEAL excision and repair without cardiopulmonary bypass (Anaes.) (Assist.)	1790.65			1343	
38455	Lung and chest	Type A Advanced Surgical	N	TRACHEAL EXCISION AND REPAIR OF, with cardiopulmonary bypass (Anaes.) (Assist.)	2422			1816.5	
38456	Common list	Type A Advanced Surgical	N	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 Group applies (Anaes.) (Assist.)	1594.05			1195.55	
38457	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	PECTUS EXCAVATUM or PECTUS CARINATUM, repair or radical correction of (Anaes.) (Assist.)	1488.2			1116.15	
38458	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	PECTUS EXCAVATUM, repair of, with implantation of subcutaneous prosthesis (Anaes.) (Assist.)	793.25			594.95	
38460	Lung and chest	Type A Surgical	N	STERNAL WIRE OR WIRES, removal of (Anaes.)	286.55			214.95	
38461	Heart and Vascular system	Type A Advanced surgical	N	TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if: (a) the patient has each of the following risk factors: (i) moderate to severe, or severe, symptomatic degenerative (primary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% or more; (iii) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV); and (b) as a result of a TMVr suitability case conference, the patient has been: (i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and (ii) recommended as being suitable for the service; and (c) the service is performed: (i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and (ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and (iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and (d) a service to which this item, or item38463, applies has not been provided to the patient in the previous 5 years (H) (Anaes.) (Assist.)	1490.25			1117.7	
38462	Lung and chest	Type A Surgical	N	STERNOTOMY WOUND, debridement of, not involving reopening of the mediastinum (Anaes.)	339.65			254.75	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38463	Heart and Vascular system	Type A Advanced surgical	N	TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if: (a) the patient has each of the following risk factors: (i) moderate to severe, or severe, symptomatic functional (secondary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% to 50%; (iii) left ventricular end systolic diameter of not more than 70mm; (iv) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV) that persist despite maximally tolerated guideline directed medical therapy; and (b) as a result of a TMVr suitability case conference, the patient has been: (i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and (ii) recommended as being suitable for the service; and (c) the service is performed: (i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and (ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and (iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and (d) a service to which this item, or item38461, applies has not been provided to the patient in the previous 5 years (H) (Anaes.) (Assist.)	1490.25			1117.7	
38464	Lung and chest	Type A Surgical	N	STERNOTOMY WOUND, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum (Anaes.)	369.2			276.9	
38466	Lung and chest	Type A Advanced Surgical	N	STERNUM, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring (Anaes.) (Assist.)	996.85			747.65	
38467	Heart and Vascular system	Type A Advanced surgical	N	Insertion, removal or replacement of permanent myocardial electrode, by open surgical approach, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	997.25			747.95	
38468	Lung and chest	Type A Advanced Surgical	N	STERNUM AND MEDIASTINUM, reoperation for infection of, involving muscle advancement flaps or greater omentum (Anaes.) (Assist.)	1535.95			1152	
38469	Lung and chest	Type A Advanced Surgical	N	STERNUM AND MEDIASTINUM, reoperation for infection of, involving muscle advancement flaps and greater omentum (Anaes.) (Assist.)	1790.65			1343	
38471	Heart and Vascular system	Type A Advanced surgical	N	Insertion of implantable defibrillator, including insertion of patches for the insertion of one or more transvenous endocardial leads, if the patient has one of the following: (a) a history of haemodynamically significant ventricular arrhythmias in the presence of structural heart disease; (b) documented high-risk genetic cardiac disease; (c) ischaemic heart disease, with a left ventricular ejection fraction of less than 30% at least one month after experiencing a myocardial infarction and while on optimised medical therapy; (d) chronic heart failure, classified as New York Heart Association class II or III, with a left ventricular ejection fraction of less than 35% (despite optimised medical therapy); other than a service to which item 38212 applies (H) (Anaes.) (Assist.)	1095.3			821.5	
38472	Heart and Vascular system	Type A Surgical	N	Insertion, replacement or removal of implantable defibrillator generator, if the patient has one of the following: (a) a history of haemodynamically significant ventricular arrhythmias in the presence of structural heart disease; (b) documented high-risk genetic cardiac disease; (c) ischaemic heart disease, with a left ventricular ejection fraction of less than 30% at least one month after experiencing a myocardial infarction and while on optimised medical therapy; (d) chronic heart failure, classified as New York Heart Association class II or III, with a left ventricular ejection fraction of less than 35% (despite optimised medical therapy); other than a service to which item 38212 applies (H) (Anaes.) (Assist.)	299.5			224.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38474	Heart and Vascular system	Type A Advanced surgical	N	Repair, augmentation or replacement of branch pulmonary arteries—left or right (or both), with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2257.1			1692.85	
38477	Heart and vascular system	Type A Advanced Surgical	N	Valve annuloplasty with insertion of ring, other than: (a) a service to which item 38516 or 38517 applies; or (b) a service associated with a service to which to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2084.55			1563.45	
38484	Heart and Vascular system	Type A Advanced surgical	N	Aortic or pulmonary valve replacement with bioprosthesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2112.2			1584.15	
38485	Heart and vascular system	Type A Surgical	N	MITRAL ANNULUS, reconstruction of, after decalcification, when performed in association with valve surgery (Anaes.) (Assist.)	850.2			637.65	
38487	Heart and vascular system	Type A Advanced Surgical	N	MITRAL VALVE, open valvotomy of (Anaes.) (Assist.)	1790.65			1343	
38490	Heart and vascular system	Unlisted	N	Reconstruction and re-implantation of sub-valvular structures, if performed in conjunction with a service to which item 38499 applies (H) (Anaes.) (Assist.)	577			432.75	
38493	Heart and vascular system	Type A Advanced Surgical	N	OPERATIVE MANAGEMENT of acute infective endocarditis, in association with heart valve surgery (Anaes.) (Assist.)	2036.9			1527.7	
38495	Heart and vascular system	Type A Advanced Surgical	N	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 Patient by a TAVI Practitioner – includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient. (Not payable more than once per patient in a five year period.) (Anaes.) (Assist.)	1490.25			1117.7	1402.35
38499	Heart and Vascular system	Type A Advanced surgical	N	Mitral or tricuspid valve replacement with bioprothesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2112.2			1584.15	
38502	Heart and Vascular system	Type A Advanced surgical	N	Coronary artery bypass, including cardiopulmonary bypass, with or without retrograde cardioplegia, with or without vein grafts, and including at least one of the following: (a) harvesting of left internal mammary artery and vein graft material; (b) harvesting of left internal mammary artery; (c) harvesting of vein graft material; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies(H) (Anaes.) (Assist.)	2451.55			1838.7	
38508	Heart and vascular system	Type A Advanced Surgical	N	Repair or reconstruction of left ventricular aneurysm, including plication, resection and primary and patch repairs, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1996.2			1497.15	
38509	Heart and vascular system	Type A Advanced Surgical	N	Repair of ischaemic ventricular septal rupture,, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2485.45			1864.1	
38510	Heart and Vascular system	Unlisted	N	Artery harvesting (other than of the left internal mammary), for coronary artery bypass, if: (a) more than one arterial graft is required; and (b) the service is performed in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)	649.25			486.95	
38511	Heart and Vascular system	Unlisted	N	Coronary artery bypass, with the aid of tissue stabilisers, if the service is performed: (a) without cardiopulmonary bypass; and (b) in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)	624.3			468.25	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38512	Heart and vascular system	Type A Advanced Surgical	N	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving one atrial chamber only, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2183.55			1637.7	
38513	Heart and Vascular system	Unlisted	N	Creation of graft anastomosis, including Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if the service is performed in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)	1040.55			780.45	
38515	Heart and vascular system	Type A Advanced Surgical	N	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial fibrillation, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2780.2			2085.15	
38516	Heart and Vascular system	Type A Advanced surgical	N	Simple valve repair: (a) with or without annuloplasty; and (b) including quadrangular resection, cleft closure or alfieri; and (c) including retrograde cardioplegia (if performed); other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2509.25			1881.95	
38517	Heart and Vascular system	Type A Advanced surgical	N	Complex valve repair: (a) with or without annuloplasty; and (b) including retrograde cardioplegia (if performed); and (c) including one of the following: (i) neochords; (ii) chordal transfer; (iii) patch augmentation; (iv) multiple leaflets; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies(H) (Anaes.) (Assist.)	3055.85			2291.9	
38518	Heart and vascular system	Type A Advanced Surgical	N	Ventricular arrhythmia with mapping and muscle ablation, with or without aneurysmeotomy, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2984.25			2238.2	
38519	Heart and Vascular system	Unlisted	N	Valve explant of a previous prosthesis, if performed during open cardiac surgery, not being a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1100			825	
38550	Heart and vascular system	Type A Advanced Surgical	N	Repair or replacement of ascending thoracic aorta: (a) including: (i) cardiopulmonary bypass; and (ii) retrograde cardioplegia (if performed); and (b) not including valve replacement or repair or implantation of coronary arteries; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2337.5			1753.15	
38553	Heart and vascular system	Type A Advanced Surgical	N	Repair or replacement of ascending thoracic aorta: (a) including: (i) aortic valve replacement or repair; and (i) cardiopulmonary bypass; and (ii) retrograde cardioplegia (if performed); and (b) not including implantation of coronary arteries; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2942.9			2207.2	
38554	Heart and Vascular system	Type A Advanced surgical	N	Valve sparing aortic root surgery, with reimplantation of aortic valve and coronary arteries and replacement of the ascending aorta, including cardiopulmonary bypass, and including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	4236.45			3177.35	
38555	Heart and Vascular system	Type A Advanced surgical	N	Simple replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including: (a) deep hypothermic circulatory arrest; and (b) peripheral cannulation for cardiopulmonary bypass; and (c) antegrade or retrograde cerebral perfusion (if performed); other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies (H) (Anaes.) (Assist.)	3374			2530.5	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38556	Heart and vascular system	Type A Advanced Surgical	N	Repair or replacement of ascending thoracic aorta, including: (a) aortic valve replacement or repair; and (b) implantation of coronary arteries; and (c) cardiopulmonary bypass; and (d) retrograde cardioplegia (if performed); other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies (H) (Anaes.) (Assist.)	3230.5			2422.9	
38557	Heart and Vascular system	Type A Advanced surgical	N	Complex replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including: (a) debranching and reimplantation of head and neck vessels; and (b) deep hypothermic circulatory arrest; and (c) peripheral cannulation for cardiopulmonary bypass; and (d) antegrade or retrograde cerebral perfusion (if performed); other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	3894.3			2920.75	
38558	Heart and Vascular system	Type A Advanced surgical	N	Aortic repair involving augmentation of hypoplastic or interrupted aortic arch, if: (a) the patient is a neonate; and (b) the service includes: (i) the use of antegrade cerebral perfusion or deep hypothermic circulatory arrest and associated myocardial preservation; and (ii) retrograde cardioplegia; other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	5083.7			3812.8	
38568	Heart and vascular system	Type A Advanced Surgical	N	Repair or replacement of descending thoracic aorta, without shunt or cardiopulmonary bypass, by open exposure, percutaneous or endovascular means, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1938.45			1453.85	
38571	Heart and vascular system	Type A Advanced Surgical	N	Repair or replacement of descending thoracic aorta, with shunt or cardiopulmonary bypass, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2209.65			1657.25	
38572	Heart and vascular system	Unlisted	N	Operative management of acute rupture or dissection, if the service: (a) is performed in conjunction with a service to which item 38550, 38553, 38554, 38555, 38556, 38557, 38558, 38568, 38571, 38706 or 38709 applies; and (b) is not associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2067.6			1550.7	
38600	Heart and vascular system	Type A Advanced Surgical	N	CENTRAL CANNULATION for cardiopulmonary bypass excluding post-operative management, not being a service associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)	1594.05			1195.55	
38603	Heart and vascular system	Unlisted	N	Peripheral cannulation for cardiopulmonary bypass, excluding post-operative management, other than a service: (a) in which peripheral cannulation is used in preference to central cannulation for valve or coronary bypass procedures; or (b) associated with a service to which item 38555 or 38572 applies (H) (Anaes.) (Assist.)	997.25			747.95	
38609	Heart and vascular system	Type A Surgical	N	Insertion of intra-aortic balloon pump, by arteriotomy, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies(H) (Anaes.) (Assist.)	498.55			373.95	
38612	Heart and vascular system	Type A Surgical	N	Removal of intra-aortic balloon pump, with closure of artery by direct suture, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies(H) (Anaes.) (Assist.)	558.9			419.2	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38615	Heart and vascular system	Type A Advanced Surgical	N	Insertion of a left or right ventricular assist device, for use as: (a) a bridge to cardiac transplantation in patients with refractory heart failure who are: (i)currently on a heart transplant waiting list, or (ii)expected to be suitable candidates for cardiac transplantation following a period of support on the ventricularassist device; or (b) acute post cardiotomy support for failure to wean from cardiopulmonary transplantation; or (c)cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6weeks; other than a service associated with a service to which: (d) item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies; or (e) another item in this Schedule applies if the service described in the item is for the use of a ventricular assist device as destination therapy in the management of a patient with heart failure who is not expected to be a suitable candidate for cardiac transplantation (H) (Anaes.) (Assist.)	1594.05			1195.55	
38618	Heart and vascular system	Type A Advanced Surgical	N	Insertion of a left and right ventricular assist device, for use as: (a)a bridge to cardiac transplantation in patients with refractory heart failure who are: (i)currently on a heart transplant waiting list, or (ii)expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or (b)acute post cardiotomy support for failure to wean from cardiopulmonary transplantation; or (c)cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks; other than a service associated with a service to which: (d) item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies; or (e) another item in this Schedule applies if the service described in the item is for the use of a ventricular assist device as destination therapy in the management of a patient with heart failure who is not expected to be a suitable candidate for cardiac transplantation (H) (Anaes.) (Assist.)	1986.95			1490.25	
38621	Heart and vascular system	Type A Surgical	N	LEFT OR RIGHT VENTRICULAR ASSIST DEVICE, removal of, as an independent procedure, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38627, 38806 or 45503 applies (H) (Anaes.) (Assist.)	793.25			594.95	
38624	Heart and vascular system	Type A Advanced Surgical	N	LEFT AND RIGHT VENTRICULAR ASSIST DEVICE, removal of, as an independent procedure, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38627, 38806 or 45503 applies (H) (Anaes.) (Assist.)	891.35			668.55	
38627	Heart and vascular system	Type A Surgical	N	EXTRA-CORPOREAL MEMBRANE OXYGENATION, BYPASS OR VENTRICULAR ASSIST DEVICE CANNULAE, adjustment and re-positioning of, by open operation, in patients supported by these devices, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38627, 38806 or 45503 applies (H) (Anaes.) (Assist.)	696.7			522.55	
38637	Heart and vascular system	Type A Surgical	N	PATENT DISEASED coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	577			432.75	
38643	Lung and chest	Type A Advanced Surgical	N	Thoracotomy or sternotomy, by any procedure: (a) including any division of adhesions if the time taken to divide the adhesions exceeds 30 minutes; and (b) other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1567.65			1175.75	
38653	Heart and vascular system	Type A Advanced Surgical	N	Open heart surgery, other than a service: (a) to which another item in this Group applies; or (b) associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2090.5			1567.9	
38656	Lung and chest	Type A Advanced Surgical	N	THORACOTOMY or median sternotomy for post-operative bleeding, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	997.25			747.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38670	Heart and vascular system	Type A Advanced Surgical	N	CARDIAC TUMOUR, excision of, involving the wall of the atrium or inter-atrial septum, without patch or conduit reconstruction, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1986.55			1489.95	
38673	Heart and vascular system	Type A Advanced Surgical	N	CARDIAC TUMOUR, excision of, involving the wall of the atrium or inter-atrial septum, requiring reconstruction with patch or conduit, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2235.95			1677	
38677	Heart and vascular system	Type A Advanced Surgical	N	CARDIAC TUMOUR arising from ventricular myocardium, partial thickness excision of, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2091.8			1568.85	
38680	Heart and vascular system	Type A Advanced Surgical	N	CARDIAC TUMOUR arising from ventricular myocardium, full thickness excision of including repair or reconstruction, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2481.2			1860.9	
38700	Heart and vascular system	Type A Advanced Surgical	N	PATENT DUCTUS ARTERIOSUS, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1110.65			833	
38703	Heart and vascular system	Type A Advanced Surgical	N	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2008.85			1506.65	
38706	Heart and vascular system	Type A Advanced Surgical	N	AORTA, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1896.2			1422.15	
38709	Heart and vascular system	Type A Advanced Surgical	N	Anastomosis or repair of aorta, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2235.45			1676.6	
38715	Heart and vascular system	Type A Advanced Surgical	N	MAIN PULMONARY ARTERY, banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1775.45			1331.6	
38718	Heart and vascular system	Type A Advanced Surgical	N	Banding, debanding or repair of main pulmonary artery, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies(H) (Anaes.) (Assist.)	2245.7			1684.3	
38721	Heart and vascular system	Type A Advanced Surgical	N	VENA CAVA, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1556.45			1167.35	
38724	Heart and vascular system	Type A Advanced Surgical	N	Vena cava, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2264.55			1698.45	
38727	Heart and vascular system	Type A Advanced Surgical	N	Anastomosis or repair of intrathoracic vessels, without cardiopulmonary bypass, performed as a primary procedure, other than a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38700, 38703, 38706, 38709, 38715, 38718, 38721, 38724, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1556.45			1167.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38730	Heart and vascular system	Type A Advanced Surgical	N	Anastomosis or repair of intrathoracic vessels, with cardiopulmonary bypass, performed as a primary procedure, other than a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38700, 38703, 38706, 38709, 38715, 38718, 38721, 38724, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38733	Heart and vascular system	Type A Advanced Surgical	N	SYSTEMIC PULMONARY or CAVO-PULMONARY SHUNT, creation of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	1556.45			1167.35	
38736	Heart and vascular system	Type A Advanced Surgical	N	SYSTEMIC PULMONARY or CAVO-PULMONARY SHUNT, creation of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38739	Heart and vascular system	Type A Advanced Surgical	N	Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2036.55			1527.45	
38742	Heart and vascular system	Type A Advanced Surgical	N	Atrial septal defect, closure by open exposure and direct suture or patch, for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2002.05			1501.55	
38745	Heart and vascular system	Type A Advanced Surgical	N	INTRA-ATRIAL BAFFLE, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38748	Heart and vascular system	Type A Advanced Surgical	N	VENTRICULAR SEPTECTOMY, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38751	Heart and vascular system	Type A Advanced Surgical	N	Ventricular septal defect, closure by direct suture or patch, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38754	Heart and vascular system	Type A Advanced Surgical	N	INTRAVENTRICULAR BAFFLE OR CONDUIT, insertion of, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2780.2			2085.15	
38757	Heart and vascular system	Type A Advanced Surgical	N	EXTRACARDIAC CONDUIT, insertion of, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38760	Heart and vascular system	Type A Advanced Surgical	N	EXTRACARDIAC CONDUIT, replacement of, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38764	Heart and Vascular system	Type A Advanced surgical	N	Ventricular myectomy, for relief of right or left ventricular obstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38766	Heart and vascular system	Type A Advanced Surgical	N	VENTRICULAR AUGMENTATION, right or left, for congenital heart disease, other than a service associated with a service to which item11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	2221			1665.75	
38800	Lung and chest	Type C	N	THORACIC CAVITY, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38803 applies	40.05			30.05	34.05
38803	Lung and chest	Unlisted	N	THORACIC CAVITY, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample	80			60	68

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
38806	Lung and chest	Unlisted	N	INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding aftercare) (Anaes.)	139			104.25	118.15
38809	Lung and chest	Unlisted	N	INTERCOSTAL DRAIN, insertion of, with pleurodesis and not involving resection of rib (excluding aftercare) (Anaes.)	171.25			128.45	145.6
38812	Lung and chest	Unlisted	N	PERCUTANEOUS NEEDLE BIOPSY of lung (Anaes.)	217.65			163.25	185.05
39000	Common list	Type B Band 1	N	LUMBAR PUNCTURE (Anaes.)	78.35			58.8	66.6
39007	Brain and nervous system	Unlisted	N	Procedure to obtain access to intracranial space (including subdural space, ventricle or basal cistern), percutaneously or by burr-hole (Anaes.)	165.9			124.45	141.05
39013	Brain and nervous system	Type B Non-band specific	N	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 posterior rami of spinal nerves (Anaes.)	113.55			85.2	96.55
39015	Brain and nervous system	Type A Surgical	N	Intracranial parenchymal pressure monitoring device, insertion of—including burr hole (excluding after care) (Anaes.)	391.25			293.45	
39018	Brain and nervous system	Type A Surgical	N	Cerebrospinal reservoir, ventricular reservoir or external ventricular drain, insertion of, with or without stereotaxy (Anaes.) (Assist.)	860.15			645.15	
39100	Pain management	Type B Band 1	N	INJECTION OF PRIMARY BRANCH OF TRIGEMINAL NERVE with alcohol, cortisone, phenol, or similar substance (Anaes.)	247.2			185.4	210.15
39109	Pain management	Type A Advanced Surgical	N	Trigeminal gangliotomy by radiofrequency, balloon or glycerol, including stereotaxy (Anaes.) (Assist.)	1475.05			1106.3	1387.15
39113	Brain and nervous system	Type A Advanced Surgical	N	Cranial nerve, neurectomy or intracranial decompression of, using microsurgical techniques, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2474.45			1855.85	
39115	Pain management	Type C	N	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 period) (Anaes.)	78.35			58.8	66.6
39118	Pain management	Type A Surgical and Type B Non-band specific	N	PERCUTANEOUS NEUROTOMY for facet joint denervation by radio-frequency probe or cryoprobe using radiological imaging control (Anaes.) (Assist.)	309.9			232.45	263.45
39121	Pain management	Type A Surgical	N	PERCUTANEOUS CORDOTOMY (Anaes.) (Assist.)	657.35			493.05	569.45
39124	Pain management	Type A Advanced Surgical	N	CORDOTOMY OR MYELOTOMY, partial or total laminectomy for, or operation for dorsal root entry zone (Drez) lesion (Anaes.) (Assist.)	1682.3			1261.75	
39125	Pain management with device	Type A Surgical	N	Intrathecal or epidural SPINAL CATHETER insertion or replacement of, and connection to a subcutaneous implanted infusion pump, for the management of chronic intractable pain (Anaes.) (Assist.)	310.1			232.6	
39126	Pain management with device	Type A Surgical	N	INFUSION PUMP, subcutaneous implantation or replacement of, and connection of the pump to an intrathecal or epidural catheter, and filling of reservoir with a therapeutic agent or agents, with or without programming the pump, for the management of chronic intractable pain (Anaes.) (Assist.)	376.55			282.45	
39127	Pain management with device	Type A Surgical	N	SUBCUTANEOUS RESERVOIR AND SPINAL CATHETER, insertion of, for the management of chronic intractable pain (Anaes.)	492.85			369.65	
39128	Pain management with device	Type A Surgical	N	INFUSION PUMP, subcutaneous implantation of, AND intrathecal or epidural SPINAL CATHETER insertion of, and connection of pump to catheter, and filling of reservoir with a therapeutic agent or agents, with or without programming the pump, for the management of chronic intractable pain (Anaes.) (Assist.)	686.65			515	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
39130	Pain management with device	Type A Surgical	N	EPIDURAL LEAD, percutaneous placement of, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, to a maximum of 4 leads (Anaes.)	701.45			526.1	
39131	Pain management with device	Unlisted	N	ELECTRODES, epidural or peripheral nerve, management of patient and adjustment or reprogramming of neurostimulator by a medical practitioner, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris - each day	133			99.75	113.05
39133	Pain management with device	Type B Non-band specific	N	Removal of subcutaneously IMPLANTED INFUSION PUMP OR removal or repositioning of intrathecal or epidural SPINAL CATHETER, for the management of chronic intractable pain (Anaes.)	165.9			124.45	
39134	Pain management with device	Type A Surgical	N	NEUROSTIMULATOR or RECEIVER, subcutaneous placement of, including placement and connection of extension wires to epidural or peripheral nerve electrodes, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris (Anaes.) (Assist.)	354.4			265.8	
39135	Pain management with device	Type B Non-band specific	N	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 theatre of a hospital (Anaes.)	165.9			124.45	
39136	Pain management with device	Unlisted	N	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 theatre of a hospital (Anaes.)	165.9			124.45	
39137	Pain management with device	Type A Surgical	N	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 displacement or unsatisfactory positioning, including intraoperative test stimulation, not being a service to which item 39130, 39138 or 39139 applies (Anaes.)	629.9			472.45	
39138	Pain management with device	Type A Surgical	N	PERIPHERAL NERVE LEAD, surgical placement of, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, to a maximum of 4 leads (Anaes.) (Assist.)	701.45			526.1	
39139	Pain management with device	Type A Advanced Surgical	N	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 refractory angina pectoris—to a maximum of 4 leads (H) (Anaes.) (Assist.)	941.8			706.35	
39140	Pain management	Type A Surgical and Type B Non-band specific	N	EPIDURAL CATHETER, insertion of, under imaging control, with epidurogram and epidural therapeutic injection for lysis of adhesions (Anaes.)	304.7			228.55	259
39300	Brain and nervous system	Type A Surgical	N	Nerve, digital or cutaneous, primary repair of, using microsurgical techniques, other than a service associated with a service to which item 39330 applies—applicable once per nerve (H) (Anaes.) (Assist.)	367.7			275.8	
39303	Brain and nervous system	Type A Surgical	N	Nerve, digital or cutaneous, delayed repair of, using microsurgical techniques, including either or both of the following (if performed): (a) neurolysis; (b) transposition of nerve to facilitate repair; other than a service associated with a service to which item 30023 applies—applicable once per nerve (H) (Anaes.) (Assist.)	485			363.75	
39306	Brain and nervous system	Type A Surgical	N	Nerve trunk, primary repair of, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)	704.25			528.2	
39307	Brain and nervous system	Type A Surgical	N	Reconstruction of nerve trunk using biological or synthetic nerve conduit, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (Anaes.) (Assist.)	857.55			643.2	769.65

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39309	Brain and nervous system	Type A Surgical	N	Nerve trunk, delayed repair of, using microsurgical techniques, including either or both of the following (if performed): (a) neurolysis; (b) transposition of nerve or nerve transfer to facilitate repair; other than a service associated with a service to which item 30023 or 39321 applies (H) (Anaes.) (Assist.)	743.35			557.55	
39312	Brain and nervous system	Type A Surgical	N	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques, other than a service associated with a service to which item30023 applies (H) (Anaes.) (Assist.)	414.7			311.05	
39315	Brain and nervous system	Type A Advanced Surgical	N	Nerve trunk, nerve graft to, by cable graft, using microsurgical techniques, including any of the following (if performed): (a) harvesting of nerve graft; (b) proximal and distal anastomosis of nerve graft; (c) transposition of nerve to facilitate grafting; (d) neurolysis; other than a service associated with a service to which item 30023 or 39330 applies (H) (Anaes.) (Assist.)	1071.95			804	
39318	Brain and nervous system	Type A Surgical	N	Nerve, digital or cutaneous, nerve graft to, using microsurgical techniques, including either or both of the following (if performed): (a) harvesting of nerve graft from separate donor site; (b) proximal and distal anastomosis of nerve graft; other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)	665.15			498.9	
39319	Brain and nervous system	Type A Surgical	N	Reconstruction of digital or cutaneous nerve using biological or synthetic nerve conduit, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (Anaes.) (Assist.)	485			363.75	412.25
39321	Brain and nervous system	Type A Surgical	N	Transposition of nerve, excluding the ulnar nerve at the elbow, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)	492.85			369.65	
39323	Pain management	Type A Surgical	N	PERCUTANEOUS NEUROTOMY by cryotherapy or radiofrequency lesion generator, not being a service to which another item applies (Anaes.) (Assist.)	288			216	244.8
39324	Brain and nervous system	Type A Surgical	N	Neurectomy or removal of tumour or neuroma from superficial peripheral nerve (Anaes.) (Assist.)	288			216	244.8
39327	Brain and nervous system	Type A Surgical	N	NEURECTOMY, NEUROTOMY or removal of tumour from deep peripheral or cranial nerve, by open operation, not being a service to which item 41575, 41576, 41578 or 41579 applies (Anaes.) (Assist.)	492.95			369.75	
39328	Brain and nervous system	Type A Surgical	N	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation, for upper limb surgery (H) (Anaes.) (Assist.)	492.95			369.75	
39329	Brain and nervous system	Type A Surgical	N	Extensive neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm, other than a service associated with a service to which item 30023, 39303, 39309, 39312, 39315, 39318, 39324, 39327 or 39333 applies (Anaes.) (Assist.)	367.7			275.8	312.55
39330	Brain and nervous system	Type A Surgical	N	Neurolysis by open operation without transposition, other than a service associated with a service to which item 30023, 39321, 39328, 39329, 39332, 39336, 39339, 39342, 39345, 49774 or 49775 applies (H) (Anaes.) (Assist.)	288			216	
39331	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed): (a) synovectomy; (b) neurolysis Other than a service associated with a service to which item 30023 or 46339 applies (Anaes.) (Assist.)	288			216	244.8
39332	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Revision of carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed): (a) synovectomy; (b) neurolysis; other than a service associated with a service to which item 30023 or 46339 applies. (Anaes.) (Assist.)	432.05			324.05	367.25
39333	Brain and nervous system	Type A Surgical	N	BRACHIAL PLEXUS, exploration of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	414.7			311.05	352.5
39336	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon's canal) without transposition, by any method, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.)	288			216	244.8

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39339	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Revision of ulnar nerve decompression at elbow (cubital tunnel) without transposition, by any method, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.)	432.05			324.05	367.25
39342	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Ulnar nerve decompression at elbow (cubital tunnel), including any of the following (if performed): (a) associated transposition; (b) subcutaneous or submuscular transposition of the nerve; (c) medial epicondylectomy; (d) ostetomy and reconstruction of the flexor origin; (e) neurolysis; other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.)	566.75			425.1	481.75
39345	Bone, joint and muscle	Type B Non-band specific	N	Localised decompression of radial, median or ulnar nerve, or branches of, in the forearm for compressive neuropathy, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.)	288			216	244.8
39503	Brain and nervous system	Type A Advanced Surgical	N	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of (Anaes.) (Assist.)	993.7			745.3	
39604	Brain and nervous system	Type A Advanced Surgical	N	Any of the following procedures for intracranial haemorrhage or swelling:(a) craniotomy, craniectomy or burr-holes for removal of intracranial haemorrhage, including stereotaxy;(b) craniotomy or craniectomy for brain swelling, stroke, or raised intracranial pressure, including for subtemporal decompression, including stereotaxy; or(c) post-operative re-opening, including for swelling or post-operative cerebrospinal fluid leak. (Anaes.) (Assist.)	1866.25			1399.7	
39610	Brain and nervous system	Type A Surgical	N	Fractured skull, without brain laceration or dural penetration, repair of (Anaes.) (Assist.)	993.7			745.3	
39612	Brain and nervous system	Type A Advanced Surgical	N	Fractured skull, with brain laceration or dural penetration but without cerebrospinal fluid, rhinorrhoea or otorrhoea, repair of (Anaes.) (Assist.)	1165.9			874.45	
39615	Brain and nervous system	Type A Advanced Surgical	N	Fractured skull, after trauma, with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (Anaes.) (Assist.)	1989.5			1492.15	
39638	Brain and nervous system	Type A Advanced Surgical	N	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.)	4429.65			3322.25	
39639	Brain and nervous system	Type A Advanced Surgical	N	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co-surgeon (Assist.)	3539.75			2654.85	
39641	Brain and nervous system	Type A Advanced Surgical	N	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)	4672.15			3504.15	
39651	Brain and nervous system	Type A Advanced Surgical	N	Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)	5764.25			4323.2	
39654	Brain and nervous system	Type A Advanced Surgical	N	Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.)	4429.65			3322.25	
39656	Brain and nervous system	Type A Advanced Surgical	N	Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co surgeon (Assist.)	3539.75			2654.85	
39700	Brain and nervous system	Type A Advanced Surgical	N	Skull tumour, benign or malignant, excision of, including stereotaxy and cranioplasty (Anaes.) (Assist.)	1885.8			1414.35	

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39703	Brain and nervous system	Type A Advanced Surgical	N	Intracranial tumour, cyst or other brain tissue, either or both of: (a) burr hole and biopsy of; (b) drainage of; including stereotaxy (Anaes.) (Assist.)	1514.2			1135.65	
39710	Brain and nervous system	Type A Advanced Surgical	N	Intracranial tumour, one or more, biopsy, drainage, decompression or removal of, through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2521.6			1891.2	
39712	Brain and nervous system	Type A Advanced Surgical	N	Transcranial tumour removal or biopsy of one or more of any of the following: (a) meningioma; (b) pinealoma; (c) cranio pharyngioma; (d) pituitary tumour; (e) intraventricular lesion; (f) brain stem lesion; (g) any other intracranial tumour; by any means (with or without endoscopy), through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	3851.65			2888.75	
39715	Brain and nervous system	Type A Advanced Surgical	N	Pituitary tumour, removal of, by transphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	2811.05			2108.3	
39718	Brain and nervous system	Type A Advanced Surgical	N	Arachnoidal cyst, craniotomy for, including stereotaxy and neuroendoscopy (Anaes.) (Assist.)	1698.05			1273.55	
39720	Brain and nervous system	Type A Advanced Surgical	N	Awake craniotomy for functional neurosurgery (Anaes.) (Assist.)	3603.2			2702.4	
39801	Brain and nervous system	Type A Advanced Surgical	N	Aneurysm, clipping, proximal ligation, or reinforcement of sac, including stereotaxy and cranioplasty (Anaes.) (Assist.)	5764.25			4323.2	
39803	Brain and nervous system	Type A Advanced Surgical	N	Intracranial arteriovenous malformation or fistula, treatment through a craniotomy, including stereotaxy, cranioplasty and all angiography (Anaes.) (Assist.)	5764.25			4323.2	
39815	Brain and nervous system	Type A Advanced Surgical	N	CAROTID-CAVERNOUS FISTULA, obliteration of - combined cervical and intracranial procedure (Anaes.) (Assist.)	1901.3			1426	1813.4
39818	Brain and nervous system	Type A Advanced Surgical	N	Intracranial vascular bypass using indirect techniques, including stereotaxy (Anaes.) (Assist.)	2523.45			1892.6	
39821	Brain and nervous system	Type A Advanced Surgical	N	Intracranial vascular bypass using direct anastomosis techniques, including stereotaxy (Anaes.) (Assist.)	3595.4			2696.55	
39900	Brain and nervous system	Type A Advanced Surgical	N	Intracranial infection, treated by burr hole, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	1514.2			1135.65	
39903	Brain and nervous system	Type A Advanced Surgical	N	Intracranial infection, treated by craniotomy, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	2273.2			1704.9	
39906	Brain and nervous system	Type A Surgical	N	Osteomyelitis of skull or removal of infected bone flap, craniectomy for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	829.4			622.05	
40004	Brain and nervous system	Type A Advanced Surgical	N	Ventricular, lumbar or cisternal shunt diversion, insertion or revision of, including stereotaxy (Anaes.) (Assist.)	1721.5			1291.15	
40012	Brain and nervous system	Type A Advanced Surgical	N	Endoscopic ventriculostomy for treatment of cerebrospinal fluid circulation disorders, including stereotaxy (Anaes.) (Assist.)	1780.2			1335.15	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
40018	Brain and nervous system	Unlisted	N	LUMBAR CEREBROSPINAL FLUID DRAIN, insertion of (Anaes.)	165.9			124.45	141.05
40104	Brain and nervous system	Type A Advanced Surgical	N	Spinal myelomeningocele or spinal meningocele, excision and closure of, other than a service associated with a service to which item40600 applies (Anaes.) (Assist.)	1056.35			792.3	
40106	Brain and nervous system	Type A Advanced Surgical	N	Chiari malformation, decompression or reconstruction of, including laminectomy, dermofat graft and stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	2507.8			1880.85	
40109	Brain and nervous system	Type A Advanced Surgical	N	Encephalocoele or cranial meningocele, excision and closure of, including stereotaxy and dermofat graft (Anaes.) (Assist.)	1946.4			1459.8	
40112	Brain and nervous system	Type A Advanced Surgical	N	Tethered cord, release of, including lipomeningocele or diastematomyelia, multiple levels, including laminectomy and rhizolysis, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	2486.35			1864.8	
40119	Brain and nervous system	Type A Advanced Surgical	N	Craniostenosis, operation for, other than a service associated with a service to which item40600 applies (Anaes.) (Assist.)	993.7			745.3	
40600	Brain and nervous system	Type A Advanced Surgical	N	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 (Anaes.) (Assist.)	993.7			745.3	
40700	Brain and nervous system	Type A Advanced Surgical	N	Corpus callosotomy, for epilepsy, including stereotaxy (Anaes.) (Assist.)	2437.45			1828.1	
40701	Brain and nervous system	Type A Surgical	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, subcutaneous placement of electrical pulse generator, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	354.4			265.8	
40702	Brain and nervous system	Type B Non-band specific	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of electrical pulse generator inserted for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	165.9			124.45	
40703	Brain and nervous system	Type A Advanced Surgical	N	Corticectomy, topectomy or partial lobectomy, for epilepsy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	2521.6			1891.2	
40704	Brain and nervous system	Type A Surgical	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical placement of lead, including connection of lead to left vagus nerve and intra-operative test stimulation, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	701.45			526.1	
40705	Brain and nervous system	Type A Surgical	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of lead attached to left vagus nerve for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	629.9			472.45	
40706	Brain and nervous system	Type A Advanced Surgical	N	Hemispherectomy or functional hemispherectomy, for intractable epilepsy, including stereotaxy (Anaes.) (Assist.)	3603.25			2702.45	

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40707	Brain and nervous system	Type C	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, electrical analysis and programming of vagus nerve stimulation therapy device using external wand, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery	197.4			148.05	167.8
40708	Brain and nervous system	Type A Surgical	N	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical replacement of battery in electrical pulse generator inserted for: (a) management of refractory generalised epilepsy; or (b) treating refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)	354.4			265.8	
40709	Brain and nervous system	Type A Advanced Surgical	N	Intracranial electrode placement by burr hole, including stereotaxy (Anaes.) (Assist.)	1514.2			1135.65	
40712	Brain and nervous system	Type A Advanced Surgical	N	Intracranial electrode placement by craniotomy, single or multiple, including stereotactic EEG, including stereotaxy (Anaes.) (Assist.)	3603.25			2702.45	
40801	Brain and nervous system	Type A Advanced Surgical	N	Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation, and lesion production, by any method, in the basal ganglia, brain stem or deep white matter tracts, other than a service associated with deep brain stimulation for Parkinson's disease, essential tremor or dystonia (Anaes.) (Assist.)	1816.55			1362.45	
40803	Brain and nervous system	Type A Advanced Surgical	N	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, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39703, 39710, 39712, 39715, 39718, 39720, 39801, 39803, 39818, 39821, 39900, 39903, 40004, 40012, 40106, 40109, 40700, 40703, 40706, 40709 or 40712 applies (Anaes.) (Assist.)	1244.15			933.15	1156.25
40850	Brain and nervous system	Type A Advanced Surgical	N	DEEP BRAIN STIMULATION (unilateral) functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy or craniectomy and insertion of electrodes for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability (Anaes.) (Assist.)	2356.2			1767.15	
40851	Brain and nervous system	Type A Advanced Surgical	N	DEEP BRAIN STIMULATION (bilateral) functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy or craniectomy and insertion of electrodes for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.) (Assist.)	4123.6			3092.7	
40852	Brain and nervous system	Type A Surgical	N	DEEP BRAIN STIMULATION (unilateral) subcutaneous placement of neurostimulator receiver or pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.) (Assist.)	354.4			265.8	
40854	Brain and nervous system	Type A Surgical	N	DEEP BRAIN STIMULATION (unilateral) revision or removal of brain electrode for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	547.7			410.8	
40856	Brain and nervous system	Type A Surgical	N	DEEP BRAIN STIMULATION (unilateral) removal or replacement of neurostimulator receiver or pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	265.8			199.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
40858	Brain and nervous system	Type A Surgical	N	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 sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	547.7			410.8	
40860	Brain and nervous system	Type A Advanced Surgical	N	DEEP BRAIN STIMULATION (unilateral) target localisation incorporating anatomical and physiological techniques, including intra-operative clinical evaluation, for the insertion of a single neurostimulation wire for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	2104.65			1578.5	
40862	Brain and nervous system	Type C	N	DEEP BRAIN STIMULATION (unilateral) electronic analysis and programming of neurostimulator pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)	197.4			148.05	167.8
40905	Brain and nervous system	Type A Surgical	N	Craniotomy, performed by a neurosurgeon in conjunction with the correction of craniofacial abnormalities (Anaes.) (Assist.)	626.1			469.6	
41500	Ear, nose and throat	Type C	N	EAR, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.)	85.8			64.35	72.95
41501	Ear, nose and throat	Type C	N	Examination of glottal cycles and vibratory characteristics of the vocal folds by a specialist in the practice of the specialist's specialty of otolaryngology using videostroboscopy, including capturing audio, video, frequency and intensity, for confirmation of diagnosis , or for confirmation of treatment effectiveness where there is failure to progress or respond as expected, for: dysphonia where non stroboscopic techniques of the visualising the larynx have failed to identify any frank abnormality of the vocal folds; or benign or malignant vocal fold lesions; or premalignant or malignant laryngeal lesions; or vocal fold motion impairment or glottal insufficiency; or evaluation of vocal fold function after treatment or phonosurgery other than a service associated with a service to which item 41764 applies or with a services associated with the administration of a general anaesthetic	193.1			144.85	164.15
41503	Ear, nose and throat	Type B Non-band specific	N	EAR, foreign body in, removal of, involving incision of external auditory canal (Anaes.)	248.45			186.35	211.2
41506	Ear, nose and throat	Type B Non-band specific	N	AURAL POLYP, removal of (Anaes.)	149.85			112.4	127.4
41509	Ear, nose and throat	Type B Non-band specific	N	EXTERNAL AUDITORY MEATUS, surgical removal of keratosis obturans from, not being a service to which another item in this Group applies (Anaes.)	169.55			127.2	144.15
41512	Ear, nose and throat	Type A Surgical	N	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies (Anaes.) (Assist.)	609.65			457.25	
41515	Ear, nose and throat	Type A Surgical	N	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41557, 41560 or 41563 applies (Anaes.) (Assist.)	400.1			300.1	
41518	Ear, nose and throat	Type A Advanced Surgical	N	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN (Anaes.) (Assist.)	966.35			724.8	
41521	Ear, nose and throat	Type A Advanced Surgical	N	Correction of AUDITORY CANAL STENOSIS, including meatoplasty, with or without grafting (Anaes.) (Assist.)	1028.9			771.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
41524	Ear, nose and throat	Type A Surgical	N	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL, being a service associated with a service to which items 41557, 41560 and 41563 apply (Anaes.) (Assist.)	297.25			222.95	
41527	Ear, nose and throat	Type A Surgical	N	MYRINGOPLASTY, transcanal approach (Rosen incision) (Anaes.) (Assist.)	611.4			458.55	
41530	Ear, nose and throat	Type A Advanced Surgical	N	MYRINGOPLASTY, postaural or endaural approach with or without mastoid inspection (Anaes.)	996.1			747.1	
41533	Ear, nose and throat	Type A Advanced Surgical	N	ATTICOTOMY without reconstruction of the bony defect, with or without myringoplasty (Anaes.) (Assist.)	1190.65			893	
41536	Ear, nose and throat	Type A Advanced Surgical	N	ATTICOTOMY with reconstruction of the bony defect, with or without myringoplasty (Anaes.) (Assist.)	1333.65			1000.25	
41539	Ear, nose and throat	Type A Advanced Surgical	N	OSSICULAR CHAIN RECONSTRUCTION (Anaes.) (Assist.)	1134.05			850.55	
41542	Ear, nose and throat	Type A Advanced Surgical	N	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY (Anaes.) (Assist.)	1242.65			932	
41545	Ear, nose and throat	Type A Surgical	N	MASTOIDECTOMY (CORTICAL) (Anaes.) (Assist.)	542.4			406.8	
41548	Ear, nose and throat	Type A Surgical	N	OBLITERATION OF THE MASTOID CAVITY (Anaes.) (Assist.)	719.75			539.85	
41551	Ear, nose and throat	Type A Advanced Surgical	N	MASTOIDECTOMY, intact wall technique, with myringoplasty (Anaes.) (Assist.)	1657.65			1243.25	
41554	Ear, nose and throat	Type A Advanced Surgical	N	MASTOIDECTOMY, intact wall technique, with myringoplasty and ossicular chain reconstruction (Anaes.) (Assist.)	1953			1464.75	
41557	Ear, nose and throat	Type A Advanced Surgical	N	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) (Anaes.) (Assist.)	1134.05			850.55	
41560	Ear, nose and throat	Type A Advanced Surgical	N	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY (Anaes.)	1242.65			932	
41563	Ear, nose and throat	Type A Advanced Surgical	N	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION (Anaes.) (Assist.)	1538.3			1153.75	
41564	Ear, nose and throat	Type A Advanced Surgical	N	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), OBLITERATION OF THE MASTOID CAVITY, BLIND SAC CLOSURE OF EXTERNAL AUDITORY CANAL AND OBLITERATION OF EUSTACHIAN TUBE (Anaes.) (Assist.)	1989.3			1492	
41566	Ear, nose and throat	Type A Advanced Surgical	N	REVISION OF MASTOIDECTOMY (radical, modified radical or intact wall), including myringoplasty (Anaes.) (Assist.)	1134.05			850.55	
41569	Ear, nose and throat	Type A Advanced Surgical	N	DECOMPRESSION OF FACIAL NERVE in its mastoid portion (Anaes.) (Assist.)	1242.65			932	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
41572	Ear, nose and throat	Type A Advanced Surgical	N	LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH (Anaes.) (Assist.)	1075.1			806.35	
41575	Ear, nose and throat	Type A Advanced Surgical	N	CEREBELLOPONTINE ANGLE TUMOUR, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approachtransmastoid, translabyrinthine or retromastoid procedure (including aftercare) (Anaes.) (Assist.)	2534.35			1900.8	
41576	Ear, nose and throat	Type A Advanced Surgical	N	CEREBELLO - PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach - intracranial procedure (including aftercare) not being a service to which item 41578 or 41579 applies (Anaes.) (Assist.)	3801.65			2851.25	
41578	Ear, nose and throat	Type A Advanced Surgical	N	CEREBELLOPONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, principal surgeon (Anaes.) (Assist.)	2534.35			1900.8	
41579	Ear, nose and throat	Type A Advanced Surgical	N	CEREBELLO-PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, co-surgeon (Assist.)	1900.8			1425.6	
41581	Ear, nose and throat	Type A Advanced Surgical	N	TUMOUR INVOLVING INFRA-TEMPORAL FOSSA, removal of, involving craniotomy and radical excision of (Anaes.) (Assist.)	2915.05			2186.3	
41584	Ear, nose and throat	Type A Advanced Surgical	N	PARTIAL TEMPORAL BONE RESECTION for removal of tumour involving mastoidectomy with or without decompression of facial nerve (Anaes.) (Assist.)	2000.55			1500.45	
41587	Ear, nose and throat	Type A Advanced Surgical	N	TOTAL TEMPORAL BONE RESECTION for removal of tumour (Anaes.) (Assist.)	2724.7			2043.55	
41590	Ear, nose and throat	Type A Advanced Surgical	N	ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of (Anaes.) (Assist.)	1242.65			932	
41593	Ear, nose and throat	Type A Advanced Surgical	N	TRANSLABYRINTHINE VESTIBULAR NERVE SECTION (Anaes.) (Assist.)	1619.55			1214.7	
41596	Ear, nose and throat	Type A Advanced Surgical	N	RETROLABYRINTHINE VESTIBULAR NERVE SECTION or COCHLEAR NERVE SECTION, or BOTH (Anaes.) (Assist.)	1810			1357.5	
41599	Ear, nose and throat	Type A Advanced Surgical	N	INTERNAL AUDITORY MEATUS, exploration by middle cranial fossa approach with cranial nerve decompression (Anaes.) (Assist.)	1810			1357.5	
41603	Implantation of hearing devices	Type A Surgical	N	OSSEO-INTEGRATION PROCEDURE - implantation of titanium fixture for use with implantable bone conduction hearing system device, in patients: -With a permanent or long term hearing loss; and -Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and -With bone conduction thresholds that accord to recognised criteria for the implantable bone conduction hearing device being inserted. Not being a service associated with a service to which items 41554, 45794 or 45797 (Anaes.)	524.3			393.25	445.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
41604	Implantation of hearing devices	Type B Band 1	N	OSSEO-INTEGRATION PROCEDURE - fixation of transcutaneous abutment implantation of titanium fixture for use with implantable bone conduction hearing system device, in patients: -With a permanent or long term hearing loss; and -Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and -With bone conduction thresholds that accord to recognised criteria for the implantable bone conduction hearing device being inserted. Not being a service associated with a service to which items 41554, 45794 or 45797 (Anaes.)	194.1			145.6	165
41608	Ear, nose and throat	Type A Advanced Surgical	N	STAPEDECTOMY (Anaes.) (Assist.)	1134.05			850.55	
41611	Ear, nose and throat	Type A Surgical	N	STAPES MOBILISATION (Anaes.) (Assist.)	729.7			547.3	
41614	Ear, nose and throat	Type A Advanced Surgical	N	ROUND WINDOW SURGERY including repair of cochleotomy (Anaes.) (Assist.)	1134.05			850.55	1046.15
41615	Ear, nose and throat	Type A Advanced Surgical	N	OVAL WINDOW SURGERY, including repair of fistula, not being a service associated with a service to which any other item in this Group applies (Anaes.) (Assist.)	1134.05			850.55	1046.15
41617	Implantation of hearing devices	Type A Advanced Surgical	N	COCHLEAR IMPLANT, insertion of, including mastoidectomy (Anaes.) (Assist.)	1972			1479	
41618	Implantation of hearing devices	Type A Advanced Surgical	N	Middle ear implant, partially implantable, insertion of, via mastoidectomy, for patients with: (a) stable sensorineural hearing loss; and (b) outer ear pathology that prevents the use of a conventional hearing aid; and (c) a PTA4 of less than 80 dBHL; and (d) bilateral, symmetrical hearing loss with PTA thresholds in both ears within 20 dBHL (0.5-4kHz) of each other; and (e) speech perception discrimination of at least 65% correct for word lists with appropriately amplified sound; and (f) a normal middle ear; and (g) normal tympanometry; and (h) on audiometry, an air-bone gap of less than 10 dBHL (0.5-4kHz) across all frequencies; and (i) no other inner ear disorders (Anaes.) (Assist.)	1953			1464.75	
41620	Ear, nose and throat	Type A Surgical	N	GLOMUS TUMOUR, transtympanic removal of (Anaes.) (Assist.)	857.95			643.5	
41623	Ear, nose and throat	Type A Advanced Surgical	N	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy (Anaes.) (Assist.)	1242.65			932	
41626	Ear, nose and throat	Type B Non-band specific	N	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding aftercare) (Anaes.)	149.85			112.4	127.4
41629	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	MIDDLE EAR, EXPLORATION OF (Anaes.) (Assist.)	542.4			406.8	
41632	Tonsils, adenoids and grommets	Type B Non-band specific	N	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy) (Anaes.)	248.45			186.35	211.2
41635	Ear, nose and throat	Type A Advanced Surgical	N	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, 1 or more, with or without myringoplasty (Anaes.) (Assist.)	1190.65			893	1102.75
41638	Ear, nose and throat	Type A Advanced Surgical	N	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, 1 or more, with or without myringoplasty with ossicular chain reconstruction (Anaes.) (Assist.)	1486.2			1114.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
41641	Ear, nose and throat	Unlisted	N	PERFORATION OF TYMPANUM, cauterisation or diathermy of (Anaes.)	49.35			37.05	41.95
41644	Ear, nose and throat	Type B Non-band specific	N	EXCISION OF RIM OF EARDRUM PERFORATION, not being a service associated with myringoplasty (Anaes.)	148.65			111.5	126.4
41647	Ear, nose and throat	Type B Band 1	N	EAR TOILET requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia (Anaes.)	114.3			85.75	97.2
41650	Ear, nose and throat	Type B Non-band specific	N	TYMPANIC MEMBRANE, microinspection of 1 or both ears under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	114.3			85.75	97.2
41653	Ear, nose and throat	Type B Non-band specific	N	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 in this Group applies (Anaes.)	74.85			56.15	63.65
41656	Ear, nose and throat	Unlisted	N	NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)	127.8			95.85	108.65
41659	Ear, nose and throat	Type C	N	NOSE, removal of FOREIGN BODY IN, other than by simple probing (Anaes.)	80.7			60.55	68.6
41662	Ear, nose and throat	Type C	N	NASAL POLYP OR POLYPI (SIMPLE), removal of	85.8			64.35	72.95
41668	Ear, nose and throat	Type B Non-band specific	N	NASAL POLYP OR POLYPI, removal of (Anaes.)	228.85			171.65	
41671	Ear, nose and throat	Type A Surgical	N	NASAL SEPTUM, SEPTOPLASTY, SUBMUCOUS RESECTION or closure of septal perforation (Anaes.)	502.85			377.15	
41672	Ear, nose and throat	Type A Surgical	N	NASAL SEPTUM, reconstruction of (Anaes.) (Assist.)	627.3			470.5	
41674	Ear, nose and throat	Type B Band 1	N	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum or turbinates—one or more of these procedures (including any consultation on the same occasion) other than a service associated with another operation on the nose (Anaes.)	104.6			78.45	88.95
41677	Ear, nose and throat	Type B Non-band specific	N	NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	93.65			70.25	79.65
41683	Ear, nose and throat	Unlisted	N	DIVISION OF NASAL ADHESIONS, with or without stenting not being a service associated with any other operation on the nose and not performed during the postoperative period of a nasal operation (Anaes.)	122			91.5	103.7
41686	Ear, nose and throat	Unlisted	N	DISLOCATION OF TURBINATE OR TURBINATES, 1 or both sides, not being a service associated with a service to which another item in this Group applies (Anaes.)	74.85			56.15	63.65
41689	Ear, nose and throat	Unlisted	N	TURBINECTOMY or turbinectomies, partial or total, unilateral (Anaes.)	142.05			106.55	
41692	Ear, nose and throat	Unlisted	N	TURBINATES, submucous resection of, unilateral (Anaes.)	185.25			138.95	
41698	Ear, nose and throat	Type C	N	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (Anaes.)	33.85			25.4	28.8
41701	Ear, nose and throat	Type B Non-band specific	N	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a service associated with a service to which another item in this Group applies (Anaes.)	95.6			71.7	
41704	Ear, nose and throat	Type C	N	MAXILLARY ANTRUM, LAVAGE OFeach attendance at which the procedure is performed, including any associated consultation (Anaes.)	37.8			28.35	32.15
41707	Ear, nose and throat	Type A Surgical	N	MAXILLARY ARTERY, transantral ligation of (Anaes.) (Assist.)	466.75			350.1	

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41710	Ear, nose and throat	Type A Surgical	N	ANTROSTOMY (RADICAL) (Anaes.) (Assist.)	542.4			406.8	
41713	Ear, nose and throat	Type A Surgical	N	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy (Anaes.) (Assist.)	631.1			473.35	
41716	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	ANTRUM, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.)	307.7			230.8	
41719	Ear, nose and throat	Unlisted	N	ANTRUM, drainage of, through tooth socket (Anaes.)	122.35			91.8	104
41722	Ear, nose and throat	Type A Surgical	N	OROANTRAL FISTULA, plastic closure of (Anaes.) (Assist.)	611.4			458.55	523.5
41725	Ear, nose and throat	Type A Surgical	N	ETHMOIDAL ARTERY OR ARTERIES, transorbital ligation of (unilateral) (Anaes.) (Assist.)	466.75			350.1	
41728	Ear, nose and throat	Type A Advanced Surgical	N	LATERAL RHINOTOMY with removal of tumour (Anaes.) (Assist.)	933.65			700.25	
41729	Ear, nose and throat	Type A Surgical	N	DERMOID OF NOSE, excision of, with intranasal extension (Anaes.) (Assist.)	591.7			443.8	
41731	Ear, nose and throat	Type A Surgical	N	FRONTONASAL ETHMOIDECTOMY by external approach with or without sphenoidectomy (Anaes.) (Assist.)	808.6			606.45	
41734	Ear, nose and throat	Type A Advanced Surgical	N	RADICAL FRONTOETHMOIDECTOMY with osteoplastic flap (Anaes.) (Assist.)	1055.1			791.35	
41737	Ear, nose and throat	Type A Surgical	N	FRONTAL SINUS, OR ETHMOIDAL SINUSES ON THE ONE SIDE, intranasal operation on (Anaes.) (Assist.)	502.85			377.15	
41740	Ear, nose and throat	Unlisted	N	FRONTAL SINUS, catheterisation of (Anaes.)	61.2			45.9	
41743	Ear, nose and throat	Type A Surgical	N	FRONTAL SINUS, trephine of (Anaes.) (Assist.)	351.15			263.4	
41746	Ear, nose and throat	Type A Surgical	N	FRONTAL SINUS, radical obliteration of (Anaes.) (Assist.)	808.6			606.45	720.7
41749	Ear, nose and throat	Type A Surgical	N	ETHMOIDAL SINUSES, external operation on (Anaes.) (Assist.)	631.1			473.35	
41752	Ear, nose and throat	Type A Surgical	N	SPHENOIDAL SINUS, intranasal operation on (Anaes.) (Assist.)	307.7			230.8	
41755	Ear, nose and throat	Type C	N	EUSTACHIAN TUBE, catheterisation of (Anaes.)	48.4			36.3	41.15
41764	Ear, nose and throat	Type B Non-band specific	N	NASENDOSCOPY or SINOSCOPY or FIBREOPTIC EXAMINATION of NASOPHARYNX and LARYNX, one or more of these procedures, unilateral or bilateral examination (Anaes.)	127.8			95.85	108.65
41767	Ear, nose and throat	Type A Surgical	N	NASOPHARYNGEAL ANGIOFIBROMA, removal of (Anaes.) (Assist.)	766.9			575.2	679
41770	Ear, nose and throat	Type A Surgical	N	PHARYNGEAL POUCH, removal of, with or without cricopharyngeal myotomy (Anaes.) (Assist.)	729.7			547.3	
41773	Ear, nose and throat	Type A Surgical	N	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation) (Anaes.) (Assist.)	611.4			458.55	
41776	Ear, nose and throat	Type A Surgical	N	CRICOPHARYNGEAL MYOTOMY with or without inversion of pharyngeal pouch (Anaes.) (Assist.)	609.65			457.25	
41779	Ear, nose and throat	Type A Surgical	N	PHARYNGOTOMY (lateral), with or without total excision of tongue (Anaes.) (Assist.)	729.7			547.3	

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41782	Ear, nose and throat	Type A Advanced Surgical	N	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY (Anaes.) (Assist.)	990.7			743.05	902.8
41785	Ear, nose and throat	Type A Advanced Surgical	N	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY with partial or total glossectomy (Anaes.) (Assist.)	1229			921.75	
41786	Ear, nose and throat	Type A Surgical	N	UVULOPALATOPHARYNGOPLASTY, with or without tonsillectomy, by any means (Anaes.) (Assist.)	766.9			575.2	
41787	Ear, nose and throat	Type A Surgical	N	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.) (Assist.)	591.7			443.8	503.8
41789	Tonsils, adenoids and grommets	Type A Surgical	N	Tonsils or tonsils and adenoids, removal of, in a patient aged less than 12 years(including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.)	307.7			230.8	
41793	Tonsils, adenoids and grommets	Type A Surgical	N	Tonsils or tonsils and adenoids, removal of, in a patient 12 years of age or over (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.)	386.55			289.95	
41797	Tonsils, adenoids and grommets	Unlisted	N	TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of (Anaes.)	149.85			112.4	
41801	Tonsils, adenoids and grommets	Type B Non-band specific	N	Adenoids, removal of (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.)	169.55			127.2	
41804	Ear, nose and throat	Unlisted	N	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of (Anaes.)	93.65			70.25	
41807	Ear, nose and throat	Unlisted	N	PERITONSILLAR ABSCESS (quinsy), incision of (Anaes.)	72.9			54.7	62
41810	Ear, nose and throat	Unlisted	N	UVULOTOMY or UVULECTOMY (Anaes.)	37.05			27.8	31.5
41813	Ear, nose and throat	Type A Surgical	N	VALLECULAR OR PHARYNGEAL CYSTS, removal of (Anaes.) (Assist.)	370.8			278.1	
41816	Digestive system	Type B Non-band specific	N	OESOPHAGOSCOPY (with rigid oesophagoscope) (Anaes.)	193.1			144.85	164.15
41822	Digestive system	Type B Non-band specific	N	OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy (Anaes.)	248.45			186.35	
41825	Digestive system	Type A Surgical and Type B Non-band specific	N	OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body (Anaes.) (Assist.)	370.8			278.1	
41828	Digestive system	Type C	N	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy (Anaes.)	54.35			40.8	46.2
41831	Digestive system	Type A Surgical and Type B Non-band specific	N	Oesophagus, endoscopic pneumatic dilatation of,for treatment of achalasia (Anaes.) (Assist.)	371.45			278.6	315.75
41832	Digestive system	Unlisted	N	OESOPHAGUS, balloon dilatation of, using interventional imaging techniques (Anaes.)	237.75			178.35	202.1
41834	Ear, nose and throat	Type A Advanced Surgical	N	LARYNGECTOMY (TOTAL) (Anaes.) (Assist.)	1341.4			1006.05	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
41837	Ear, nose and throat	Type A Advanced Surgical	N	VERTICAL HEMILARYNGECTOMY including tracheostomy (Anaes.) (Assist.)	1286.15			964.65	
41840	Ear, nose and throat	Type A Advanced Surgical	N	SUPRAGLOTTIC LARYNGECTOMY including tracheostomy (Anaes.) (Assist.)	1581.35			1186.05	
41843	Ear, nose and throat	Type A Advanced Surgical	N	LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL (Anaes.) (Assist.)	1390.6			1042.95	
41855	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	MICROLARYNGOSCOPY (Anaes.) (Assist.)	299.85			224.9	
41858	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	MICROLARYNGOSCOPY with removal of juvenile papillomata (Anaes.) (Assist.)	514.2			385.65	
41861	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	MICROLARYNGOSCOPY with removal of benign lesions of the larynx by laser surgery (Anaes.) (Assist.)	628.75			471.6	
41864	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR (Anaes.) (Assist.)	424			318	
41867	Ear, nose and throat	Type A Surgical	N	MICROLARYNGOSCOPY with arytenoidectomy (Anaes.) (Assist.)	638.25			478.7	
41868	Ear, nose and throat	Type A Surgical	N	LARYNGEAL WEB, division of, using microlarygoscopic techniques (Anaes.)	404.4			303.3	
41870	Ear, nose and throat	Type A Surgical	N	INJECTION OF VOCAL CORD BY TEFLON, FAT, COLLAGEN OR GELFOAM (Anaes.) (Assist.)	473.3			355	
41873	Ear, nose and throat	Type A Surgical	N	LARYNX, FRACTURED, operation for (Anaes.) (Assist.)	611.4			458.55	523.5
41876	Ear, nose and throat	Type A Surgical	N	LARYNX, external operation on, OR LARYNGOFISSURE with or without cordectomy (Anaes.) (Assist.)	611.4			458.55	523.5
41879	Ear, nose and throat	Type A Advanced Surgical	N	LARYNGOPLASTY or TRACHEOPLASTY, including tracheostomy (Anaes.) (Assist.)	990.7			743.05	
41880	Ear, nose and throat	Type A Surgical	N	TRACHEOSTOMY by a percutaneous technique using sequential dilatation or partial splitting method to allow insertion of a cuffed tracheostomy tube (Anaes.)	264.4			198.3	
41881	Ear, nose and throat	Type A Surgical	N	TRACHEOSTOMY by open exposure of the trachea, including separation of the strap muscles or division of the thyroid isthmus, where performed (Anaes.) (Assist.)	418.05			313.55	
41884	Ear, nose and throat	Unlisted	N	CRICOTHYROSTOMY by direct stab or Seldinger technique, using mini tracheostomy device (Anaes.)	94.75			71.1	
41885	Ear, nose and throat	Type A Surgical	N	TRACHE-OESOPHAGEAL FISTULA, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures (Anaes.) (Assist.)	299.55			224.7	254.65
41886	Ear, nose and throat	Type B Non-band specific	N	TRACHEA, removal of foreign body in (Anaes.)	185.25			138.95	157.5
41907	Ear, nose and throat	Unlisted	N	NASAL SEPTUM BUTTON, insertion of (Anaes.)	127.8			95.85	108.65
41910	Ear, nose and throat	Type A Surgical	N	DUCT OF MAJOR SALIVARY GLAND, transposition of (Anaes.) (Assist.)	406.05			304.55	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
42503	Eye (not cataracts)	Type B Non-band specific	N	OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	106.65			80	
42504	Eye (not cataracts)	Type B Non-band specific	N	Glaucoma, implantation of a micro-bypass surgery stent system into the trabecular meshwork, if: (a) conservative therapies have failed, are likely to fail, or are contraindicated; and (b) the service is performed by a specialist with training that is recognised by the Conjoint Committee for the Recognition of Training in Micro-Bypass Glaucoma Surgery (Anaes.)	312.95			234.75	266.05
42505	Eye (not cataracts)	Type A Surgical	N	Complete removal from the eye of a trans-trabecular drainage device or devices, with or without replacement, following device related medical complications necessitating complete removal. (Anaes.)	312.95			234.75	266.05
42506	Eye (not cataracts)	Type A Surgical	N	EYE, ENUCLEATION OF, with or without sphere implant (Anaes.) (Assist.)	500.75			375.6	425.65
42509	Eye (not cataracts)	Type A Surgical	N	EYE, ENUCLEATION OF, with insertion of integrated implant (Anaes.) (Assist.)	633.75			475.35	
42510	Eye (not cataracts)	Type A Surgical	N	EYE, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant (Anaes.) (Assist.)	730.5			547.9	
42512	Eye (not cataracts)	Type A Surgical	N	GLOBE, EVISCERATION OF (Anaes.) (Assist.)	500.75			375.6	425.65
42515	Eye (not cataracts)	Type A Surgical	N	GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE (Anaes.) (Assist.)	633.75			475.35	
42518	Eye (not cataracts)	Type A Surgical	N	ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure, or REMOVAL OF IMPLANT FROM SOCKET, or PLACEMENT OF A MOTILITY INTEGRATING PEG by drilling into an existing orbital implant (Anaes.) (Assist.)	367.7			275.8	
42521	Eye (not cataracts)	Type A Advanced Surgical	N	ANOPHTHALMIC SOCKET, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure (Anaes.) (Assist.)	1251.95			939	
42524	Eye (not cataracts)	Unlisted	N	ORBIT, SKIN GRAFT TO, as a delayed procedure (Anaes.)	212.85			159.65	180.95
42527	Eye (not cataracts)	Type A Surgical	N	CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD (Anaes.) (Assist.)	422.5			316.9	
42530	Eye (not cataracts)	Type A Surgical	N	ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE (Anaes.) (Assist.)	657.35			493.05	
42533	Eye (not cataracts)	Type A Surgical	N	ORBIT, EXPLORATION OF, with drainage or biopsy not requiring removal of bone (Anaes.) (Assist.)	422.5			316.9	
42536	Eye (not cataracts)	Type A Surgical	N	ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant (Anaes.) (Assist.)	868.4			651.3	
42539	Eye (not cataracts)	Type A Advanced Surgical	N	ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone (Anaes.) (Assist.)	1236.35			927.3	
42542	Eye (not cataracts)	Type A Surgical	N	ORBIT, exploration of anterior aspect with removal of tumour or foreign body (Anaes.) (Assist.)	524.3			393.25	
42543	Eye (not cataracts)	Type A Advanced Surgical	N	ORBIT, exploration of retrobulbar aspect with removal of tumour or foreign body (Anaes.) (Assist.)	919.65			689.75	
42545	Eye (not cataracts)	Type A Advanced Surgical	N	ORBIT, decompression of, for dysthyroid eye disease, by fenestrationof 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye (Anaes.) (Assist.)	1330.15			997.65	
42548	Eye (not cataracts)	Type A Surgical	N	OPTIC NERVE MENINGES, incision of (Anaes.) (Assist.)	790.15			592.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
42551	Eye (not cataracts)	Type A Surgical	N	EYE, PENETRATING WOUND OR RUPTURE OF, not involving intraocular structures repair involving suture of cornea or sclera, or both, not being a service to which item 42632 applies (Anaes.) (Assist.)	657.35			493.05	569.45
42554	Eye (not cataracts)	Type A Surgical	N	EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration or prolapse of uveal tissue repair (Anaes.) (Assist.)	766.9			575.2	
42557	Eye (not cataracts)	Type A Advanced Surgical	N	EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration of lens or vitreous repair (Anaes.) (Assist.)	1071.95			804	
42563	Eye (not cataracts)	Type A Surgical	N	INTRAOCULAR FOREIGN BODY, removal from anterior segment (Anaes.) (Assist.)	540			405	459
42569	Eye (not cataracts)	Type A Advanced Surgical	N	INTRAOCULAR FOREIGN BODY, removal from posterior segment (Anaes.) (Assist.)	1071.95			804	
42572	Eye (not cataracts)	Type B Non-band specific	N	ORBITAL ABSCESS OR CYST, drainage of (Anaes.)	122.15			91.65	103.85
42573	Eye (not cataracts)	Type B Non-band specific	N	DERMOID, periorbital, excision of, on a patient 10 years of age or over (Anaes.)	236.65			177.5	201.2
42574	Eye (not cataracts)	Type A Surgical	N	DERMOID, orbital, excision of (Anaes.) (Assist.)	502.85			377.15	427.45
42575	Eye (not cataracts)	Type B Band 1	N	TARSAL CYST, extirpation of (Anaes.)	86.05			64.55	73.15
42576	Eye (not cataracts)	Type B Non-band specific	N	DERMOID, periorbital, excision of, on a patient under 10 years of age (Anaes.)	307.7			230.8	261.55
42581	Eye (not cataracts)	Unlisted	N	ECTROPION OR ENTROPION, tarsal cauterisation of (Anaes.)	122.15			91.65	103.85
42584	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	N	TARSORRHAPHY (Anaes.) (Assist.)	288			216	244.8
42587	Eye (not cataracts)	Type C	N	TRICHIASIS (due to causes other than trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)	54.1			40.6	46
42588	Eye (not cataracts)	Type C	N	TRICHIASIS (due to trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)	54.1			40.6	46
42590	Eye (not cataracts)	Type A Surgical	N	CANTHOPLASTY, medial or lateral (Anaes.) (Assist.)	352.05			264.05	299.25
42593	Eye (not cataracts)	Type B Non-band specific	N	LACRIMAL GLAND, excision of palpebral lobe (Anaes.)	212.85			159.65	
42596	Eye (not cataracts)	Type A Surgical	N	LACRIMAL SAC, excision of, or operation on (Anaes.) (Assist.)	524.3			393.25	445.7
42599	Eye (not cataracts)	Type A Surgical	N	LACRIMAL CANALICULAR SYSTEM, establishment of patency by closed operation using silicone tubes or similar, 1 eye (Anaes.) (Assist.)	657.35			493.05	569.45
42602	Eye (not cataracts)	Type A Surgical	N	LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation, 1 eye (Anaes.) (Assist.)	657.35			493.05	569.45
42605	Eye (not cataracts)	Type A Surgical	N	LACRIMAL CANALICULUS, immediate repair of (Anaes.) (Assist.)	485			363.75	412.25
42608	Eye (not cataracts)	Type A Surgical	N	LACRIMAL DRAINAGE by insertion of glass tube, as an independent procedure (Anaes.) (Assist.)	312.95			234.75	266.05
42610	Eye (not cataracts)	Type B Non-band specific	N	NASOLACRIMAL TUBE (unilateral), removal or replacement of, or LACRIMAL PASSAGES, probing for obstruction, unilateral, with or without lavage - under general anaesthesia (Anaes.)	100.15			75.15	85.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
42611	Eye (not cataracts)	Type B Non-band specific	N	NASOLACRIMAL TUBE (bilateral), removal or replacement of, or LACRIMAL PASSAGES, probing for obstruction, bilateral, with or without lavage - under general anaesthesia (Anaes.)	150.2			112.65	127.7
42614	Eye (not cataracts)	Type C	N	NASOLACRIMAL TUBE (unilateral), removal or replacement of, or LACRIMAL PASSAGES, probing to establish patency of the lacrimal passage and/or site of obstruction, unilateral, including lavage, not being a service associated with a service to which item 42610 applies (excluding aftercare)	50.25			37.7	42.75
42615	Eye (not cataracts)	Type C	N	NASOLACRIMAL TUBE (bilateral), removal or replacement of, or LACRIMAL PASSAGES, probing to establish patency of the lacrimal passage and/or site of obstruction, bilateral, including lavage, not being a service associated with a service to which item 42611 applies (excluding aftercare)	75.15			56.4	63.9
42617	Eye (not cataracts)	Type C	N	PUNCTUM SNIP operation (Anaes.)	142.5			106.9	121.15
42620	Eye (not cataracts)	Type C	N	PUNCTUM, occlusion of, by use of a plug (Anaes.)	54.8			41.1	46.6
42622	Eye (not cataracts)	Unlisted	N	PUNCTUM, permanent occlusion of, by use of electrical cautery (Anaes.)	86.05			64.55	73.15
42623	Eye (not cataracts)	Type A Surgical	N	DACRYOCYSTORHINOSTOMY (Anaes.) (Assist.)	727.8			545.85	
42626	Eye (not cataracts)	Type A Advanced Surgical	N	DACRYOCYSTORHINOSTOMY where a previous dacryocystorhinostomy has been performed (Anaes.) (Assist.)	1173.75			880.35	1085.85
42629	Eye (not cataracts)	Type A Surgical	N	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps (Anaes.) (Assist.)	884.15			663.15	
42632	Eye (not cataracts)	Unlisted	N	CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap (Anaes.)	122.15			91.65	103.85
42635	Eye (not cataracts)	Type A Surgical	N	CORNEAL PERFORATIONS, sealing of, with tissue adhesive (Anaes.) (Assist.)	312.95			234.75	266.05
42638	Eye (not cataracts)	Type A Surgical	N	CONJUNCTIVAL GRAFT OVER CORNEA (Anaes.) (Assist.)	391.25			293.45	332.6
42641	Eye (not cataracts)	Type A Surgical	N	AUTOCONJUNCTIVAL TRANSPLANT, or mucous membrane graft (Anaes.) (Assist.)	508.55			381.45	432.3
42644	Eye (not cataracts)	Type C	N	CORNEA OR SCLERA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) (Anaes.)	75.05			56.3	63.8
42647	Eye (not cataracts)	Unlisted	N	CORNEAL SCARS, removal of, by partial keratectomy, not being a service associated with a service to which item 42686 applies (Anaes.)	212.85			159.65	180.95
42650	Eye (not cataracts)	Type C	N	CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding aftercare) (Anaes.)	75.05			56.3	63.8
42651	Eye (not cataracts)	Unlisted	N	CORNEA, epithelial debridement for eliminating band keratopathy (Anaes.)	167.3			125.5	142.25
42652	Eye (not cataracts)	Type B Non-band specific	N	Corneal collagen cross linking, on a patient with a corneal ectatic disorder, with evidence of progression—per eye (Anaes.)	1248.65			936.5	1160.75
42653	Eye (not cataracts)	Type A Advanced Surgical	N	CORNEA transplantation of (Anaes.) (Assist.)	1360.75			1020.6	
42656	Eye (not cataracts)	Type A Advanced Surgical	N	CORNEA, transplantation of, second and subsequent procedures (Anaes.) (Assist.)	1737.1			1302.85	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
42662	Eye (not cataracts)	Type A Advanced Surgical	N	SCLERA, transplantation of, full thickness, including collection of donor material (Anaes.) (Assist.)	938.85			704.15	
42665	Eye (not cataracts)	Type A Surgical	N	SCLERA, transplantation of, superficial or lamellar, including collection of donor material (Anaes.) (Assist.)	626.05			469.55	538.15
42667	Eye (not cataracts)	Type C	N	RUNNING CORNEAL SUTURE, manipulation of, performed within 4 months of corneal grafting, to reduce astigmatism where a reduction of 2 dioptres of astigmatism is obtained, including any associated consultation	147.65			110.75	125.55
42668	Eye (not cataracts)	Type C	N	CORNEAL SUTURES, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope (Anaes.)	78.35			58.8	66.6
42672	Eye (not cataracts)	Type A Advanced Surgical	N	CORNEAL INCISONS, to correct corneal astigmatism of more than 11/2 dioptres following anterior segment surgery, including appropriate measurements and calculations, performed as an independent procedure (Anaes.) (Assist.)	938.85			704.15	850.95
42673	Eye (not cataracts)	Type B Non-band specific	N	ADDITIONAL CORNEAL INCISIONS, to correct corneal astigmatism of more than 11/2 dioptres, including appropriate measurements and calculations, performed in conjunction with other anterior segment surgery (Anaes.) (Assist.)	469.35			352.05	398.95
42676	Eye (not cataracts)	Type C	N	CONJUNCTIVA, biopsy of, as an independent procedure	120.35			90.3	102.3
42677	Eye (not cataracts)	Type C	N	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUSeach attendance at which treatment is given including any associated consultation (Anaes.)	63.45			47.6	53.95
42680	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	N	CONJUNCTIVA, cryotherapy to, for melanotic lesions or similar using CO² or N²0 (Anaes.)	312.95			234.75	266.05
42683	Eye (not cataracts)	Type B Non-band specific	N	CONJUNCTIVAL CYSTS, removal of, requiring admission to hospital or approved day-hospital facility (Anaes.)	125.25			93.95	
42686	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	N	PTERYGIUM, removal of (Anaes.)	284.75			213.6	242.05
42689	Eye (not cataracts)	Type B Non-band specific	N	PINGUECULA, removal of, not being a service associated with the fitting of contact lenses (Anaes.)	122.15			91.65	103.85
42692	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	N	LIMBIC TUMOUR, removal of, excluding Pterygium (Anaes.) (Assist.)	288			216	244.8
42695	Eye (not cataracts)	Type A Surgical	N	LIMBIC TUMOUR, excision of, requiring keratectomy or sclerectomy, excluding Pterygium (Anaes.) (Assist.)	469.35			352.05	398.95
42698	Cataracts	Type A Surgical	N	LENS EXTRACTION, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.)	618.8			464.1	530.9
42701	Cataracts	Type A Surgical	N	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 (Anaes.)	345.15			258.9	293.4
42702	Cataracts	Type A Surgical	N	LENS EXTRACTION AND INSERTION OF INTRAOCULAR LENS, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.)	791.45			593.6	703.55
42703	Cataracts	Type A Surgical	N	INTRAOCULAR LENS or IRIS PROSTHESIS insertion of, into the posterior chamber with fixation to the iris or sclera (Anaes.) (Assist.)	595.2			446.4	507.3
42704	Cataracts	Type A Surgical	N	INTRAOCULAR LENS, REMOVAL or REPOSITIONING of by open operation, not being a service associated with a service to which item 42701 applies (Anaes.)	485			363.75	412.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
42705	Cataracts	Type A Advanced Surgical	N	LENS EXTRACTION AND INSERTION OF INTRAOCULAR LENS, excluding surgery performed for the correction of refractive errorexcept for anisometropia greater than 3 dioptres following the removal of cataract in the first eye, performed in association with insertion of a trans-trabecular drainage device or devices, in a patient diagnosed with open angle glaucoma who is not adequately responsive to topical anti-glaucoma medications or who is intolerant of anti-glaucoma medication. (Anaes.)	948.05			711.05	860.15
42707	Cataracts	Type A Surgical	N	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 following the removal of cataract in the first eye (Anaes.)	829.4			622.05	741.5
42710	Cataracts	Type A Advanced Surgical	N	INTRAOCULAR LENS, removal of, and replacement with a lens inserted into the posterior chamber and fixated to the iris or sclera (Anaes.) (Assist.)	938.85			704.15	850.95
42713	Cataracts	Type A Surgical	N	IRIS SUTURING, McCannell technique or similar, for fixation of intraocular lens or repair of iris defect (Anaes.) (Assist.)	391.25			293.45	332.6
42716	Cataracts	Type A Advanced Surgical	N	CATARACT, JUVENILE, removal of, including subsequent needlings (Anaes.) (Assist.)	1244.15			933.15	1156.25
42719	Eye (not cataracts)	Type A Surgical	N	REMOVAL OF VITREOUS, and/or CAPSULAR or LENS MATERIAL, via a limbal approach,not being a service associated with a service to which item 42698, 42702, 42716, 42725 or 42731 applies (Anaes.) (Assist.)	540			405	459
42725	Eye (not cataracts)	Type A Advanced Surgical	N	Vitrectomy via pars plana sclerotomy, including one or more of the following:(a) removal of vitreous; (b) division of vitreous bands; (c) removal of epiretinal membranes; (d) capsulotomy (Anaes.) (Assist.)	1392.65			1044.5	
42731	Eye (not cataracts)	Type A Advanced Surgical	N	LIMBAL OR PARS PLANA LENSECTOMY combined with vitrectomy, not being a service associated with items 42698, 42702, 42719, or 42725 (Anaes.) (Assist.)	1580.55			1185.45	
42734	Eye (not cataracts)	Type A Surgical	N	Capsulotomy, other than by laser, and other than a service associated with a service to which item 42725 or 42731 applies (Anaes.) (Assist.)	312.95			234.75	266.05
42738	Eye (not cataracts)	Type B Non-band specific	N	PARACENTESIS OF ANTERIOR CHAMBER OR VITREOUS CAVITY, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes, 1 or more of, as an independent procedure.	312.95			234.75	266.05
42739	Eye (not cataracts)	Type B Non-band specific	N	PARACENTESIS OF ANTERIOR CHAMBER OR VITREOUS CAVITY, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes,one or more of, as an independent procedure, for a patient requiring the administration of anaesthetic by an anaesthetist. (Anaes.)	312.95			234.75	266.05
42740	Eye (not cataracts)	Type A Surgical	N	INTRAVITREAL INJECTION OF THERAPEUTIC SUBSTANCES, or the removal of vitreous humour for diagnostic purposes, 1 or more of, as a procedure associated with other intraocular surgery. (Anaes.)	312.95			234.75	266.05
42741	Eye (not cataracts)	Type B Band 1	N	Posterior juxtascleral depot injection of a therapeutic substance, for the treatment of subfoveal choroidal neovascularisation due to age-related macular degeneration, 1 or more of (Anaes.)	312.95			234.75	266.05
42743	Eye (not cataracts)	Type A Surgical	N	ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure (Anaes.) (Assist.)	657.35			493.05	569.45
42744	Eye (not cataracts)	Type C	N	Needle revision of glaucoma filtration bleb, following glaucoma filtering procedure (Anaes.)	312.75			234.6	265.85
42746	Eye (not cataracts)	Type A Advanced Surgical	N	GLAUCOMA, filtering operation for, where conservative therapies have failed, are likely to fail, or are contraindicated (Anaes.) (Assist.)	993.7			745.3	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
42749	Eye (not cataracts)	Type A Advanced Surgical	N	GLAUCOMA, filtering operation for, where previous filtering operation has been performed (Anaes.) (Assist.)	1244.15			933.15	
42752	Eye (not cataracts)	Type A Advanced Surgical	N	GLAUCOMA, insertion of drainage device incorporating an extraocular reservoir for, such as a Molteno device (Anaes.) (Assist.)	1392.65			1044.5	
42755	Eye (not cataracts)	Unlisted	N	GLAUCOMA, removal of drainage device incorporating an extraocular reservoir for, such as a Molteno device (Anaes.)	172.15			129.15	146.35
42758	Eye (not cataracts)	Type A Surgical	N	Goniotomy for the treatment of primary congenital glaucoma, excluding the minimally invasive implantation of glaucoma drainage devices (Anaes.) (Assist.)	727.8			545.85	
42761	Eye (not cataracts)	Type A Surgical	N	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure, other than by laser (Anaes.) (Assist.)	540			405	459
42764	Eye (not cataracts)	Type A Surgical	N	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure, other than by laser (Anaes.) (Assist.)	540			405	459
42767	Eye (not cataracts)	Type A Advanced Surgical	N	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of (Anaes.) (Assist.)	1134.5			850.9	
42770	Eye (not cataracts)	Type A Surgical	N	CYCLODESTRUCTIVE procedures for the treatment of intractable glaucoma, treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)	306.75			230.1	260.75
42773	Eye (not cataracts)	Type A Advanced Surgical	N	DETACHED RETINA, pneumatic retinopexy for, not being a service associated with a service to which item 42776 applies (Anaes.) (Assist.)	938.85			704.15	850.95
42776	Eye (not cataracts)	Type A Advanced Surgical	N	DETACHED RETINA, buckling or resection operation for (Anaes.) (Assist.)	1392.65			1044.5	
42779	Eye (not cataracts)	Type A Advanced Surgical	N	DETACHED RETINA, revision of scleral buckling operation for (Anaes.) (Assist.)	1737.1			1302.85	
42782	Eye (not cataracts)	Type A Surgical and Type C	N	LASER TRABECULOPLASTY, for the treatment of glaucoma. Each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) (Assist.)	469.35			352.05	398.95
42785	Eye (not cataracts)	Type A Surgical and Type C	N	LASER IRIDOTOMY - each treatment episode to 1 eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.)	367.7			275.8	312.55
42788	Eye (not cataracts)	Type A Surgical and Type C	N	Laser capsulotomy—each treatment episode to one eye, to a maximum of 2 treatments to that eye in a 2 year period—other than a service associated with a service to which item 42702 applies (Anaes.) (Assist.)	367.7			275.8	312.55
42791	Eye (not cataracts)	Type A Surgical and Type C	N	Laser vitreolysis or corticolysis of lens material or fibrinolysis, excluding vitreolysis in the posterior vitreous cavity—each treatment to one eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.)	367.7			275.8	312.55
42794	Eye (not cataracts)	Type C	N	DIVISION OF SUTURE BY LASER following glaucoma filtration surgery, each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.)	70.45			52.85	59.9
42801	Eye (not cataracts)	Type A Advanced Surgical	N	EPISCLERAL RADIOACTIVE PLAQUE (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, insertion of (Anaes.) (Assist.)	1092.25			819.2	
42802	Eye (not cataracts)	Type A Surgical	N	EPISCLERAL RADIOACTIVE PLAQUE (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, removal of (Anaes.) (Assist.)	545.95			409.5	
42805	Eye (not cataracts)	Type A Surgical	N	TANTALUM MARKERS, surgical insertion to the sclera to localise the tumour base to assist in planning of radiotherapy of choroidal melanomas, 1 or more (Anaes.) (Assist.)	610.3			457.75	522.4
42806	Eye (not cataracts)	Type A Surgical and Type C	N	IRIS TUMOUR, laser photocoagulation of (Anaes.) (Assist.)	367.7			275.8	312.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
42807	Eye (not cataracts)	Type A Surgical and Type C	N	PHOTOMYDRIASIS, laser	370.2			277.65	314.7
42808	Eye (not cataracts)	Type A Surgical and Type C	N	Laser peripheral iridoplasty	370.2			277.65	314.7
42809	Eye (not cataracts)	Type A Surgical and Type C	N	RETINA, photocoagulation of, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)	469.35			352.05	398.95
42810	Eye (not cataracts)	Type A Surgical	N	PHOTOTHERAPEUTIC KERATECTOMY, by laser, for corneal scarring or disease, excluding surgery for refractive error (Anaes.)	590.7			443.05	502.8
42811	Eye (not cataracts)	Type C	N	TRANSPUPILLARY THERMOTHERAPY, for treatment of choroidal and retinal tumours or vascular malformations (Anaes.)	469.35			352.05	398.95
42812	Eye (not cataracts)	Type B Non-band specific	N	Removal of scleral buckling material, from an eye having undergone previous scleral buckling surgery (Anaes.)	172.15			129.15	146.35
42815	Eye (not cataracts)	Type A Surgical	N	VITREOUS CAVITY, removal of silicone oil or other liquid vitreous substitutes from, during a procedure other than that in which the vitreous substitute is inserted (Anaes.) (Assist.)	657.35			493.05	
42818	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	N	RETINA, CRYOTHERAPY TO, as an independent procedure, or when performed in conjunction with item 42809 or 42770 (Anaes.)	610.3			457.75	522.4
42821	Eye (not cataracts)	Unlisted	N	OCULAR TRANSILLUMINATION, for the diagnosis and measurement of intraocular tumours (Anaes.)	94.05			70.55	79.95
42824	Eye (not cataracts)	Unlisted	N	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure	72.7			54.55	61.8
42833	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	N	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 1 OR 2 MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.)	610.3			457.75	
42836	Eye (not cataracts)	Type A Surgical	N	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 1 OR 2 MUSCLES, on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.)	758.95			569.25	
42839	Eye (not cataracts)	Type A Surgical	N	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 3 OR MORE MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.)	727.8			545.85	
42842	Eye (not cataracts)	Type A Advanced Surgical	N	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 3 or MORE MUSCLES, on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.)	907.65			680.75	
42845	Eye (not cataracts)	Type B Non-band specific	N	READJUSTMENT OF ADJUSTABLE SUTURES, 1 or both eyes, as an independent procedure following an operation for correction of squint (Anaes.)	197.1			147.85	167.55
42848	Eye (not cataracts)	Type A Surgical	N	SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 15 years or over (Anaes.) (Assist.)	727.8			545.85	
42851	Eye (not cataracts)	Type A Advanced Surgical	N	SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.)	907.65			680.75	
42854	Eye (not cataracts)	Type A Surgical	N	RUPTURED MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRAOCULAR MUSCLE, repair of (Anaes.) (Assist.)	422.5			316.9	359.15
42857	Eye (not cataracts)	Type A Surgical	N	RESUTURING OF WOUND FOLLOWING INTRAOCULAR PROCEDURES with or without excision of prolapsed iris (Anaes.) (Assist.)	422.5			316.9	359.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
42860	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	EYELID (upper or lower), scleral or Goretex or other non-autogenous graft to, with recession of the lid retractors (Anaes.) (Assist.)	938.85			704.15	850.95
42863	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	EYELID, recession of (Anaes.) (Assist.)	805.95			604.5	718.05
42866	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ENTROPION or TARSAL ECTROPION, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid (Anaes.) (Assist.)	782.35			586.8	694.45
42869	Eye (not cataracts)	Type A Surgical and Type B Non-band specific	N	EYELID closure in facial nerve paralysis, insertion of foreign implant for (Anaes.) (Assist.)	571.25			428.45	485.6
42872	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	EYEBROW, elevation of, by skin excision, to correct for a reduced field of vision caused by paretic, involutional, or traumatic eyebrow descent/ptosis to a position below the superior orbital rim (Anaes.)	250.45			187.85	212.9
43021	Eye (not cataracts)	Type A Surgical	N	Photodynamic therapy, one eye, including the infusion of Verteporfin continuously through a peripheral vein, using a non-thermal laser at a wavelength of 689nm, for the treatment of choroidal neovascularisation.	473.5			355.15	402.5
43022	Eye (not cataracts)	Type A Surgical	N	Photodynamic therapy, both eyes, including the infusion of Verteporfin continuously through a peripheral vein, using a non-thermal laser at a wavelength of 689nm, for the treatment of choroidal neovascularisation.	568.25			426.2	483.05
43023	Eye (not cataracts)	Unlisted	N	Infusion of Verteporfin for discontinued photodynamic therapy, where a session of therapy which would have been provided under item 43021 or 43022 has been discontinued on medical grounds.	92.05			69.05	78.25
43521	Bone, joint and muscle	Type A Surgical	N	OPERATION ON SKULL (Anaes.) (Assist.)	483.35			362.55	
43527	Bone, joint and muscle	Type A surgical	N	Operation on sternum, clavicle, rib, metacarpus, carpus, phalanx, metatarsus, tarsus, mandible or maxilla (other than alveolar margins), by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (H) (Anaes.) (Assist.)	370.8			278.1	
43530	Bone, joint and muscle	Type A surgical	N	Operation on scapula, ulna, radius, tibia, fibula, humerus or femur, by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (Anaes.) (Assist.)	370.8			278.1	315.2
43533	Bone, joint and muscle	Type A surgical	N	Operation on spine or pelvic bones, by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (Anaes.) (Assist.)	611.4			458.55	523.5
43801	Digestive system	Type A Advanced Surgical	N	INTESTINAL MALROTATION with or without volvulus, laparotomy for, not involving bowel resection (Anaes.) (Assist.)	996.1			747.1	
43804	Digestive system	Type A Advanced Surgical	N	INTESTINAL MALROTATION with or without volvulus, laparotomy for, with bowel resection and anastomosis, with or without formation of stoma (Anaes.) (Assist.)	1060.55			795.45	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
43805	Hernia and appendix	Type A Surgical	N	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, on a patient under 10 years of age (Anaes.)	370.8			278.1	
43807	Digestive system	Type A Advanced Surgical	N	DUODENAL ATRESIA or STENOSIS, duodenoduodenostomy or duodenojejunostomy for (Anaes.) (Assist.)	1157.05			867.8	
43810	Digestive system	Type A Advanced Surgical	N	JEJUNAL ATRESIA, bowel resection and anastomosis for, with or without tapering (Anaes.) (Assist.)	1349.9			1012.45	
43813	Digestive system	Type A Advanced Surgical	N	MECONIUM ILEUS, laparotomy for, complicated by 1 or more of associated volvulus, atresia, intesinal perforation with or without meconium peritonitis (Anaes.) (Assist.)	1349.9			1012.45	
43816	Digestive system	Type A Advanced Surgical	N	ILEAL ATRESIA, COLONIC ATRESIA OR MECONIUM ILEUS not being a service associated with a service to which item 43813 applies, laparotomy for (Anaes.) (Assist.)	1253.4			940.05	
43819	Digestive system	Type A Advanced Surgical	N	Agangliosis Coli, laparotomy for, with or without frozen section biopsies and formation of stoma (Anaes.) (Assist.)	1012.4			759.3	
43822	Digestive system	Type A Advanced Surgical	N	ANORECTAL MALFORMATION, laparotomy and colostomy for (Anaes.) (Assist.)	1012.4			759.3	
43825	Digestive system	Type A Advanced Surgical	N	NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, not being a service to which any other item in this Subgroup applies (Anaes.) (Assist.)	1157.05			867.8	
43828	Digestive system	Type A Advanced Surgical	N	ACUTE NEONATAL NECROTISING ENTEROCOLITIS, laparotomy for, with resection, including any anastomoses or stoma formation (Anaes.) (Assist.)	1278.3			958.75	
43831	Digestive system	Type A Advanced Surgical	N	ACUTE NEONATAL NECROTISING ENTEROCOLITIS where no definitive procedure is possible, laparotomy for (Anaes.) (Assist.)	996.1			747.1	
43832	Ear, nose and throat	Type A Surgical	N	Branchial fistula, removal of, on a patient under 10 years of age (Anaes.) (Assist.)	679.4			509.55	
43834	Digestive system	Type A Advanced Surgical	N	BOWEL RESECTION for necrotising enterocolitis stricture or strictures, including any anastomoses or stoma formation (Anaes.) (Assist.)	1157.05			867.8	
43835	Hernia and appendix	Type A Surgical	N	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection, on apatient under 10 years of age (Anaes.) (Assist.)	705.15			528.9	
43837	Hernia and appendix	Type A Advanced Surgical	N	CONGENITAL DIAPHRAGMATIC HERNIA, repair by thoracic or abdominal approach, with diagnosis confirmed in the first 24 hours of life (Anaes.) (Assist.)	1446.25			1084.7	
43838	Hernia and appendix	Type A Advanced Surgical	N	Diaphragmatic hernia, congential repair of, by thoracic or abdominal approach, not being a service to which any of items 31569 to 31581 apply, on a patient under 10 years of age (Anaes.) (Assist.)	1294.9			971.2	
43840	Digestive system	Type A Advanced Surgical	N	CONGENITAL DIAPHRAGMATIC HERNIA, repair by thoracic or abdominal approach, diagnosed after the first day of life and before 20 days of age (Anaes.) (Assist.)	1253.4			940.05	
43841	Hernia and appendix	Type A Surgical	N	Femoral or inguinal hernia or infantile hydrocele, repair of, on a patient under 10 years of age, other than a service to which item 30651 or 43835 applies (H) (Anaes.) (Assist.)	628.3			471.25	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
43843	Digestive system	Type A Advanced Surgical	N	OESOPHAGEAL ATRESIA (with or without repair of tracheo-oesophageal fistula), complete correction of, not being a service to which item 43846 applies (Anaes.) (Assist.)	1928.45			1446.35	
43846	Digestive system	Type A Advanced Surgical	N	OESOPHAGEAL ATRESIA (with or without repair of tracheo-oesophageal fistula), complete correction of, in infant of birth weight less than 1500 grams (Anaes.) (Assist.)	2073.05			1554.8	
43849	Digestive system	Type A Surgical	N	OESOPHAGEAL ATRESIA, gastrostomy for (Anaes.) (Assist.)	530.3			397.75	
43852	Digestive system	Type A Advanced Surgical	N	OESOPHAGEAL ATRESIA, thoracotomy for, and division of tracheo-oesophageal fistula without anastomosis (Anaes.) (Assist.)	1687.25			1265.45	
43855	Digestive system	Type A Advanced Surgical	N	OESOPHAGEAL ATRESIA, delayed primary anastomosis for (Anaes.) (Assist.)	1783.85			1337.9	
43858	Digestive system	Type A Surgical	N	OESOPHAGEAL ATRESIA, cervical oesophagostomy for (Anaes.) (Assist.)	626.7			470.05	
43861	Lung and chest	Type A Advanced Surgical	N	CONGENITAL CYSTADENOMATOID MALFORMATION OR CONGENITAL LOBAR EMPHYSEMA, thoracotomy and lung resection for (Anaes.) (Assist.)	1735.65			1301.75	
43864	Digestive system	Type A Advanced Surgical	N	GASTROSCHISIS, operation for (Anaes.) (Assist.)	1301.7			976.3	
43867	Digestive system	Type A Surgical	N	GASTROSCHISIS or Exomphalos, secondary operation for, with removal of silo (Anaes.) (Assist.)	723.15			542.4	
43870	Digestive system	Type A Advanced Surgical	N	EXOMPHALOS containing small bowel only, operation for (Anaes.) (Assist.)	1012.4			759.3	
43873	Digestive system	Type A Advanced Surgical	N	EXOMPHALOS containing small bowel and other viscera, operation for (Anaes.) (Assist.)	1349.9			1012.45	
43876	Bone, joint and muscle	Type A Advanced Surgical	N	SACROCOCCYGEAL TERATOMA, excision of, by posterior approach (Anaes.) (Assist.)	1157.05			867.8	
43879	Bone, joint and muscle	Type A Advanced Surgical	N	SACROCOCCYGEAL TERATOMA, excision of, by combined posterior and abdominal approach (Anaes.) (Assist.)	1349.9			1012.45	
43882	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	CLOACAL EXSTROPHY, operation for (Anaes.) (Assist.)	1735.65			1301.75	1647.75
43900	Digestive system	Type A Advanced Surgical	N	TRACHEO-OESOPHAGEAL FISTULA without atresia, division and repair of (Anaes.) (Assist.)	1157.05			867.8	
43903	Digestive system	Type A Advanced Surgical	N	OESOPHAGEAL ATRESIA or CORROSIVE OESOPHAGEAL STRICTURE, oesophageal replacement for, utilizing gastric tube, jejunum or colon (Anaes.) (Assist.)	1928.45			1446.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
43906	Digestive system	Type A Advanced Surgical	N	OESOPHAGUS, resection of congenital, anastomic or corrosive stricture and anastomosis, not being a service to which item 43903 applies (Anaes.) (Assist.)	1687.25			1265.45	
43909	Lung and chest	Type A Advanced Surgical	N	TRACHEOMALACIA, aortopexy for (Anaes.) (Assist.)	1687.25			1265.45	
43912	Lung and chest	Type A Advanced Surgical	N	THORACOTOMY and excision of 1 or more of bronchogenic or enterogenous cyst or mediastinal teratoma (Anaes.) (Assist.)	1594.05			1195.55	
43915	Common list	Type A Advanced Surgical	N	EVENTRATION, plication of diaphragm for (Anaes.) (Assist.)	1205.25			903.95	
43930	Digestive system	Type A Surgical	N	HYPERTROPHIC PYLORIC STENOSIS, pyloromyotomy for (Anaes.) (Assist.)	463.5			347.65	
43933	Digestive system	Type A Surgical	N	IDIOPATHIC INTUSSUSCEPTION, laparotomy and manipulative reduction of (Anaes.) (Assist.)	542.55			406.95	
43936	Digestive system	Type A Advanced Surgical	N	INTUSSUSCEPTION, laparotomy and resection with anastomosis (Anaes.) (Assist.)	1012.4			759.3	
43939	Hernia and appendix	Type A Surgical	N	VENTRAL HERNIA following neonatal closure of exomphalos or gastroschisis, repair of (Anaes.) (Assist.)	771.35			578.55	
43942	Digestive system	Type B Non-band specific	N	ABDOMINAL WALL VITELLO INTESTINAL REMNANT, excision of (Anaes.)	241.1			180.85	
43945	Digestive system	Type A Advanced Surgical	N	PATENT VITELLO INTESTINAL DUCT, excision of (Anaes.) (Assist.)	1012.4			759.3	
43948	Digestive system	Type B Non-band specific	N	UMBILICAL GRANULOMA, excision of, under general anaesthesia (Anaes.)	144.75			108.6	
43951	Digestive system	Type A Advanced Surgical	N	GASTRO-OESOPHAGEAL REFLUX with or without hiatus hernia, laparotomy and fundoplication for, without gastrostomy (Anaes.) (Assist.)	906.65			680	
43954	Digestive system	Type A Advanced Surgical	N	GASTRO-OESOPHAGEAL REFLUX with or without hiatus hernia, laparotomy and fundoplication for, with gastrostomy (Anaes.) (Assist.)	1108.95			831.75	
43957	Digestive system	Type A Advanced Surgical	N	GASTRO-OESOPHAGEAL REFLUX, LAPAROTOMY AND FUNDOPLICATION for, with or without hiatus hernia, in child with neurological disease, with gastrostomy (Anaes.) (Assist.)	1205.25			903.95	
43960	Digestive system	Type A Surgical	N	ANORECTAL MALFORMATION, perineal anoplasty of (Anaes.) (Assist.)	424			318	
43963	Digestive system	Type A Advanced Surgical	N	ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of (Anaes.) (Assist.)	1687.25			1265.45	
43966	Digestive system	Type A Advanced Surgical	N	ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of, with laparotomy (Anaes.) (Assist.)	1928.45			1446.35	
43969	Digestive system	Type A Advanced Surgical	N	PERSISTENT CLOACA, total correction of, with genital repair using posterior sagittal approach, with or without laparotomy (Anaes.) (Assist.)	2651.6			1988.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
43972	Digestive system	Type A Advanced Surgical	N	CHOLEDOCHAL CYST, resection of, with 1 duct anastomosis (Anaes.) (Assist.)	1928.45			1446.35	
43975	Digestive system	Type A Advanced Surgical	N	CHOLEDOCHAL CYST, resection of, with 2 duct anastomoses (Anaes.) (Assist.)	2265.95			1699.5	
43978	Digestive system	Type A Advanced Surgical	N	BILIARY ATRESIA, portoenterostomy for (Anaes.) (Assist.)	1928.45			1446.35	
43981	Kidney and bladder	Type A Surgical	N	NEPHROBLASTOMA, NEUROBLASTOMA OR OTHER MALIGNANT TUMOUR, laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (Anaes.) (Assist.)	530.3			397.75	
43984	Kidney and bladder	Type A Advanced Surgical	N	NEPHROBLASTOMA, radical nephrectomy for (Anaes.) (Assist.)	1349.9			1012.45	
43987	Brain and nervous system	Type A Advanced Surgical	N	NEUROBLASTOMA, radical excision of (Anaes.) (Assist.)	1494.65			1121	
43990	Digestive system	Type A Advanced Surgical	N	Aganglionosis Coli, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends to sigmoid colon (Anaes.) (Assist.)	1832.1			1374.1	
43993	Digestive system	Type A Advanced Surgical	N	Aganglionosis Coli, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends into descending or transverse colon with or without resiting of stoma (Anaes.) (Assist.)	1976.65			1482.5	
43996	Digestive system	Type A Advanced Surgical	N	Aganglionosis Coli, total colectomy for total colonic aganglionosis with ileoanal pull-through, with or without side to side ileocolic anastomosis (Anaes.) (Assist.)	2217.75			1663.35	
43999	Digestive system	Type A Surgical	N	Aganglionosis Coli, anal sphincterotomy as an independent procedure for (Anaes.) (Assist.)	277.3			208	
44101	Digestive system	Type A Surgical	N	RECTUM, examination of, on a patient under 2 years of age, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.)	347.6			260.7	
44102	Digestive system	Type A Surgical and Type B Non-band specific	N	RECTUM, examination of, on a patient 2 years of age or over, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.)	267.35			200.55	
44104	Digestive system	Type B Non-band specific	N	RECTAL PROLAPSE, SUBMUCOSAL or perirectal injection for, on a patient under 2 years of age, under general anaesthesia (Anaes.)	61.05			45.8	51.9
44105	Digestive system	Type B Non-band specific	N	RECTAL PROLAPSE, SUBMUCOSAL or perirectal injection for, on a patient 2 years of age or over, under general anaesthesia (Anaes.)	46.9			35.2	39.9
44108	Hernia and appendix	Type A Surgical	N	INGUINAL HERNIA repair at age less than 12 months (Anaes.) (Assist.)	511.35			383.55	
44111	Hernia and appendix	Type A Surgical	N	OBSTRUCTED OR STRANGULATED INGUINAL HERNIA, repair, at age, less than 12 months including orchidopexy when performed (Anaes.) (Assist.)	598.95			449.25	511.05
44114	Hernia and appendix	Type A Surgical	N	INGUINAL HERNIA repair at age less than 12 months when orchidopexy also required (Anaes.) (Assist.)	598.95			449.25	
44130	Common list	Type A Surgical	N	LYMPHADENECTOMY, for atypical mycobacterial infection or other granulomatous disease (Anaes.) (Assist.)	482.05			361.55	409.75
44133	Back, neck and spine	Type A Surgical	N	TORTICOLLIS, open division of sternomastoid muscle for (Anaes.) (Assist.)	382.65			287	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
44136	Skin	Type B Non-band specific	N	INGROWN TOE NAIL, operation for, under general anaesthesia (Anaes.)	176.35			132.3	149.9
44325	Bone, joint and muscle	Type A Surgical	N	Amputation of hand, transcarpal (H) (Anaes.) (Assist.)	307.7			230.8	
44328	Bone, joint and muscle	Type A Surgical	N	Amputation of hand, proximal to wrist radiocarpal joint, through forearm (H) (Anaes.) (Assist.)	370.8			278.1	
44331	Bone, joint and muscle	Type A Surgical	N	AMPUTATION AT SHOULDER (Anaes.) (Assist.)	611.4			458.55	
44334	Bone, joint and muscle	Type A Advanced Surgical	N	INTERSCAPULOTHORACIC AMPUTATION (Anaes.) (Assist.)	1242.65			932	1154.75
44338	Bone, joint and muscle	Type B Non-band specific	N	Amputation of one digit of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	149.85			112.4	
44342	Bone, joint and muscle	Type B Non-band specific	N	Amputation of 2 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	228.85			171.65	
44346	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Amputation of 3 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	264.25			198.2	
44350	Bone, joint and muscle	Type A Surgical	N	Amputation of 4 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	299.85			224.9	
44354	Bone, joint and muscle	Type A Surgical	N	Amputation of 5 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.)	343.2			257.4	
44358	Bone, joint and muscle	Type B Non-band specific	N	Amputation of one ray of one foot, proximal to the metatarsal head, including any of the following (if performed): (a) resection of bone; (b) excision of neuromas; (c) skin cover or recontouring with homodigital flaps (H) (Anaes.) (Assist.)	228.85			171.65	
44359	Bone, joint and muscle	Type A Surgical	N	Amputation of one or more toes of one foot, or amputation at midfoot or hindfoot of one foot, for diabetic or other microvascular disease; (a) including any of the following (if performed): (i) resection of bone; (ii) excision of neuromas; (iii) excision of one or more bones of the foot; (iv) treatment of underlying infection; (v) skin cover or recontouring with homodigital flaps; and (b) excluding aftercare; —applicable only once per foot per occasion on which the service is performed (H) (Anaes.) (Assist.)	274.6			205.95	
44361	Bone, joint and muscle	Type A Surgical	N	Amputation of foot, at ankle or hindfoot, including any of the following (if performed): (a) resection of bone; (b) excision of neuromas; (c) skin cover; (H) (Anaes.) (Assist.)	454.1			340.6	
44364	Bone, joint and muscle	Type A Surgical	N	Amputation of foot, transtarsal, including any of the following (if performed): (a) resection of bone; (b) excision of neuromas; (c) skin cover; (H) (Anaes.) (Assist.)	307.7			230.8	
44367	Bone, joint and muscle	Type A Surgical	N	Amputation through thigh, at knee or below knee (H) (Anaes.) (Assist.)	543.1			407.35	
44370	Bone, joint and muscle	Type A Surgical	N	AMPUTATION AT HIP (Anaes.) (Assist.)	749.4			562.05	
44373	Bone, joint and muscle	Type A Advanced Surgical	N	HINDQUARTER, amputation of (Anaes.) (Assist.)	1538.3			1153.75	1450.4
44376	Bone, joint and muscle	Type B Non-band specific	N	Amputation stump, re-amputation of, to provide adequate skin and muscle cover (Anaes.) (Assist.)		75% of the original amputation fee			

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45000	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals not in association with any of items 31356 to 31376 (Anaes.)	563.25			422.45	478.8
45003	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Single stage local myocutaneous flap repair to one defect, simple and small not in association with any of items 31356 to 31376 (Anaes.)	626.05			469.55	538.15
45006	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	SINGLE STAGE LARGE MYOCUTANEOUS FLAP REPAIR to 1 defect, (pectoralis major, latissimus dorsi, or similar large muscle) (Anaes.) (Assist.)	1079.7			809.8	
45009	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	SINGLE STAGE LOCAL muscle flap repair to 1 defect, simple and small (Anaes.) (Assist.)	394.4			295.8	
45012	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	SINGLE STAGE LARGE MUSCLE FLAP REPAIR to 1 defect, (pectoralis major, gastrocnemius, gracilis or similar large muscle) (Anaes.) (Assist.)	660.75			495.6	
45015	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MUSCLE OR MYOCUTANEOUS FLAP, delay of (Anaes.)	312.95			234.75	
45018	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Dermis, dermofat or fascia graft (other than transfer of fat by injection): (a) if the service is not associated with neurosurgical services for spinal disorders mentioned in any of items51011 to 51171; and (b) other than a service associated with a service to which item39615, 39715, 40106 or 40109 applies (Anaes.) (Assist.)	492.85			369.65	418.95
45019	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	N	Full face chemical peel for severely sun-damaged skin, if: (a) the damage affects at least 75% of the facial skin surface area; and (b) the damage involves photo-damage (dermatoheliosis); and (c) the photo-damage involves: (i) a solar keratosis load exceeding 30 individual lesions; or (ii) solar lentigines; or (iii) freckling, yellowing or leathering of the skin; or (iv) solar kertoses which have proven refractory to, or recurred following, medical therapies; and (d) at least medium depth peeling agents are used; and (e) the chemical peel is performed in the operating theatre of a hospital by a medical practitioner recognised as a specialist in the specialty of dermatology or plastic surgery. Applicable once only in any 12 month period (Anaes.)	412.8			309.6	
45021	Plastic and reconstructive surgery (medically necessary)	Type C	N	ABRASIVE THERAPY for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.)	184.55			138.45	156.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45024	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ABRASIVE THERAPY for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.)	414.7			311.05	352.5
45025	Plastic and reconstructive surgery (medically necessary)	Type C	N	CARBON DIOXIDE LASER OR ERBIUM LASER (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.)	184.55			138.45	156.9
45026	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type C	N	CARBON DIOXIDE LASER OR ERBIUM LASER (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.)	414.7			311.05	352.5
45027	Plastic and reconstructive surgery (medically necessary)	Type B Band 1	N	ANGIOMA, cauterisation of or injection into, where undertaken in the operating theatre of a hospital (Anaes.)	125.25			93.95	106.5
45030	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	ANGIOMA (haemangioma or lymphangioma or both) of skin and subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of (Anaes.)	134.45			100.85	114.3
45033	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	ANGIOMA, (haemangioma or lymphangioma or both), large or involving deeper tissue including facial muscle or breast, excision and suture of (Anaes.)	250.45			187.85	212.9
45035	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ANGIOMA (haemangioma or lymphangioma or both), large and deep, involving muscles or nerves, excision of (Anaes.) (Assist.)	730.5			547.9	
45036	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	ANGIOMA (haemangioma or lymphangioma or both) of neck, deep, excision of (Anaes.) (Assist.)	1173.75			880.35	
45039	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	ARTERIOVENOUS MALFORMATION (3 centimetres or less) of superficial tissue, excision of (Anaes.)	250.45			187.85	212.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45042	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ARTERIOVENOUS MALFORMATION, (greater than 3 centimetres), excision of (Anaes.) (Assist.)	320.9			240.7	272.8
45045	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ARTERIOVENOUS MALFORMATION on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.)	320.9			240.7	272.8
45048	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	LYMPHOEDEMATOUS tissue or lymphangiectasis, of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (Anaes.) (Assist.)	805.95			604.5	
45051	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Contour reconstruction by open repair of contour defects, due to deformity, if: (a) contour reconstructive surgery is indicated because the deformity is secondary to congenital absence of tissue or has arisen from trauma (other than trauma from previous cosmetic surgery); and (b) insertion of a non-biological implant is required, other than one or more of the following: (i) insertion of a non-biological implant that is a component of another service specified in Group T8; (ii) injection of liquid or semisolid material; (iii) an oral and maxillofacial implant service to which item52321 applies; (iv) a service to insert mesh; and (c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	492.95			369.75	
45054	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	LIMB OR CHEST, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn (Anaes.) (Assist.)	256.1			192.1	
45060	Breast surgery (medically necessary)	Type A Advanced Surgical	N	Developmental breast abnormality, single stage correction of, if: (a) the correction involves either: (i) bilateral mastopexy for symmetrical tubular breasts; or (ii) surgery on both breasts with a combination of insertion of one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammaplasty, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least 20% in normally shaped breasts, or 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)	1322.8			992.1	
45061	Breast surgery (medically necessary)	Type A Advanced Surgical	N	Developmental breast abnormality, 2 stage correction of, first stage, involving surgery on both breasts with a combination of insertion of one or more tissue expanders, mastopexy or reduction mammaplasty, if: (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes. Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)	1322.8			992.1	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45062	Breast surgery (medically necessary)	Type A Advanced Surgical	N	Developmental breast abnormality, 2 stage correction of, second stage, involving surgery on both breasts with a combination of exchange of one or more tissue expanders for one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammaplasty, if: (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes. Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)	957.25			717.95	
45200	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	N	Single stage local flap, if indicated to repair one defect, simple and small, excluding flap for male pattern baldness and excluding H-flap or double advancement flap not in association with any of items 31356 to 31376 (Anaes.)	295.9			221.95	251.55
45201	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion (only in association with items 31000, 31001, 31002, 31003, 31004, 31005, 31358, 31359, 31360, 31363, 31364, 31369, 31370, 31371, 31373 or 31376)-may be claimed only once per defect (Anaes.)	430.7			323.05	366.1
45202	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion in a patient, if the clinical relevance of the procedure is clearly annotated in the patient's record and either: (a) item 45201 applies and additional flap repair is required for the same defect; or (b) item 45201 does not apply and either: (i) the patient has severe pre-existing scarring, severe skin atrophy or sclerodermoid changes; or (ii) the repair is contiguous with a free margin (Anaes.)	430.7			323.05	366.1
45203	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Single stage local flap, if indicated to repair one defect, complicated or large, excluding flap for male pattern baldness and excluding H-flap or double advancement flap not in association with any of items 31356 to 31376 (Anaes.) (Assist.)	422.5			316.9	359.15
45206	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Single stage local flap if indicated to repair one defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals and excluding H-flap or double advancement flap not in association with any of items 31356 to 31376 (Anaes.)	399.1			299.35	339.25
45207	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	H-flap or double advancement flap if indicated to repair one defect, on eyelid, eyebrow or forehead not in association with any of items 31356 to 31376 (Anaes.)	399.1			299.35	339.25
45209	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage (Anaes.) (Assist.)	492.95			369.75	419.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45212	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage (Anaes.)	244.6			183.45	207.95
45215	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	DIRECT FLAP REPAIR, cross leg, first stage (Anaes.) (Assist.)	1055.1			791.35	
45218	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	DIRECT FLAP REPAIR, cross leg, second stage (Anaes.) (Assist.)	473.3			355	
45221	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	DIRECT FLAP REPAIR, small (cross finger or similar), first stage (Anaes.)	272.2			204.15	231.4
45224	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	DIRECT FLAP REPAIR, small (cross finger or similar), second stage (Anaes.)	122.35			91.8	104
45227	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	INDIRECT FLAP OR TUBED PEDICLE, formation of (Anaes.) (Assist.)	463.5			347.65	394
45230	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	DIRECT OR INDIRECT FLAP OR TUBED PEDICLE, delay of (Anaes.)	231.75			173.85	197
45233	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	INDIRECT FLAP OR TUBED PEDICLE, preparation of intermediate or final site and attachment to the site (Anaes.) (Assist.)	492.95			369.75	419.05
45236	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure (Anaes.)	386.55			289.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45239	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	N	DIRECT, INDIRECT OR LOCAL FLAP, revision of, by incision and suture, not being a service to which item 45240 applies (Anaes.)	272.2			204.15	231.4
45240	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	DIRECT, INDIRECT OR LOCAL FLAP, revision of, by liposuction, not being a service to which item 45239, 45497, 45498 or 45499 applies (Anaes.)	272.2			204.15	231.4
45400	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	FREE GRAFTING (split skin) of a granulating area, small (Anaes.)	213			159.75	181.05
45403	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) of a granulating area, extensive (Anaes.) (Assist.)	424			318	360.4
45406	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving not more than 3 per cent of total body surface (Anaes.) (Assist.)	469.35			352.05	398.95
45409	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 3 per cent or more but less than 6 per cent of total body surface (Anaes.) (Assist.)	626.05			469.55	
45412	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 6 per cent or more but less than 9 per cent of total body surface (Anaes.) (Assist.)	860.85			645.65	
45415	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 9 per cent or more but less than 12 per cent of total body surface (Anaes.) (Assist.)	938.85			704.15	
45418	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 12 per cent or more but less than 15 per cent of total body surface (Anaes.) (Assist.)	1017.15			762.9	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45439	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to 1 defect, including elective dissection, small (Anaes.)	295.9			221.95	251.55
45442	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to 1 defect, including elective dissection, extensive (Anaes.) (Assist.)	610.3			457.75	522.4
45445	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of, and removal of mould) (Anaes.) (Assist.)	579.15			434.4	492.3
45448	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to 1 defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not being a service to which item 45442 or 45445 applies (Anaes.)	391.25			293.45	332.6
45451	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (full thickness), to 1 defect, excluding grafts for male pattern baldness (Anaes.) (Assist.)	492.95			369.75	419.05
45460	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 15 percent or more but less than 20 percent of total body surface - one surgeon (Anaes.) (Assist.)	1304.1			978.1	
45461	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 15 percent or more but less than 20 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	929.45			697.1	
45462	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 15 percent or more but less than 20 percent of total body surface - conjoint surgery, co- surgeon (Assist.)	701.35			526.05	
45464	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 20 percent or more but less than 30 percent of total body surface - one surgeon (Anaes.) (Assist.)	1990.6			1492.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45465	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 20 percent or more but less than 30 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	1418.2			1063.65	1330.3
45466	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 20 percent or more but less than 30 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	1069.6			802.2	981.7
45468	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 30 percent or more but less than 40 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	1906.9			1430.2	
45469	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 30 percent or more but less than 40 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	1438.7			1079.05	1350.8
45471	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 40 percent or more but less than 50 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	2397			1797.75	2309.1
45472	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 40 percent or more but less than 50 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	1808.05			1356.05	1720.15
45474	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 50 percent or more but less than 60 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	2885.65			2164.25	2797.75
45475	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 50 percent or more but less than 60 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	2177.25			1632.95	2089.35
45477	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 60 percent or more but less than 70 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	3374.4			2530.8	3286.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45478	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 60 percent or more but less than 70 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	2545.2			1908.9	2457.3
45480	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 70 percent or more but less than 80 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	3863.05			2897.3	3775.15
45481	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 70 percent or more but less than 80 percent of total body surface - conjoint surgery, co-surgeon (Assist.)	2914.6			2185.95	2826.7
45483	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 80 percent or more of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	4401.35			3301.05	4313.45
45484	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 80 percent or more of total body surface - conjoint surgery, co-surgeon (Assist.)	3320.8			2490.6	3232.9
45485	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - upper eyelid, nose, lip, ear or palm of the hand (Anaes.) (Assist.)	549.1			411.85	
45486	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - forehead, cheek, anterior aspect of the neck, chin, plantar aspect of the foot, heel or genitalia (Anaes.) (Assist.)	469.35			352.05	
45487	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - whole of toe (Anaes.) (Assist.)	422.5			316.9	359.15
45488	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 1 digit of the hand (Anaes.) (Assist.)	469.35			352.05	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45489	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 2 digits of the hand (Anaes.) (Assist.)	704.25			528.2	616.35
45490	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 3 digits of the hand (Anaes.) (Assist.)	939.1			704.35	
45491	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 4 digits of the hand (Anaes.) (Assist.)	1173.75			880.35	
45492	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 5 digits of the hand (Anaes.) (Assist.)	1408.45			1056.35	
45493	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - portion of digit of hand (Anaes.) (Assist.)	422.5			316.9	
45494	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - whole of face (excluding ears) (Anaes.) (Assist.)	1705.05			1278.8	1617.15
45496	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FLAP, free tissue transfer using microvascular techniques - revision of, by open operation (Anaes.)	432.9			324.7	
45497	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FLAP, free tissue transfer using microvascular techniques, or any autogenous breast reconstruction - complete revision of, by liposuction (Anaes.)	338.1			253.6	
45498	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FLAP, free tissue transfer using microvascular techniques, or any autogenous breast reconstruction - staged revision of, by liposuction - first stage (Anaes.)	272.2			204.15	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45499	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	FLAP, free tissue transfer using microvascular techniques, or any autogenous breast reconstruction - staged revision of, by liposuction - second stage (Anaes.)	202.85			152.15	
45500	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MICROVASCULAR REPAIR using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)	1134.5			850.9	
45501	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.)	1846.6			1384.95	
45502	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.)	1846.6			1384.95	
45503	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using microsurgical techniques (Anaes.) (Assist.)	2112.65			1584.5	
45504	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)	1846.6			1384.95	
45505	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)	1846.6			1384.95	
45506	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	SCAR, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.)	228.85			171.65	194.55
45512	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	SCAR, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.)	307.7			230.8	261.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45515	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	SCAR, other than on face or neck, not more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or where performed by a specialist in the practice of his or her specialty (Anaes.)	194.1			145.6	165
45518	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	SCAR, other than on face or neck, more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her speciality (Anaes.)	234.85			176.15	199.65
45519	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	EXTENSIVE BURN SCARS OF SKIN (more than 1 percent of body surface area), excision of, for correction of scar contracture (Anaes.) (Assist.)	446.45			334.85	
45520	Breast surgery (medically necessary)	Type A Advanced Surgical	N	Reduction mammaplasty (unilateral) with surgical repositioning of nipple,in the context of breast cancer or developmental abnormality of the breast (Anaes.) (Assist.)	936.9			702.7	
45522	Breast surgery (medically necessary)	Type A Surgical	N	Reduction mammaplasty (unilateral) without surgical repositioning of the nipple: (a) excluding the treatment of gynaecomastia; and (b) not with insertion of any prosthesis (Anaes.) (Assist.)	657.35			493.05	
45523	Breast surgery (medically necessary)	Type A Advanced Surgical	N	Reduction mammaplasty (bilateral) with surgical repositioning of the nipple: (a) for patients with macromastia and experiencing pain in the neck or shoulder region; and (b) not with insertion of any prosthesis (Anaes.) (Assist.)	1405.45			1054.1	
45524	Breast surgery (medically necessary)	Type A Surgical	N	Mammaplasty, augmentation (unilateral) in the context of: (a) breast cancer; or (b) developmental abnormality of the breast, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds. Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)	771.7			578.8	
45527	Breast surgery (medically necessary)	Type A Surgical	N	Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis (Anaes.) (Assist.)	771.7			578.8	
45528	Breast surgery (medically necessary)	Type A Advanced Surgical	N	Mammaplasty, augmentation, bilateral (other than a service to which item45527 applies), if: (a) reconstructive surgery is indicated because of: (i) developmental malformation of breast tissue (excluding hypomastia); or (ii) disease of or trauma to the breast (other than trauma resulting from previous elective cosmetic surgery); or (iii) amastia secondary to a congenital endocrine disorder; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	1157.4			868.05	
45530	Breast surgery (medically necessary)	Type A Advanced Surgical	N	Breast reconstruction (unilateral), using a latissimus dorsi or other large muscle or myocutaneous flap, including repair of secondary skin defect, if required, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177 or 30179 applies (H) (Anaes.) (Assist.)	1143.95			858	
45533	Breast surgery (medically necessary)	Type A Advanced Surgical	N	BREAST RECONSTRUCTION using breast sharing technique (first stage) including breast reduction, transfer of complex skin and breast tissue flap, split skin graft to pedicle of flap or other similar procedure (Anaes.) (Assist.)	1295.5			971.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45534	Breast surgery (medically necessary)	Type A Surgical and Type B Non-band specific	N	Autologous fat grafting, unilateral service (harvesting, preparation and injection of adipocytes) if: (a) the autologous fat grafting is for one or more of the following purposes: (i) the correction of defects arising from treatment and prevention of breast cancer in patients with contour defects, greater than or equal to 20% volume asymmetry, post-treatment pain or poor prosthetic coverage; (ii) the preparation of post mastectomy thin or irradiated skin flaps in patients intending to have breast reconstruction; (iii) breast reconstruction in breast cancer patients; (iv) the correction of developmental disorders of the breast; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Up to a total of 4 services per side (for total treatment of a single breast) (H) (Anaes.)	657.35			493.05	
45535	Breast surgery (medically necessary)	Type A Advanced Surgical and Type B Non-band specific	N	Autologous fat grafting, bilateral service (harvesting, preparation and injection of adipocytes) if: (a) the autologous fat grafting is for one or more of the following purposes: (i) the correction of defects arising from treatment and prevention of breast cancer in patients with contour defects, greater than or equal to 20% volume asymmetry, post-treatment pain or poor prosthetic coverage; (ii) the preparation of post mastectomy thin or irradiated skin flaps in patients intending to have breast reconstruction; (iii) breast reconstruction in breast cancer patients; (iv) the correction of developmental disorders of the breast; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Up to a total of 4 services (H) (Anaes.)	1150.4			862.8	
45536	Breast surgery (medically necessary)	Type A Surgical	N	BREAST RECONSTRUCTION using breast sharing technique (second stage) including division of pedicle, insetting of breast flap, with closure of donor site or other similar procedure (Anaes.) (Assist.)	476.45			357.35	
45539	Breast surgery (medically necessary)	Type A Advanced Surgical	N	BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)	1114.65			836	
45542	Breast surgery (medically necessary)	Type A Surgical	N	BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - removal of tissue expansion unit and insertion of permanent prosthesis (Anaes.) (Assist.)	638.25			478.7	
45545	Breast surgery (medically necessary)	Type A Surgical	N	NIPPLE OR AREOLA or both, reconstruction of, by any surgical technique (Anaes.) (Assist.)	647.8			485.85	559.9
45546	Breast surgery (medically necessary)	Type C	N	NIPPLE OR AREOLA or both, intradermal colouration of, following breast reconstruction after mastectomy or for congenital absence of nipple	205.85			154.4	175
45548	Breast surgery (medically necessary)	Type A Surgical	N	BREAST PROSTHESIS, removal of, as an independent procedure (Anaes.)	288			216	244.8
45551	Breast surgery (medically necessary)	Type A Surgical	N	Breast prosthesis, removal of, with excision of at least half of the fibrous capsule, not with insertion of any prosthesis. The excised specimen must be sent for histopathology and the volume removed must be documented in the histopathology report (Anaes.) (Assist.)	461.65			346.25	

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45553	Breast surgery (medically necessary)	Type A Surgical	N	Breast prosthesis, removal of and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), if: (a) either: (i) it is demonstrated by intra-operative photographs post-removal that removal alone would cause unacceptable deformity; or (ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	594.75			446.1	
45554	Breast surgery (medically necessary)	Type A Surgical	N	Breast prosthesis, removal and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), including excision of at least half of the fibrous capsule or formation of a new pocket, or both, if: (a) either: (i) it is demonstrated by intra-operative photographs post-removal that removal alone would cause unacceptable deformity; or (ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and (b) the excised specimen is sent for histopathology and the volume removed is documented in the histopathology report; and (c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	727.8			545.85	
45556	Breast surgery (medically necessary)	Type A Surgical	N	Breast ptosis, correction of (unilateral), in the context of breast cancer or developmental abnormality, if photographic evidence (including anterior, left lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)	797.05			597.8	
45558	Breast surgery (medically necessary)	Type A Advanced Surgical	N	Correction of bilateral breast ptosis by mastopexy, if: (a) at least two-thirds of the breast tissue, including the nipple, lies inferior to the inframammary fold where the nipple is located at the most dependent, inferior part of the breast contour; and (b) photographic evidence (including anterior, left lateral and right lateral views), with a marker at the level of the inframammary fold, demonstrating the clinical need for this service, is documented in the patient notes Applicable only once per lifetime (H) (Anaes.) (Assist.)	1195.5			896.65	
45560	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	HAIR TRANSPLANTATION for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not being a service to which another item in this Group applies (Anaes.)	492.85			369.65	418.95
45561	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MICROVASCULAR ANASTOMOSIS of artery or vein using microsurgical techniques, for supercharging of pedicled flaps (Anaes.) (Assist.)	1846.6			1384.95	
45562	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FREE TRANSFER OF TISSUE involving raising of tissue on vascular or neurovascular pedicle, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)	1143.95			858	1056.05
45563	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	NEUROVASCULAR ISLAND FLAP, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)	1143.95			858	1056.05

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45564	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of up to 2 vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, insetting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies-conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	2649.5			1987.15	
45565	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of up to 2 vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, insetting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies-conjoint surgery, conjoint specialist surgeon (H) (Assist.)	1987.2			1490.4	
45566	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	TISSUE EXPANSION not being a service to which item 45539 or 45542 applies - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)	1114.65			836	
45568	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TISSUE EXPANDER, removal of, with complete excision of fibrous capsule (Anaes.) (Assist.)	461.65			346.25	
45569	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLOSURE OF ABDOMEN WITH RECONSTRUCTION OF UMBILICUS, with or without lipectomy, being a service associated with items 45562, 45564, 45565 or 45530 (Anaes.) (Assist.)	705.1			528.85	
45570	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	CLOSURE OF ABDOMEN, repair of musculoaponeurotic layer, being a service associated with item 45569 (Anaes.) (Assist.)	952.05			714.05	864.15
45572	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	INTRA OPERATIVE TISSUE EXPANSION performed during an operation when combined with a service to which another item in Group T8 applies including expansion injections and excluding treatment of male pattern baldness (Anaes.)	303.5			227.65	258
45575	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FACIAL NERVE PARALYSIS, free fascia graft for (Anaes.) (Assist.)	749.4			562.05	661.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45578	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FACIAL NERVE PARALYSIS, muscle transfer for (Anaes.) (Assist.)	867.85			650.9	
45581	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FACIAL NERVE PALSY, excision of tissue for (Anaes.)	288			216	244.8
45584	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), for treatment of post traumatic pseudolipoma, if photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	657.35			493.05	
45585	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	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 treatment of Barraquer-Simons syndrome, lymphoedema or macrodystrophia lipomatosa; or (ii) the reduction of a buffalo hump that is secondary to an endocrine disorder or pharmacological treatment of a medical condition; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	657.35			493.05	
45587	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Meloplasty for correction of facial asymmetry if: (a) the asymmetry is secondary to trauma (including previous surgery), a congenital condition or a medical condition (such as facial nerve palsy); and (b) the meloplasty is limited to one side of the face (Anaes.) (Assist.)	926.95			695.25	
45588	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Meloplasty (excluding browlifts and chinlift platysmaplasties), bilateral, if: (a) surgery is indicated to correct a functional impairment due to a congenital condition, disease (excluding post-acne scarring) or trauma (other than trauma resulting from previous elective cosmetic surgery); and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	1390.55			1042.95	
45589	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	Autologous fat grafting (harvesting, preparation and injection of adipocytes) if: (a) the autologous fat grafting is for either or both of the following purposes: (i) the correction of asymmetry arising from volume and contour defects in craniofacial disorders—up to a total of 4 services if each service is provided at least 3 months after the previous service; (ii) the treatment of burn scar or associated skin graft in the context of scar contracture, contour deformity or neuropathic pain, for patients who have undergone a minimum of 3 months of topical therapies, including silicone and pressure therapy, with an unsatisfactory or minimal level of improvement—up to a total of 4 services per region of the body (upper or lower limbs, trunk, neck or face) if each service provided per region of the body is provided at least 3 months after the previous such service; and (b) both: (i) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes; and (ii) for craniofacial disorders, evidence of diagnosis of the qualifying craniofacial disorder is documented in the patient notes (H) (Anaes.)	657.35			493.05	

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45590	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ORBITAL CAVITY, reconstruction of a wall or floor, with or without foreign implant (Anaes.) (Assist.)	502.85			377.15	
45593	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ORBITAL CAVITY, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)	590.65			443	
45596	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MAXILLA, total resection of (Anaes.) (Assist.)	936.9			702.7	
45597	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MAXILLA, total resection of both maxillae (Anaes.) (Assist.)	1254.25			940.7	
45599	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.)	974.5			730.9	886.6
45602	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MANDIBLE, including lower border, OR MAXILLA, sub-total resection of (Anaes.) (Assist.)	727.8			545.85	
45605	Bone, joint and muscle	Type A Surgical	N	MANDIBLE OR MAXILLA, segmental resection of, for tumours or cysts (Anaes.) (Assist.)	611.4			458.55	
45608	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MANDIBLE, hemimandibular reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (Anaes.) (Assist.)	860.85			645.65	
45611	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MANDIBLE, condylectomy (Anaes.) (Assist.)	492.95			369.75	
45614	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	EYELID, WHOLE THICKNESS RECONSTRUCTION OF other than by direct suture only (Anaes.) (Assist.)	611.4			458.55	523.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45617	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	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 inflammation of the eyelid; (ii) herniation of orbital fat in exophthalmos; (iii) facial nerve palsy; (iv) post-traumatic scarring; (v) the restoration of symmetry of contralateral upper eyelid in respect of one of the conditions mentioned in subparagraphs (i) to (iv); and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	244.6			183.45	207.95
45620	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Lower eyelid, reduction of, if: (a) the reduction is for: (i) herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring; or (ii) the restoration of symmetry of the contralateral lower eyelid in respect of one of these conditions; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	339.25			254.45	288.4
45623	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Ptosis of upper eyelid (unilateral), correction of, by: (a) sutured elevation of the tarsal plate on the eyelid retractors (Muller's or levator muscle or levator aponeurosis); or (b) sutured suspension to the brow/frontalis muscle; Not applicable to a service for repair of mechanical ptosis to which item45617 applies (Anaes.) (Assist.)	752.3			564.25	664.4
45624	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Ptosis of upper eyelid, correction of, by: (a) sutured elevation of the tarsal plate on the eyelid retractors (Muller's or levator muscle or levator aponeurosis); or (b) sutured suspension to the brow/frontalis muscle; if a previous ptosis surgery has been performed on that side (Anaes.) (Assist.)	975.4			731.55	887.5
45625	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	PTOSIS of eyelid, correction of eyelid height by revision of levator sutures within one week of primary repair by levator resection or advancement, performed in the operating theatre of a hospital (Anaes.)	195.15			146.4	
45626	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	N	Ectropion or entropion, not caused by trachoma, correction of (unilateral) (Anaes.)	339.25			254.45	288.4
45627	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Ectropion or entropion, caused by trachoma, correction of (unilateral) (Anaes.)	339.25			254.45	288.4
45629	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	SYMBLEPHARON, grafting for (Anaes.) (Assist.)	492.95			369.75	419.05
45632	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Rhinoplasty, partial, involving correction of one or both lateral cartilages, one or both alar cartilages or one or both lateral cartilages and alar cartilages, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	532.7			399.55	452.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45635	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Rhinoplasty, partial, involving correction of bony vault only, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	611.4			458.55	523.5
45641	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, with or without autogenous cartilage or bone graft from a local site (nasal), if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	1109.2			831.9	
45644	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	1331.25			998.45	
45645	Ear, nose and throat	Unlisted	N	CHOANAL ATRESIA, repair of by puncture and dilatation (Anaes.)	232.7			174.55	
45646	Ear, nose and throat	Type A Advanced Surgical	N	CHOANAL ATRESIA - correction by open operation with bone removal (Anaes.) (Assist.)	936.9			702.7	849
45647	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FACE, contour restoration of 1 region, using autogenous bone or cartilage graft (not being a service to which item 45644 applies) (Anaes.) (Assist.)	1331.25			998.45	
45650	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	Rhinoplasty, revision of, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	153.75			115.35	130.7
45652	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Rhinophyma of a moderate or severe degree, carbon dioxide laser or erbium laser excision - ablation of (Anaes.)	370.8			278.1	315.2
45653	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	RHINOPHYMA, shaving of (Anaes.)	370.8			278.1	315.2
45656	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	COMPOSITE GRAFT (Chondrocutaneous or chondromucosal) to nose, ear or eyelid (Anaes.) (Assist.)	522.6			391.95	444.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45658	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Correction of a congenital deformity of the ear if: (a)the congenital deformity is not related to a prominent ear; and (b) the deformity has been clinically diagnosed as a constricted ear, Stahl's ear, or a similar congenital deformity; and (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes. (Anaes.) (Assist.)	542.4			406.8	
45659	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Correction of a congenital deformity of the ear if: (a) the patient is less than 18 years of age; and (b) the deformity is characterised by an absence of the antihelical fold and/or large scapha and/or large concha; and (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	542.4			406.8	
45660	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	EXTERNAL EAR, COMPLEX TOTAL RECONSTRUCTION OF, using multiple costal cartilage grafts to form a framework, including the harvesting and sculpturing of the cartilage and its insertion, for congenital absence, microtia or post-traumatic loss of entire or substantial portion of pinna (first stage) - performed by a specialist in the practice of his or her specialty (Anaes.) (Assist.)	2995.35			2246.55	
45661	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	EXTERNAL EAR, COMPLEX TOTAL RECONSTRUCTION OF, elevation of costal cartilage framework using cartilage previously stored in abdominal wall, including the use of local skin and fascia flaps and full thickness skin graft to cover cartilage (second stage) - performed by a specialist in the practice of his or her specialty (Anaes.) (Assist.)	1331.25			998.45	
45662	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CONGENITAL ATRESIA, reconstruction of external auditory canal (Anaes.) (Assist.)	729.7			547.3	
45665	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	N	LIP, EYELID OR EAR, FULL THICKNESS WEDGE EXCISION OF, with repair by direct sutures (Anaes.)	339.25			254.45	288.4
45668	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	N	VERMILIONECTOMY, by surgical excision (Anaes.)	339.25			254.45	288.4
45669	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Vermilionectomy for biopsy-confirmed cellular atypia, using carbon dioxide laser or erbium laser excision - ablation (Anaes.)	339.25			254.45	288.4
45671	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	867.85			650.9	779.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45674	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)	252.4			189.3	214.55
45675	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MACROCHEILIA or macroglossia, operation for (Anaes.) (Assist.)	502.85			377.15	
45676	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MACROSTOMIA, operation for (Anaes.) (Assist.)	598.6			448.95	
45677	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, unilateralprimary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	563.25			422.45	
45680	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, unilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	704.25			528.2	
45683	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, bilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	782.35			586.8	
45686	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	CLEFT LIP, bilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	923.5			692.65	
45689	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, lip adhesion procedure, unilateral or bilateral (Anaes.) (Assist.)	272.4			204.3	
45692	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.)	312.95			234.75	266.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45695	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)	508.55			381.45	
45698	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, primary columella lengthening procedure, bilateral (Anaes.)	477.35			358.05	
45701	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	860.85			645.65	
45704	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)	312.95			234.75	266.05
45707	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT PALATE, primary repair (Anaes.) (Assist.)	813.6			610.2	
45710	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT PALATE, secondary repair, closure of fistula using local flaps (Anaes.)	508.55			381.45	
45713	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT PALATE, secondary repair, lengthening procedure (Anaes.) (Assist.)	579.15			434.4	
45714	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ORO-NASAL FISTULA, plastic closure of, including services to which item 45200, 45203 or 45239 applies (Anaes.) (Assist.)	813.6			610.2	
45716	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (Anaes.)	813.6			610.2	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45720	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1005.95			754.5	918.05
45723	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1134.5			850.9	
45726	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	1282			961.5	
45729	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1439.75			1079.85	
45731	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	1459.55			1094.7	
45732	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1643.15			1232.4	
45735	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	1676.35			1257.3	
45738	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1885.8			1414.35	
45741	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	1844.1			1383.1	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45744	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	2073.45			1555.1	
45747	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	2011.9			1508.95	1924
45752	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	2253.5			1690.15	
45753	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MIDFACIAL OSTEOTOMIES - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III(Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	2266.85			1700.15	2178.95
45754	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MIDFACIAL OSTEOTOMIES - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	2717.45			2038.1	
45755	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TEMPOROMANDIBULAR PARTIAL OR TOTAL MENISCECTOMY (Anaes.) (Assist.)	382.65			287	325.3
45758	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TEMPORO-MANDIBULAR JOINT, arthroplasty (Anaes.) (Assist.)	684.75			513.6	
45761	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	GENIOPLASTY, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	779			584.25	
45767	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	HYPERTELORISM, correction of, intracranial (Anaes.) (Assist.)	2613.45			1960.1	2525.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45770	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	HYPERTELORISM, correction of, subcranial (Anaes.) (Assist.)	2001.85			1501.4	
45773	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	TREACHER COLLINS SYNDROME, PERIORBITAL CORRECTION OF, with rib and iliac bone grafts (Anaes.) (Assist.)	1824.4			1368.3	1736.5
45776	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, intracranial (Anaes.) (Assist.)	1824.4			1368.3	
45779	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, extracranial (Anaes.) (Assist.)	1341.4			1006.05	
45782	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FRONTOORBITAL ADVANCEMENT, UNILATERAL (Anaes.) (Assist.)	1025.6			769.2	937.7
45785	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	CRANIAL VAULT RECONSTRUCTION for oxycephaly, brachycephaly, turricephaly or similar condition(bilateral frontoorbital advancement) (Anaes.) (Assist.)	1735.7			1301.8	
45788	Bone, joint and muscle	Type A Advanced Surgical	N	GLENOID FOSSA, ZYGOMATIC ARCH AND TEMPORAL BONE, RECONSTRUCTION OF, (Obwegeser technique) (Anaes.) (Assist.)	1715.95			1287	
45791	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	ABSENT CONDYLE AND ASCENDING RAMUS in hemifacial microsomia, CONSTRUCTION OF, not including harvesting of graft material (Anaes.) (Assist.)	926.95			695.25	
45794	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	OSSEO-INTEGRATION PROCEDURE - extra-oral, implantation of titanium fixture, not for implantable bone conduction hearing system device (Anaes.)	524.3			393.25	445.7
45797	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	OSSEO-INTEGRATION PROCEDURE, fixation of transcutaneous abutment, not for implantable bone conduction hearing system device (Anaes.)	194.1			145.6	165

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45799	Plastic and reconstructive surgery (medically necessary)	Type C	N	ASPIRATION BIOPSY of 1 or MORE JAW CYSTS as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (Anaes.)	30.6			22.95	26.05
45801	Plastic and reconstructive surgery (medically necessary)	Type C	N	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation),in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 45803 applies (Anaes.)	132.1			99.1	112.3
45803	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.)	339.25			254.45	288.4
45805	Plastic and reconstructive surgery (medically necessary)	Type C	N	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.)	179.5			134.65	152.6
45807	Plastic and reconstructive surgery (medically necessary)	Type C	N	TUMOUR, CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ULCER OR SCAR (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, removal of, not being a service to which another item in this Subgroup applies, involving muscle, bone, or other deep tissue (Anaes.)	256.5			192.4	218.05
45809	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TUMOUR OR DEEP CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), in the oral and maxillofacial region, removal of, requiring wide excision, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)	386.55			289.95	328.6
45811	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TUMOUR, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.)	522.6			391.95	444.25
45813	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TUMOUR, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.)	611.4			458.55	523.5
45815	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	OPERATION ON MANDIBLE OR MAXILLA (other than alveolar margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.)	370.8			278.1	315.2

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45817	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	OPERATION on SKULL for OSTEOMYELITIS (Anaes.) (Assist.)	483.35			362.55	410.85
45819	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	OPERATION ON ANY COMBINATION OF ADJOINING BONES IN THE ORAL AND MAXILLOFACIAL REGION, being bones referred to in item 45817 (Anaes.) (Assist.)	611.35			458.55	523.45
45821	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	BONE GROWTH STIMULATOR IN THE ORAL AND MAXILLOFACIAL REGION, insertion of (Anaes.) (Assist.)	396.25			297.2	336.85
45823	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	ARCH BARS, 1 or more, which were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia where undertaken in the operating theatre of a hospital (Anaes.)	113.3			85	
45825	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.)	352.05			264.05	299.25
45827	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MYLOHYOID RIDGE, reduction of (Anaes.) (Assist.)	336.5			252.4	286.05
45829	Plastic and reconstructive surgery (medically necessary)	Type C	N	MAXILLARY TUBEROSITY, reduction of (Anaes.)	256.7			192.55	218.2
45831	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than 5 lesions (Anaes.) (Assist.)	336.5			252.4	286.05
45833	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - 5 to 20 lesions (Anaes.) (Assist.)	422.5			316.9	359.15

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45835	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - more than 20 lesions (Anaes.) (Assist.)	524.3			393.25	445.7
45837	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	VESTIBULOPLASTY, submucosal or open, including excision of muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.)	610.3			457.75	522.4
45839	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FLOOR OF MOUTH LOWERING (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed - unilateral (Anaes.) (Assist.)	610.3			457.75	522.4
45841	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.)	492.85			369.65	418.95
45843	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ALVEOLAR RIDGE AUGMENTATION - unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.)	302.3			226.75	257
45845	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	OSSEO-INTEGRATION PROCEDURE - intra-oral implantation of titanium fixture to facilitate restoration of the dentition following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	524.3			393.25	445.7
45847	Plastic and reconstructive surgery (medically necessary)	Type C	N	OSSEO-INTEGRATION PROCEDURE - fixation of transmucosal abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	194.1			145.6	165
45849	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MAXILLARY SINUS, BONE GRAFT to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), (unilateral) (Anaes.) (Assist.)	604.45			453.35	516.55
45851	Bone, joint and muscle	Type C	N	TEMPOROMANDIBULAR JOINT, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in this Subgroup applies (Anaes.)	148.8			111.6	
45853	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	ABSENT CONDYLE and ASCENDING RAMUS in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)	926.95			695.25	839.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45855	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)	425.3			319	361.55
45857	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions - 1 or more such procedure of that joint, not being a service associated with any other arthroscopic procedure of the temporomandibular joint (Anaes.) (Assist.)	680.25			510.2	592.35
45859	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, arthrotomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)	342.9			257.2	291.5
45861	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)	907.65			680.75	819.75
45863	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)	1006.15			754.65	918.25
45865	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ARTHROCENTESIS, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)	302.3			226.75	257
45867	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, synovectomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)	324.95			243.75	276.25
45869	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including partial or total meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.)	1236.35			927.3	1148.45
45871	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)	1392.65			1044.5	1304.75
45873	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, surgery of, involving procedures to which items 45863, 45867, 45869 and 45871 apply and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.)	1564.95			1173.75	1477.05
45875	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)	489.75			367.35	416.3
45877	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, arthrodesis of, with synovectomy if performed, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)	489.75			367.35	416.3
45879	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TEMPOROMANDIBULAR JOINT OR JOINTS, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)	324.95			243.75	276.25
45882	Plastic and reconstructive surgery (medically necessary)	Type C	N	The treatment of a premalignant lesion of the oral mucosa by a treatment using cryotherapy, diathermy or carbon dioxide laser.	44.75			33.6	38.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45885	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	Facial, mandibular or lingual artery or vein or artery and vein, ligation of, not being a service to which item 41707 applies (Anaes.) (Assist.)	461.65			346.25	392.45
45888	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FOREIGN BODY, in the oral and maxillofacial region, deep, removal of using interventional imaging techniques (Anaes.) (Assist.)	430.3			322.75	365.8
45891	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	SINGLE-STAGE LOCAL FLAP where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)	626.9			470.2	539
45894	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	FREE GRAFTING, in the oral and maxillofacial region, (mucosa or split skin) of a granulating area (Anaes.)	213			159.75	181.05
45897	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	ALVEOLAR CLEFT (congenital) unilateral, grafting of, including plastic closure of associated oro-nasal fistulae and ridge augmentation (Anaes.) (Assist.)	1112.4			834.3	1024.5
45900	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	MANDIBLE, fixation by intermaxillary wiring, excluding wiring for obesity	250.9			188.2	213.3
45939	Pain management	Type A Surgical	N	PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.)	465.2			348.9	395.45
45945	Bone, joint and muscle	Unlisted	N	MANDIBLE, treatment of a dislocation of, requiring open reduction (Anaes.)	123.5			92.65	105
45975	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting	134.4			100.8	114.25
45978	Bone, joint and muscle	Unlisted	N	MANDIBLE, treatment of fracture of, not requiring splinting	164.25			123.2	139.65
45981	Bone, joint and muscle	Unlisted	N	ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction	89.1			66.85	75.75
45984	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves requiring open reduction not involving plate(s) (Anaes.) (Assist.)	641.6			481.2	553.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
45987	Bone, joint and muscle	Type A Surgical	N	MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)	641.6			481.2	553.7
45990	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	876.4			657.3	788.5
45993	Bone, joint and muscle	Type A Surgical	N	MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	876.4			657.3	788.5
45996	Bone, joint and muscle	Unlisted	N	MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.)	248.45			186.35	211.2
46300	Bone, joint and muscle	Type A Surgical	N	Arthrodesis of interphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed): (a) joint debridement; (b) synovectomy —one joint (H) (Anaes.) (Assist.)	422.55			316.95	
46303	Bone, joint and muscle	Type A Surgical	N	Arthrodesis of carpometacarpal joint of hand, including either or both of the following (if performed): (a) joint debridement; (b) synovectomy —one joint (H) (Anaes.) (Assist.)	547.85			410.9	
46308	Bone, joint and muscle	Type A Surgical	N	Volar plate or soft tissue interposition arthroplasty of interphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed): (a) realignment procedures; (b) tendon transfer —one joint (Anaes.) (Assist.)	547.8			410.85	465.65
46309	Joint replacements	Type A Surgical	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —one joint (H) (Anaes.) (Assist.)	547.8			410.85	
46312	Joint replacements	Type A Surgical	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —2 joints of one hand (H) (Anaes.) (Assist.)	704.4			528.3	
46315	Joint replacements	Type A Advanced Surgical	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —3 joints of one hand (H) (Anaes.) (Assist.)	939.15			704.4	
46318	Joint replacements	Type A Advanced Surgical	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —4 joints of one hand (H) (Anaes.) (Assist.)	1173.95			880.5	
46321	Joint replacements	Type A Advanced Surgical	N	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer; —5 joints of one hand (H) (Anaes.) (Assist.)	1408.75			1056.6	
46322	Joint replacements	Type A Surgical	N	Revision of prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpal joint of hand, including any of the following (if performed): (a) bone grafting; (b) ligament reconstruction; (c) ligament realignment; (d) synovectomy; (e) tendon or ligament reconstruction; (f) tendon transfer; —one joint (H) (Anaes.) (Assist.)	821.8			616.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
46324	Joint reconstructions	Type A Advanced Surgical	N	Trapezium replacement arthroplasty or prosthetic interpositional replacement of carpometacarpal joint of thumb, including either or both of the following (if performed): (a) ligament and tendon transfers; (b) rebalancing procedures (H) (Anaes.) (Assist.)	958.55			718.95	
46325	Joint reconstructions	Type A Advanced Surgical	N	Excisional arthroplasty of carpometacarpal joint of thumb, with excision of adjacent trapezoid, including either or both of the following (if performed): (a) ligament and tendon transfers; (b) realignment procedures (H) (Anaes.) (Assist.)	958.55			718.95	
46330	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Ligamentous or capsular repair or reconstruction of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) arthrotomy; (b) joint stabilisation; (c) synovectomy; —one joint (H) (Anaes.) (Assist.)	360.1			270.1	
46333	Bone, joint and muscle	Type A Surgical	N	Ligamentous or capsular repair or reconstruction of interphalangeal or metacarpophalangeal joint of hand with graft, using graft or implant, including any of the following (if performed): (a) arthrotomy; (b) harvest of graft; (c) joint stabilisation; (d) synovectomy; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 apply—one joint (H) (Anaes.) (Assist.)	586.9			440.2	
46335	Bone, joint and muscle	Type A surgical	N	Synovectomy of digital extensor tendons of hand, distal to wrist, for diagnosed inflammatory arthritis, including any of the following (if performed): (a) reconstruction of extensor retinaculum; (b) removal of tendon nodules; (c) tenolysis; (d) tenoplasty; other than a service associated with a service to which item 30023, 39331 or 39330 applies—applicable only once per occasion on which the service is performed (Anaes.) (Assist.)	485.1			363.85	412.35
46336	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint of hand, including any of the following (if performed): (a) capsulectomy; (b) debridement; (c) ligament or tendon realignment (or both); other than a service combined with a service to which item 46495 applies—one joint (Anaes.) (Assist.)	273.95			205.5	232.9
46339	Bone, joint and muscle	Type A Surgical	N	Synovectomy of digital flexor tendons at wrist level, for diagnosed inflammatory arthritis, including either or both of the following (if performed): (a) tenolysis; (b) release of median nerve and carpal tunnel; other than a service associated with a service to which item 30023, 39331 or 39330 applies—applicable only once per occasion on which the service is performed (H) (Anaes.) (Assist.)	485.1			363.85	
46340	Bone, joint and muscle	Type A surgical	N	Synovectomy of wrist flexor or extensor tendons of hand or wrist, for diagnosed inflammatory tenosynovitis, including any of the following (if performed): (a) reconstruction of flexor or extensor retinaculum; (b) removal of tendon nodules; (c) tenolysis; (d) tenoplasty; other than a service associated with a service to which item 30023, 39331 or 39330 applies—one or more compartments (H) (Anaes.) (Assist.)	412.35			309.3	
46341	Bone, joint and muscle	Type A surgical	N	Synovectomy of wrist flexor or extensor tendons of hand or wrist, for non-inflammatory tenosynovitis or post traumatic synovitis, including any of the following (if performed): (a) reconstruction of flexor or extensor retinaculum; (b) removal of tendon nodules; (c) tenolysis; (d) tenoplasty; other than a service associated with a service to which item 30023, 39331 or 39330 applies—one or more compartments (H) (Anaes.) (Assist.)	264.45			198.35	
46342	Bone, joint and muscle	Type A Surgical	N	Synovectomy of distal radioulnar or carpometacarpal joint of hand—one or more joints (H) (Anaes.) (Assist.)	485.1			363.85	
46345	Joint reconstructions	Type A Surgical	N	Resection arthroplasty of distal radioulnar joint of hand, partial or complete, including any of the following (if performed): (a) ligament or tendon reconstruction; (b) joint stabilisation; (c) synovectomy (H) (Anaes.) (Assist.)	586.9			440.2	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
46348	Bone, joint and muscle	Type B Non-band specific	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with a service to which item 30023 or 46363 applies—one ray (H) (Anaes.) (Assist.)	254.35			190.8	
46351	Bone, joint and muscle	Type A Surgical	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with a service to which item 30023 or 46363 applies—2 rays of one hand (H) (Anaes.) (Assist.)	379.6			284.7	
46354	Bone, joint and muscle	Type A Surgical	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with a service to which item 30023 or 46363 applies—3 rays of one hand (H) (Anaes.) (Assist.)	508.65			381.5	
46357	Bone, joint and muscle	Type A Surgical	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with a service to which item 30023 or 46363 applies—4 rays of one hand (H) (Anaes.) (Assist.)	633.9			475.45	
46360	Bone, joint and muscle	Type A Surgical	N	Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed): (a) removal of intratendinous nodules; (b) tenolysis; (c) tenoplasty; other than a service associated with a service to which item 30023 or 46363 applies—5 rays of one hand (H) (Anaes.) (Assist.)	763.1			572.35	
46363	Bone, joint and muscle	Type B Non-band specific	N	Trigger finger release, for stenosing tenosynoviti, including either or both of the following (if performed): (a) synovectomy; (b) synovial biopsy; —one ray (Anaes.) (Assist.)	219.1			164.35	186.25
46364	Brain and nervous system	Type A surgical	N	Digital sympathectomy of hand, using microsurgical techniques, other than a service associated with a service to which item 30023 or 46363 applies—one digit or palmer arch (or both) or radial or ulnar artery (or both) (Anaes.) (Assist.)	485.1			363.85	412.35
46365	Bone, joint and muscle	Type B Non-band specific	N	Excision of rheumatoid nodules of hand —one lesion (Anaes.) (Assist.)	273.95			205.5	232.9
46367	Bone, joint and muscle	Type A surgical	N	De Quervain's release, including any of the following (if performed): (a) synovectomy of extensor pollicis brevis; (b) synovectomy of abductor pollicis longus tendons; (c) retinaculum reconstruction; other than a service associated with a service to which item 46339 applies (Anaes.) (Assist.)	413.7			310.3	351.65
46370	Bone, joint and muscle	Type B Non-band specific	N	Percutaneous fasciotomy for Dupuytren’s contracture, by needle or chemical method, including either or both of the following (if performed): (a) immediate or delayed manipulation; (b) local or regional nerve block; —one ray (Anaes.) (Assist.)	133.1			99.85	113.15
46372	Bone, joint and muscle	Type A Surgical	N	Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—one ray (H) (Anaes.) (Assist.)	445.25			333.95	
46375	Bone, joint and muscle	Type A Surgical	N	Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—2 rays (H) (Anaes.) (Assist.)	528.25			396.2	
46378	Bone, joint and muscle	Type A Surgical	N	Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—3 rays (H) (Anaes.) (Assist.)	704.4			528.3	
46379	Bone, joint and muscle	Type A surgical	N	Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—4 rays (H) (Anaes.) (Assist.)	887.4			665.55	
46380	Bone, joint and muscle	Type A advanced surgical	N	Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—5 rays (H) (Anaes.) (Assist.)	1118.05			838.55	
46381	Bone, joint and muscle	Type A Surgical	N	Release of interphalangeal joint of hand, by open procedure, when performed in conjunction with an operation for Dupuytren’s contracture—one joint (H) (Anaes.) (Assist.)	313			234.75	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
46384	Bone, joint and muscle	Type A Surgical	N	Z-plasty or similar local flap procedure, when performed in conjunction with an operation for Dupuytren's contracture, including raising, transfer in-setting and suturing of both components (flaps)—one Z-plasty or local flap procedure (H) (Anaes.) (Assist.)	313			234.75	
46387	Bone, joint and muscle	Type A Surgical	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—one ray (H) (Anaes.) (Assist.)	645.75			484.35	
46390	Bone, joint and muscle	Type A Surgical	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—2 rays (H) (Anaes.) (Assist.)	861.05			645.8	
46393	Bone, joint and muscle	Type A Advanced Surgical	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—3 rays (H) (Anaes.) (Assist.)	997.85			748.4	
46394	Bone, joint and muscle	Type A advanced surgical	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—4 rays (H) (Anaes.) (Assist.)	1243.45			932.6	
46395	Bone, joint and muscle	Type A advanced surgical	N	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—5 rays (H) (Anaes.) (Assist.)	1549.55			1162.2	
46399	Bone, joint and muscle	Type A Surgical	N	Osteotomy of phalanx or metacarpal of hand, with internal fixation—one bone (H) (Anaes.) (Assist.)	538.8			404.1	
46401	Bone, joint and muscle	Type A surgical	N	Operative treatment of non-union of phalanx or metacarpal of hand, including internal fixation (if performed) (Anaes.) (Assist.)	432.45			324.35	367.6
46408	Joint reconstructions	Type A Surgical	N	Reconstruction of tendon of hand or wrist, by tendon graft, including either or both of the following (if performed): (a) harvest of graft; (b) tenolysis; other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.)	720			540	
46411	Joint reconstructions	Type A Surgical	N	Reconstruction of complete flexor tendon pulley of hand or wrist, with graft, including harvest of graft (if performed)—one pulley (H) (Anaes.) (Assist.)	422.6			316.95	
46414	Joint reconstructions	Type A Surgical	N	Insertion of artificial tendon prosthesis in preparation for grafting of tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.)	547.7			410.8	465.55
46417	Joint reconstructions	Type A Surgical	N	Transfer of tendon of hand or wrist, for restoration of hand or digit motion, including harvest of donor motor unit (if performed)—one transfer (H) (Anaes.) (Assist.)	508.65			381.5	
46420	Joint reconstructions	Type B Non-band specific	N	Primary repair of extensor tendon of hand or wrist—one tendon (Anaes.) (Assist.)	212.85			159.65	180.95
46423	Joint reconstructions	Type A Surgical and Type B Non-band specific	N	Delayed repair of extensor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.)	340.45			255.35	289.4
46426	Joint reconstructions	Type A Surgical	N	Primary repair of flexor tendon of hand or wrist, proximal to A1 pulley, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure—one tendon (H) (Anaes.) (Assist.)	352.1			264.1	
46432	Joint reconstructions	Type A Surgical	N	Primary repair of flexor tendon of hand or wrist, distal to A1 pulley, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure—one tendon (H) (Anaes.) (Assist.)	587.1			440.35	
46434	Joint reconstructions	Type A Surgical	N	Delayed repair of flexor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.)	505.8			379.35	429.95
46438	Joint reconstructions	Type B Non-band specific	N	Closed pin fixation of mallet finger (Anaes.)	140.9			105.7	119.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
46441	Joint reconstructions	Type A Surgical and Type B Non-band specific	N	Open reduction of mallet finger, including any of the following (if performed): (a) joint release; (b) pin fixation; (c) tenolysis (Anaes.) (Assist.)	340.45			255.35	289.4
46442	Joint reconstructions	Type A Surgical	N	MALLET FINGER with intra articular fracture involving more than one third of base of terminal phalanx - open reduction (Anaes.) (Assist.)	292.25			219.2	
46444	Joint reconstructions	Type A Surgical	N	Reconstruction of Boutonniere or swan neck deformity of hand, including either or both of the following (if performed): (a) tendon graft harvest; (b) tendon transfer —one joint (H) (Anaes.) (Assist.)	508.65			381.5	
46450	Joint reconstructions	Type B Non-band specific	N	Tenolysis of extensor tendon of hand or wrist, following tendon injury or graft, other than a service: (a) for acute, traumatic injury; or (b) associated with a service to which item 30023 applies —one ray (H) (Anaes.)	234.85			176.15	
46453	Joint reconstructions	Type A Surgical	N	Tenolysis of flexor tendon of hand or wrist, following tendon injury, repair or graft, other than a service: (a) for acute, traumatic injury; or (b) associated with a service to which item 30023 applies (H) (Anaes.) (Assist.)	391.35			293.55	
46456	Joint reconstructions	Unlisted	N	Percutaneous tenotomy of digit of hand (Anaes.)	101.75			76.35	86.5
46464	Bone, joint and muscle	Unlisted	N	Amputation of a supernumerary complete digit of hand (H) (Anaes.) (Assist.)	234.85			176.15	
46465	Bone, joint and muscle	Unlisted	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —one ray (H) (Anaes.) (Assist.)	234.85			176.15	
46468	Bone, joint and muscle	Type A Surgical	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —2 rays (H) (Anaes.) (Assist.)	410.85			308.15	
46471	Bone, joint and muscle	Type A Surgical	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —3 rays (H) (Anaes.) (Assist.)	586.9			440.2	
46474	Bone, joint and muscle	Type A Surgical	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —4 rays (H) (Anaes.) (Assist.)	763.1			572.35	
46477	Bone, joint and muscle	Type A Advanced Surgical	N	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —5 rays (H) (Anaes.) (Assist.)	939.15			704.4	
46480	Bone, joint and muscle	Type A Surgical	N	Amputation of ray of hand, proximal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) recontouring; (c) resection of bone; (d) skin cover with local flaps —one ray (H) (Anaes.) (Assist.)	391.35			293.55	
46483	Bone, joint and muscle	Type A Surgical	N	Revision of amputation stump of hand to provide adequate cover, including any of the following (if performed): (a) bone shortening; (b) excision of nail bed remnants; (c) excision of neuroma (H) (Anaes.) (Assist.)	313			234.75	
46486	Skin	Type B Non-band specific	N	Accurate reconstruction of acute nail bed laceration using magnification (H) (Anaes.)	234.85			176.15	
46489	Skin	Type A Surgical and Type B Non-band specific	N	Secondary reconstruction of nail bed deformity using magnification, including removal of nail (if performed), other than a service associated with a service to which item 46513 or 45451 applies (H) (Anaes.) (Assist.)	273.95			205.5	
46492	Joint reconstructions	Type A Surgical	N	Surgical correction of contracture of joint of hand, flexor or extensor tendon, involving tissues deeper than skin and subcutaneous tissue—one joint (H) (Anaes.) (Assist.)	375.7			281.8	
46493	Bone, joint and muscle	Type A surgical	N	Resection of boss of metacarpal base of hand, including either or both of the following (if performed): (a) excision of ganglion; (b) synovectomy (Anaes.) (Assist.)	342.9			257.2	291.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
46495	Joint reconstructions	Type B Non-band specific	N	Complete excision of one or more ganglia or mucous cysts of interphalangeal, metacarpophalangeal or carpometacarpal joint of hand, including any of the following (if performed): (a) arthrotomy; (b) osteophyte resections (c) synovectomy other than a service associated with a service to which item30107 or 46336 applies—one joint (H) (Anaes.) (Assist.)	211.4			158.55	
46498	Joint reconstructions	Unlisted	N	Excision of ganglion of flexor tendon sheath of hand, including any of the following (if performed): (a) flexor tenosynovectomy; (b) sheath excision; (c) skin closure by any method other than a service associated with a service to which item 30107 or 46363 applies (Anaes.) (Assist.)	228.85			171.65	194.55
46500	Joint reconstructions	Type A Surgical	N	Excision of ganglion of dorsal wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy other than a service associated with a service to which item 30107 applies (Anaes.) (Assist.)	273.95			205.5	232.9
46501	Joint reconstructions	Type A Surgical and Type B Non-band specific	N	Excision of ganglion of volar wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy; other than a service associated with a service to which item 30107 or 46325 applies (Anaes.) (Assist.)	342.5			256.9	291.15
46502	Joint reconstructions	Type A Surgical	N	Excision of recurrent ganglion of dorsal wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy (Anaes.) (Assist.)	410.9			308.2	349.3
46503	Joint reconstructions	Type A Surgical	N	Excision of recurrent ganglion of volar wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy; other than a service associated with a service to which item 30107 applies (Anaes.) (Assist.)	393.7			295.3	334.65
46504	Joint reconstructions	Type A Advanced Surgical	N	Neurovascular island flap, heterodigital, for pulp re-innervation and soft tissue cover (Anaes.) (Assist.)	1150.35			862.8	1062.45
46507	Joint reconstructions	Type A Advanced Surgical	N	Transposition or transfer of digit or ray on vascular pedicle of hand, including any of the following (if performed): (a) nerve transfer; (b) skin closure, by any means; (c) rebalancing procedures (H) (Anaes.) (Assist.)	1560.75			1170.6	
46510	Joint reconstructions	Type A Surgical and Type B Non-band specific	N	Surgical reduction of enlarged elements resulting from macrodactyly, including any of the following (if performed): (a) nerve transfer; (b) skin closure, by any means; (c) rebalancing procedures —one digit (H) (Anaes.) (Assist.)	365.2			273.9	
46513	Skin	Unlisted	N	Removal of nail of finger or thumb—one nail (Anaes.)	58.75			44.1	49.95
46519	Common list	Unlisted	N	Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand, excluding aftercare (Anaes.) (Assist.)	146.95			110.25	124.95
46522	Joint reconstructions	Type A Surgical	N	Open operation and drainage of infection for flexor tendon sheath of finger or thumb, including either or both of the following (if performed): (a) synovectomy; (b) tenolysis; other than a service associated with a service to which item 30023 applies—one digit (H) (Anaes.) (Assist.)	438.25			328.7	
46525	Common list	Type B Non-band specific	N	Incision for pulp space infection of hand: (a) other than a service: (i) to which another item in this Group applies; or (ii) associated with a service to which item30023 applies; and (b) excluding aftercare (H) (Anaes.)	58.75			44.1	
46528	Skin	Unlisted	N	Wedge resection for ingrowing nail of finger or thumb: (a) including each of the following: (i) excision and partial ablation of germinal matrix; (ii) removal of segment of nail; (iii) removal of ungual fold; and (b) including phenolisation (if performed) (Anaes.)	176.35			132.3	149.9
46531	Skin	Unlisted	N	Partial resection of ingrowing nail of finger or thumb,including phenolisation (Anaes.)	88.6			66.45	75.35
46534	Skin	Unlisted	N	Complete ablation of nail germinal matrix (H) (Anaes.) (Assist.)	245.05			183.8	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
47000	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of mandible, by closed reduction (Anaes.)	73.55			55.2	62.55
47003	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of clavicle, by closed reduction (Anaes.)	88.25			66.2	75.05
47007	Bone, joint and muscle	Type A Surgical	N	Repair of acromioclavicular or sternoclavicular joint dislocation (acute or chronic), by open, mini-open or arthroscopic technique, including either or both of the following (if performed): (a) ligament augmentation; (b) tendon transfers (Anaes.) (Assist.)	367.35			275.55	312.25
47009	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of shoulder, requiring general anaesthesia, other than a service to which item47012 applies (Anaes.)	176.35			132.3	149.9
47012	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of shoulder, requiring general anaesthesia, by open reduction (H) (Anaes.) (Assist.)	352.55			264.45	
47015	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of shoulder, not requiring general anaesthesia	88.25			66.2	75.05
47018	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of elbow, by closed reduction (Anaes.)	205.6			154.2	174.8
47021	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of elbow, by open reduction (H) (Anaes.) (Assist.)	274.25			205.7	
47024	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of distal or proximal radioulnar joint, by closed reduction, other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.)	205.6			154.2	174.8
47027	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of distal or proximal radioulnar joint, by open reduction, including either or both of the following (if performed): (a) styloid fracture; (b) triangular fibrocartilage complex repair; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.) (Assist.)	676.05			507.05	588.15
47030	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by closed reduction (Anaes.)	205.6			154.2	174.8
47033	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by open reduction, including ligament repair (if performed) (Anaes.) (Assist.)	676.05			507.05	588.15
47042	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by closed reduction (Anaes.)	117.4			88.05	99.8
47045	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) ligament repair; (d) volar plate repair (Anaes.) (Assist.)	438.55			328.95	372.8
47047	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of prosthetic hip, by closed reduction (Anaes.) (Assist.)	337.95			253.5	287.3
47049	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of prosthetic hip, by open reduction (Anaes.) (Assist.)	450.5			337.9	382.95
47052	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of native hip, by closed reduction (Anaes.) (Assist.)	439.35			329.55	373.45
47053	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of native hip, by open reduction, with internal fixation (if performed) (Anaes.) (Assist.)	585.65			439.25	497.85
47054	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of knee, by closed reduction, including application of external fixator (if performed) (Anaes.) (Assist.)	337.95			253.5	287.3
47057	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of patella, by closed reduction (Anaes.)	132.2			99.15	112.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
47060	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of patella, by open reduction (Anaes.) (Assist.)	176.35			132.3	149.9
47063	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of ankle or tarsus, by closed reduction (Anaes.) (Assist.)	264.45			198.35	224.8
47066	Bone, joint and muscle	Type A Surgical	N	Treatment of dislocation of ankle or tarsus, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint (H) (Anaes.) (Assist.)	352.55			264.45	
47069	Bone, joint and muscle	Unlisted	N	Treatment of dislocation of toe, byclosed reduction—one toe (Anaes.)	73.55			55.2	62.55
47301	Bone, joint and muscle	Unlisted	N	Treatment of fracture of middle or proximal phalanx, by closed reduction, requiring anaesthesia—one bone (Anaes.)	90.3			67.75	76.8
47304	Bone, joint and muscle	Unlisted	N	Treatment of fracture of metacarpal, by closed reduction, requiring anaesthesia—onebone (H) (Anaes.)	102.9			77.2	
47307	Bone, joint and muscle	Unlisted	N	Treatment of fracture of phalanx or metacarpal, by closed reduction, including percutaneous K-wire fixation (if performed)—one bone (H) (Anaes.) (Assist.)	208.1			156.1	
47310	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of phalanx or metacarpal, by open reduction, with internal fixation (H) (Anaes.) (Assist.)	343.4			257.55	
47313	Bone, joint and muscle	Type A Surgical	N	Treatment of intra-articular fracture of phalanx or metacarpal, by closed reduction, including: (a) percutaneous K-wire fixation; and (b) external or dynamic fixation (if performed) (H) (Anaes.) (Assist.)	332.95			249.75	
47316	Bone, joint and muscle	Type A Surgical	N	Treatment of intra-articular fracture of phalanx or metacarpal, by open reduction with fixation, other than a service provided on the same occasion as a service to which item47319 applies (H) (Anaes.) (Assist.)	660.75			495.6	
47319	Bone, joint and muscle	Type A Surgical	N	Treatment of intra-articular fracture of proximal end of middle phalanx, by open reduction, with fixation, other than a service provided on the same occasion as a service to which item47316 applies (H) (Anaes.) (Assist.)	676.35			507.3	
47348	Bone, joint and muscle	Unlisted	N	Treatment of fracture of carpus (excluding scaphoid), by cast immobilisation, other than a service associated with a service to which item47351 applies (Anaes.)	97.8			73.35	83.15
47351	Bone, joint and muscle	Unlisted	N	Treatment of fracture of carpus (excluding scaphoid), by open reduction, with internal fixation (Anaes.) (Assist.)	245.05			183.8	208.3
47354	Bone, joint and muscle	Unlisted	N	Treatment of fracture of carpal scaphoid, by cast immobilisation, other than a service associated with a service to which item47357 applies (Anaes.)	176.35			132.3	149.9
47357	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of carpal scaphoid, by open reduction, with internal or percutaneous fixation (Anaes.) (Assist.)	391.8			293.85	333.05
47361	Bone, joint and muscle	Unlisted	N	Treatment of fracture of distal end of radius or ulna (or both), by cast immobilisation, other than a service associated with a service to which item47362, 47364, 47367, 47370 or 47373 applies	137.15			102.9	116.6
47362	Bone, joint and muscle	Unlisted	N	Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, requiring general or major regional anaesthesia, but excluding local infiltration, other than a service associated with a service to which item47361, 47364, 47367, 47370 or 47373 applies (Anaes.)	205.6			154.2	174.8
47364	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of distal end of radius or ulna (not involving joint surface), by open reduction with fixation, other than a service associated with a service to which item47361 or 47362 applies (H) (Anaes.) (Assist.)	291.35			218.55	
47367	Bone, joint and muscle	Unlisted	N	Treatment of fracture of distal end of radius, by closed reduction with percutaneous fixation, other than a service associated with a service to which item47361 or 47362 applies (H) (Anaes.) (Assist.)	232.7			174.55	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
47370	Bone, joint and muscle	Type A Surgical	N	Treatment of intra-articular fracture of distal end of radius, by open reduction with fixation, other than a service associated with a service to which item47361 or 47362 applies (H) (Anaes.) (Assist.)	422.45			316.85	
47373	Bone, joint and muscle	Type A Surgical	N	Treatment of intra-articular fracture of distal end of ulna, by open reduction with fixation, other than a service associated with a service to which item47361 or 47362 applies (H) (Anaes.) (Assist.)	301.75			226.35	
47381	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shaft of radius or ulna, by closed reduction (H) (Anaes.)	264.45			198.35	
47384	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shaft of radius or ulna, by open reduction with internal fixation (H) (Anaes.) (Assist.)	352.55			264.45	
47385	Bone, joint and muscle	Type A Surgical	N	Treatment of: (a) fracture of shaft of radius or ulna; and (b) dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury); by closed reduction (H) (Anaes.) (Assist.)	303.55			227.7	
47386	Bone, joint and muscle	Type A Surgical	N	Treatment of: (a) fracture of shaft of radius or ulna; and (b) dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury); by open reduction, with internal fixation, including reduction of dislocation (if performed) (H) (Anaes.) (Assist.)	489.75			367.35	
47387	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of distal or shaft of radius or ulna (or both), by cast immobilisation, other than a service to which item47390 or 47393 applies (Anaes.) (Assist.)	284			213	241.4
47390	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shafts of radius and ulna, by closed reduction (H) (Anaes.)	426.15			319.65	
47393	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shafts of radius and ulna, by open reduction, with internal fixation (H) (Anaes.) (Assist.)	568.1			426.1	
47396	Bone, joint and muscle	Unlisted	N	Treatment of fracture of olecranon, by closed reduction (Anaes.)	195.8			146.85	166.45
47399	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of olecranon, by open reduction (H) (Anaes.) (Assist.)	391.8			293.85	
47402	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of olecranon, with excision of olecranon fragment and reimplantation of tendon (Anaes.) (Assist.)	293.75			220.35	249.7
47405	Bone, joint and muscle	Unlisted	N	Treatment of fracture of head or neck of radius, by closed reduction (Anaes.)	195.8			146.85	166.45
47408	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of head or neck of radius, by open reduction, including internal fixation and excision (if performed) (H) (Anaes.) (Assist.)	391.8			293.85	
47411	Bone, joint and muscle	Unlisted	N	Treatment of fracture of tuberosity of humerus, other than a service to which item47417 applies (Anaes.)	117.4			88.05	99.8
47414	Bone, joint and muscle	Unlisted	N	Treatment of fracture of tuberosity of humerus, by open reduction (Anaes.)	235.15			176.4	199.9
47417	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	274.25			205.7	233.15
47420	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	538.8			404.1	
47423	Bone, joint and muscle	Unlisted	N	Humerus, proximal, treatment of fracture of, other than a service to which item47426, 47429 or 47432 applies (Anaes.)	225.25			168.95	191.5
47426	Bone, joint and muscle	Type A Surgical	N	Humerus, proximal, treatment of fracture of, by closed reduction (H) (Anaes.)	337.95				287.3
47429	Bone, joint and muscle	Type A Surgical	N	Humerus, proximal, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	450.5			337.9	

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47432	Bone, joint and muscle	Type A Surgical	N	Humerus, proximal, treatment of intra-articular fracture of, by open reduction (H) (Anaes.) (Assist.)	563.2			422.4	
47435	Bone, joint and muscle	Type A Surgical	N	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	431.05		431.05	323.3	
47438	Bone, joint and muscle	Type A Surgical	N	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	685.85			514.4	
47441	Bone, joint and muscle	Type A Surgical	N	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	857.15			642.9	
47444	Bone, joint and muscle	Unlisted	N	Humerus, shaft of, treatment of fracture of, other than a service to which item47447 or 47450 applies (Anaes.)	235.15			176.4	199.9
47447	Bone, joint and muscle	Type A Surgical	N	Humerus, shaft of, treatment of fracture of, by closed reduction (H) (Anaes.)	352.55			264.45	
47450	Bone, joint and muscle	Type A Surgical	N	Humerus, shaft of, treatment of fracture of, by internal or external fixation (H) (Anaes.) (Assist.)	470.3			352.75	
47451	Bone, joint and muscle	Type A Surgical	N	Humerus, shaft of, treatment of fracture of, by intramedullary fixation (H) (Anaes.) (Assist.)	566.85			425.15	
47453	Bone, joint and muscle	Type A Surgical	N	Humerus, distal, (supracondylar or condylar), treatment of fracture of, other than a service to which item47456 or 47459 applies (Anaes.) (Assist.)	274.25			205.7	233.15
47456	Bone, joint and muscle	Type A Surgical	N	Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction (H) (Anaes.) (Assist.)	411.55			308.7	
47459	Bone, joint and muscle	Type A Surgical	N	Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	548.65			411.5	
47462	Bone, joint and muscle	Unlisted	N	Clavicle, treatment of fracture of, other than a service to which item47465 applies (Anaes.)	117.4			88.05	99.8
47465	Bone, joint and muscle	Type A Surgical	N	Clavicle, treatment of fracture of, by open reduction (Anaes.) (Assist.)	538.8			404.1	458
47466	Bone, joint and muscle	Unlisted	N	Sternum, treatment of fracture of, other than a service to which item47467 applies (Anaes.)	117.4			88.05	99.8
47467	Bone, joint and muscle	Unlisted	N	Sternum, treatment of fracture of, by open reduction (H) (Anaes.)	235.15			176.4	
47468	Bone, joint and muscle	Type A Surgical	N	SCAPULA, neck or glenoid region of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	450.5			337.9	382.95
47471	Bone, joint and muscle	Type C	N	RIBS (one or more), treatment of fracture of - each attendance	44.75			33.6	38.05
47474	Bone, joint and muscle	Unlisted	N	PELVIC RING, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	195.8			146.85	166.45
47477	Bone, joint and muscle	Unlisted	N	PELVIC RING, treatment of fracture of, with disruption of pelvic ring or acetabulum	245.05			183.8	208.3
47480	Bone, joint and muscle	Type A Surgical	N	PELVIC RING, treatment of fracture of, requiring traction (H) (Anaes.) (Assist.)	489.75			367.35	
47483	Bone, joint and muscle	Type A Surgical	N	PELVIC RING, treatment of fracture of, requiring control by external fixation (H) (Anaes.) (Assist.)	587.75			440.85	
47486	Bone, joint and muscle	Type A Advanced Surgical	N	Treatment of fracture of anterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.)	979.6			734.7	
47489	Bone, joint and muscle	Type A Advanced Surgical	N	Treatment of fracture of posterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.)	1469.4			1102.05	

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47491	Bone, joint and muscle	Type A Advanced surgical	N	Combined anterior and posterior pelvic ring disruption, including sacroiliac joint disruption, treatment of fracture by open reduction and internal fixation of both anterior and posterior ring segments (H) (Anaes.) (Assist.)	1616.3			1212.25	
47495	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of acetabulum and associated dislocation of hip, including the application and management of traction (if performed), excluding aftercare (Anaes.) (Assist.)	489.75			367.35	416.3
47498	Bone, joint and muscle	Type A Surgical	N	Treatment of isolated posterior wall fracture of acetabulumand associated dislocation of hip, by open reduction, with internal fixation, including the application and management of traction (if performed) (H) (Anaes.) (Assist.)	734.65			551	
47501	Bone, joint and muscle	Type A Advanced Surgical	N	Treatment of anterior or posterior column fracture of acetabulum, by open reduction, with internal fixation, including any of the following (if performed): (a) capsular stabilisation; (b) capsulotomy; (c) osteotomy (H) (Anaes.) (Assist.)	979.6			734.7	
47511	Bone, joint and muscle	Type A advanced surgical	N	Treatment of combined column T-Type, transverse, anterior column or posterior hemitransverse fractures of acetabulum, by open reduction, with internal fixation, performed through single or dual approach (including fixation of the posterior wall fracture), including any of the following (if performed): (a) capsular stabilisation; (b) capsulotomy; (c) osteotomy (H) (Anaes.) (Assist.)	1469.4			1102.05	
47514	Bone, joint and muscle	Type A surgical	N	Treatment of posterior wall fracture of acetabulum and associated femoral head fracture, by open reduction, with internal fixation (H) (Anaes.) (Assist.)	857.15			642.9	
47516	Bone, joint and muscle	Type A Surgical	N	FEMUR, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)	450.5			337.9	382.95
47519	Bone, joint and muscle	Type A Advanced Surgical	N	FEMUR, treatment of trochanteric or subcapital fracture of, by internal fixation (H) (Anaes.) (Assist.)	901.3			676	
47528	Bone, joint and muscle	Type A Surgical	N	FEMUR, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.)	783.8			587.85	
47531	Bone, joint and muscle	Type A Advanced Surgical	N	FEMUR, treatment of fracture of shaft, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.)	999.15			749.4	
47534	Bone, joint and muscle	Type A Advanced Surgical	N	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of one or more osteochondral fragments (H) (Anaes.) (Assist.)	1126.55			844.95	
47537	Bone, joint and muscle	Type A Surgical	N	Femur, condylar region of, treatment of fracture of, requiring internal fixation of one or more osteochondral fragments, other than a service associated with a service to which item47534 applies (Anaes.) (Assist.)	450.5			337.9	382.95
47540	Bone, joint and muscle	Unlisted	N	Hip spica or shoulder spica, application of, as an independent procedure (Anaes.)	225.25			168.95	191.5
47543	Bone, joint and muscle	Unlisted	N	Tibia, plateau of, treatment of medial or lateral fracture of, other than a service to which item47546 or 47549 applies (Anaes.)	235.15			176.4	199.9
47546	Bone, joint and muscle	Type A Surgical	N	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction (Anaes.)	352.55			264.45	299.7
47549	Bone, joint and muscle	Type A Surgical	N	Treatment of medial or lateral fracture of plateau of tibia, by open reduction, with internal fixation, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) meniscal repair (H) (Anaes.) (Assist.)	560.05			420.05	
47552	Bone, joint and muscle	Type A Surgical	N	Tibia, plateau of, treatment of both medial and lateral fractures of, other than a service to which item47555 or 47558 applies (Anaes.) (Assist.)	391.8			293.85	333.05
47555	Bone, joint and muscle	Type A Surgical	N	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction (H) (Anaes.)	587.75			440.85	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
47558	Bone, joint and muscle	Type A Surgical	N	Treatment of medial and lateral fractures of tibia, by open reduction, with internal fixation, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) meniscal repair (H) (Anaes.) (Assist.)	1038.4			778.8	
47559	Bone, joint and muscle	Type A surgical	N	Treatment of medial or lateral (or both) fracture of plateau of tibia, with application of a bridging external fixator to the plateau (Anaes.) (Assist.)	795.25			596.45	707.35
47561	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shaft of tibia, by cast immobilisation, other than a service to which item47570 or 47573 applies (Anaes.)	284			213	241.4
47565	Bone, joint and muscle	Type A Surgical	N	Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.)	741.25			555.95	
47566	Bone, joint and muscle	Type A Advanced Surgical	N	Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.)	944.9			708.7	
47568	Bone, joint and muscle	Type A surgical	N	Closed reduction of proximal tibia, distal tibia or shaft of tibia, with or without treatment of fibular fracture (Anaes.) (Assist.)	426.15			319.65	362.25
47570	Bone, joint and muscle	Type A Surgical	N	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)	568.1			426.1	482.9
47573	Bone, joint and muscle	Type A Surgical	N	Treatment of proximal or distal intra-articular fracture of shaft of tibia, by open reduction, with or without treatment of fibular fracture, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) capsule repair; (d) removal of intervening soft tissue; (e) removal of loose fragments; (f) washout of joint; other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of treating a medial malleolus fractureof the distal tibia (H) (Anaes.) (Assist.)	710.2			532.65	
47579	Bone, joint and muscle	Unlisted	N	Treatment of fracture of patella, other than a service to which item 47582 or 47585 applies (Anaes.)	166.55			124.95	141.6
47582	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of patella, with internal fixation, including bone grafting (if performed), other than a service associated with a service to which item 47579 or 47585 applies (H) (Anaes.) (Assist.)	440.95			330.75	
47585	Bone, joint and muscle	Type A Surgical	N	Treatment of proximal or distal fracture of patella, by open reduction, with internal fixation, including any of the following (if performed): (a) arthrotomy; (b) excision of patellar pole, with reattachment of tendon; (c) removal of loose fragments; (d) repair of quadriceps or patellar tendon (or both); (e) stabilisation of patello-femoral joint (H) (Anaes.) (Assist.)	455.85			341.9	
47588	Bone, joint and muscle	Type A Advanced Surgical	N	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of one or more ligaments (H) (Anaes.) (Assist.)	1371.25			1028.45	
47591	Bone, joint and muscle	Type A Advanced Surgical	N	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of one or more ligaments (H) (Anaes.) (Assist.)	1665.5			1249.15	
47592	Joint reconstructions	Type A surgical	N	Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral or proximal tibial articular surfaces of the knee, when chondral or osteochondral implants or transfers are utilised (H) (Anaes.) (Assist.)	339.2			254.4	
47593	Joint reconstructions	Type A surgical	N	Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral and proximal tibial articular surfaces of the knee, using chondral or osteochondral implants or transfers (H) (Anaes.) (Assist.)	830.3			622.75	
47595	Bone, joint and muscle	Unlisted	N	Treatment of fracture of ankle joint, hindfoot, midfoot, metatarsals or toes, by non-surgical management—one leg (Anaes.)	167.6			125.7	142.5
47597	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of ankle joint, by closed reduction (Anaes.) (Assist.)	337.95			253.5	287.3

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47600	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of ankle joint: (a) by internal fixation of the malleolus, fibula or diastasis; and (b) including any of the following (if performed): (i) arthrotomy; (ii) capsule repair; (iii) removal of loose fragments or intervening soft tissue; (iv) washout of joint (H) (Anaes.) (Assist.)	587.75			440.85	
47603	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of ankle joint: (a) by internal fixation of 2 or more of the malleolus, fibula, diastasis and medial tissue interposition; and (b) including any of the following (if performed): (i) arthrotomy; (ii) capsule repair; (iii) removal of loose fragments or intervening soft tissue; (iv) washout of joint (H) (Anaes.) (Assist.)	741.25			555.95	
47612	Bone, joint and muscle	Type A Surgical	N	Treatment of intra-articular fracture of hindfoot, by closed reduction, with or without dislocation—one foot (Anaes.) (Assist.)	426.15			319.65	362.25
47615	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint —one foot (Anaes.) (Assist.)	489.75			367.35	416.3
47618	Bone, joint and muscle	Type A Surgical	N	Treatment of intra-articular fracture of hindfoot, by open reduction, with or without dislocation,including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint —one foot(H) (Anaes.) (Assist.)	612.25			459.2	
47621	Bone, joint and muscle	Type A Surgical	N	Treatment of intra-articular fracture of midfoot, by closed reduction, with or without dislocation—one foot (Anaes.) (Assist.)	426.15			319.65	362.25
47624	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of tarso-metatarsal, by open reduction, with or without dislocation, including any of the following (if performed): (a) arthrotomy; (b) capsule or ligament repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint —one joint (H) (Anaes.) (Assist.)	587.75			440.85	
47630	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of cuneiform, by open reduction, with or without dislocation, including any of the following (if performed): (a) arthrotomy; (b) capsule or ligament repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint —one bone (Anaes.) (Assist.)	352.55			264.45	299.7
47637	Bone, joint and muscle	Unlisted	N	Treatment of fractures of metatarsal, by closed reduction—one or more metatarsals of one foot (Anaes.) (Assist.)	199.6			149.7	169.7
47639	Bone, joint and muscle	Unlisted	N	Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—one metatarsal (Anaes.) (Assist.)	235.15			176.4	199.9
47648	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—2 metatarsals of one foot (H) (Anaes.) (Assist.)	313.25			234.95	
47657	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—3 or more metatarsals of one foot (H) (Anaes.) (Assist.)	489.75			367.35	
47663	Bone, joint and muscle	Unlisted	N	Treatment of fracture of phalanx of toe, by closed reduction—one toe (Anaes.)	146.95			110.25	124.95
47666	Bone, joint and muscle	Unlisted	N	Treatment of fracture or dislocation of phalanx of great toe, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; (e) washout of joint — one great toe (Anaes.)	245.05			183.8	208.3
47672	Bone, joint and muscle	Unlisted	N	Treatment of fracture or dislocation of phalanx of toe, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; (e) washout of joint —one toe (other than great toe) of one foot (Anaes.)	117.4			88.05	99.8

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47678	Bone, joint and muscle	Unlisted	N	Treatment of fracture or dislocation of phalanx of toe, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; (e) washout of joint —2 or more toes (other than great toe) of one foot (Anaes.)	176.35			132.3	149.9
47735	Ear, nose and throat	Type C	N	Nasal bones, treatment of fracture of, other than a service to which item47738 or 47741 applies—each attendance	44.8			33.6	38.1
47738	Ear, nose and throat	Type B Non-band specific	N	Nasal bones, treatment of fracture of, by reduction (Anaes.)	245.05			183.8	208.3
47741	Ear, nose and throat	Type A Surgical	N	Nasal bones, treatment of fracture of, by open reduction involving osteotomies (H) (Anaes.) (Assist.)	499.8			374.85	
47753	Bone, joint and muscle	Type A Surgical	N	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)	423.1			317.35	
47756	Bone, joint and muscle	Type A Surgical	N	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)	423.1			317.35	
47762	Bone, joint and muscle	Unlisted	N	Zygomatic bone, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.)	248.45			186.35	211.2
47765	Bone, joint and muscle	Type A Surgical	N	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (H) (Anaes.) (Assist.)	408			306	
47768	Bone, joint and muscle	Type A Surgical	N	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (H) (Anaes.) (Assist.)	499.8			374.85	
47771	Bone, joint and muscle	Type A Surgical	N	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (H) (Anaes.) (Assist.)	574.2			430.65	
47774	Bone, joint and muscle	Type A Surgical	N	Maxilla, treatment of fracture of, requiring open operation (H) (Anaes.) (Assist.)	453.3			340	
47777	Bone, joint and muscle	Type A Surgical	N	Mandible, treatment of fracture of, requiring open reduction (H) (Anaes.) (Assist.)	453.3			340	
47780	Bone, joint and muscle	Type A Surgical	N	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate(H) (Anaes.) (Assist.)	589.3			442	
47783	Bone, joint and muscle	Type A Surgical	N	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate (Anaes.) (Assist.)	589.3			442	501.4
47786	Bone, joint and muscle	Type A Surgical	N	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(H) (Anaes.) (Assist.)	747.85			560.9	
47789	Bone, joint and muscle	Type A Surgical	N	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(H) (Anaes.) (Assist.)	747.85			560.9	
47900	Bone, joint and muscle	Unlisted	N	Injection into, or aspiration of, unicameral bone cyst (Anaes.)	176.35			132.3	149.9
47903	Bone, joint and muscle	Unlisted	N	Epicondylitis, open operation for (Anaes.)	245.05			183.8	208.3
47904	Skin	Type C	N	Digital nail of toe, removal of, not being a service to which item 47906 applies (Anaes.)	58.75			44.1	49.95
47906	Skin	Type B Non-band specific	N	Digital nail of toe, removal of, in the operating theatre of a hospital(H) (Anaes.)	117.4			88.05	
47915	Skin	Type B Non-band specific	N	Wedge resection for ingrowing nail of toe: (a) including each of the following: (i) removal of segment of nail; (ii) removal of ungual fold; (iii) excision and partial ablation of germinal matrix and portion of nail bed; and (b) including phenolisation (if performed) (Anaes.) (Assist.)	176.35			132.3	149.9
47916	Skin	Type C	N	Partial resection for ingrowing nail of toe, including phenolisation (Anaes.)	88.6			66.45	75.35

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47918	Skin	Type B Non-band specific	N	Complete ablation of nail germinal matrix: (a) including each of the following: (i) removal of segment of nail; (ii) removal of ungual fold; (iii) excision and ablation of germinal matrix and portion of nail bed; and (b) including phenolisation (if performed) (Anaes.) (Assist.)	245.05			183.8	208.3
47921	Bone, joint and muscle	Unlisted	N	Orthopaedic pin or wire, insertion of, as an independent procedure (Anaes.)	117.4			88.05	99.8
47924	Bone, joint and muscle	Type C	N	Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes), with incision, other than a service associated with a service to which item47927 or 47929 applies—one bone (Anaes.)	39.15			29.4	33.3
47927	Bone, joint and muscle	Type B Non-band specific	N	Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes)—one bone (H) (Anaes.)	146.95			110.25	
47929	Bone, joint and muscle	Unlisted	N	Removal of fixation elements (including plate, rod or nail and associated wires, pins, screws or external fixation), other than a service associated with a service to which item 47924 or 47927 applies—one bone (H) (Anaes.) (Assist.)	391.8			293.85	
47953	Bone, joint and muscle	Type A Surgical	N	Repair of distal biceps brachii tendon, by any method, performed as an independent procedure (Anaes.) (Assist.)	450.5			337.9	382.95
47954	Bone, joint and muscle	Type A Surgical	N	Repair of traumatic tear or rupture of tendon, other than a service associated with: (a) a service to which item39330 applies; or (b) a service to which another item in this Schedule applies if the service described in the other item is for the purpose of repairing peripheral nerve items in the same region (Anaes.) (Assist.)	391.8			293.85	333.05
47955	Bone, joint and muscle	Type A Surgical	N	Repair of gluteal or rectus femoris tendon, by open or arthroscopic means, when performed as an independent procedure, including either or both of the following (if performed): (a) bursectomy; (b) preparation of greater trochanter; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.)	678.05			508.55	
47956	Bone, joint and muscle	Type A Advanced surgical	N	Repair of proximal hamstring tendon, performed as an independent procedure, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.)	1017.05			762.8	
47960	Bone, joint and muscle	Unlisted	N	TENOTOMY, SUBCUTANEOUS, not being a service to which another item in this Group applies (Anaes.)	137.15			102.9	116.6
47964	Bone, joint and muscle	Unlisted	N	Iliopsoas tenotomy, by open or arthroscopic means, when performed as an independent procedure, other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.)	225.25			168.95	
47967	Bone, joint and muscle	Type A Surgical	N	Restoration of shoulder function by major muscle tendon transfer, including associated dissection of neurovascular pedicle, excluding micro-anastomosis and biceps tenodesis—one transfer (H) (Anaes.) (Assist.)	450.5			337.9	
47975	Bone, joint and muscle	Type A Surgical	N	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue(H) (Anaes.) (Assist.)	384.15			288.15	
47978	Bone, joint and muscle	Unlisted	N	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue(H) (Anaes.)	233.3			175	
47981	Bone, joint and muscle	Unlisted	N	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, other than a service to which another item in this Group applies (Anaes.)	156.65			117.5	133.2
47982	Bone, joint and muscle	Type A Surgical	N	Forage (Drill decompression), of neck or head of femur, or both (H) (Anaes.) (Assist.)	379.7			284.8	
47983	Bone, joint and muscle	Type A Surgical	N	Stabilisation of slipped capital femoral epiphysis, by internal fixation (H) (Anaes.) (Assist.)	901.3			676	

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47984	Bone, joint and muscle	Type A Surgical	N	Open subcapital realignment of slipped capital femoral epiphysis, other than a service associated with a service to which item 48427 applies (H) (Anaes.) (Assist.)	901.3			676	
48245	Bone, joint and muscle	Type A Surgical	N	Harvesting and insertion of bone graft (autograft) via separate incisions and at separate surgical fields (H) (Anaes.) (Assist.)	325.45			244.1	
48248	Bone, joint and muscle	Type A Surgical	N	Harvesting and insertion of bone graft (autograft) via separate incisions, including internal fixation of the graft or fusion fixation (or both) (H) (Anaes.) (Assist.)	504			378	
48251	Bone, joint and muscle	Type A Surgical	N	Harvesting and insertion of osteochondral graft (autograft) via separate incisions at the same joint or joint complex (H) (Anaes.) (Assist.)	414.75			311.1	
48254	Bone, joint and muscle	Type A Advanced surgical	N	Harvesting and insertion of pedicled bone flap (autograft), including internal fixation of the bone flap (if performed), other than a service associated with a service to which item 45562, 45504 or 45505 applies (H) (Anaes.) (Assist.)	950.25			712.7	
48257	Bone, joint and muscle	Type A Surgical	N	Preparation and insertion of metallic, cortical or other graft substitute (allograft), where substitute is structural cortico-cancellous bone or structural bone (or both), including internal fixation (if performed) (H) (Anaes.) (Assist.)	414.75			311.1	
48400	Bone, joint and muscle	Type A Surgical	N	Osteotomy of phalanx or metatarsal of foot, for correction of deformity, excision of accessory bone or sesamoid bone, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.)	342.9			257.2	
48403	Bone, joint and muscle	Type A Surgical	N	Osteotomy of phalanx or metatarsal of first toe of foot, for correction of deformity, with internal fixation, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.)	538.8			404.1	
48406	Bone, joint and muscle	Type A Surgical	N	Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.)	342.9			257.2	
48409	Bone, joint and muscle	Type A Surgical	N	Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, with internal fixation, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.)	538.8			404.1	
48412	Bone, joint and muscle	Type A Surgical	N	Osteotomy of humerus, without internal fixation (H) (Anaes.) (Assist.)	656.2			492.15	
48415	Bone, joint and muscle	Type A Surgical	N	Osteotomy of humerus, with internal fixation (H) (Anaes.) (Assist.)	832.65			624.5	
48419	Bone, joint and muscle	Type A Surgical	N	Osteotomy of distal tibia, for correction of deformity, without internal or external fixation, including any of the following (if performed): (a) excision of surrounding osteophytes; (b) release of joint; (c) removal of bone; (d) synovectomy; —one bone (H) (Anaes.) (Assist.)	656.2			492.15	
48420	Bone, joint and muscle	Type A Surgical	N	Osteotomy of distal tibia, for correction of deformity, with internal or external fixation by any method, including any of the following (if performed): (a) excision of surrounding osteophytes; (b) release of joint; (c) removal of bone; (d) synovectomy; —one bone (H) (Anaes.) (Assist.)	832.65			624.5	
48421	Bone, joint and muscle	Type A Advanced Surgical	N	Osteotomy of proximal tibia, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.)	956.3			717.25	
48422	Bone, joint and muscle	Type A advanced surgical	N	Osteotomy of distal femur, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.)	950.25			712.7	

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48423	Bone, joint and muscle	Type A Surgical	N	Osteotomy of pelvis, in a patient aged 18 years or over, including any of the following (if performed): (a) associated intra-articular procedures; (b) bone grafting; (c) internal fixation (H) (Anaes.) (Assist.)	783.8			587.85	
48424	Bone, joint and muscle	Type A Surgical	N	Osteotomy of pelvis, in a patient aged less than 18 years, with application of hip spica, including internal fixation (if performed), other than a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	783.8			587.85	
48426	Bone, joint and muscle	Type A Advanced surgical	N	Osteotomy of femur, in a patient aged 18 years or over, including either or both of the following (if performed): (a) bone grafting; (b) internal fixation (H) (Anaes.) (Assist.)	950.25			712.7	
48427	Bone, joint and muscle	Type A Advanced Surgical	N	Osteotomy of femur, in a patient aged less than 18 years, including internal fixation (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	950.25			712.7	
48430	Bone, joint and muscle	Type A Surgical	N	Excision of one or more osteophytes of the foot or ankle, or simple removal of bunion, including any of the following (if performed): (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; —each incision (H) (Anaes.) (Assist.)	279.2			209.4	
48433	Bone, joint and muscle	Type A Surgical	N	Treatment of non-union or malunion, with preservation of the joint, for ankle or hindfoot fracture, with internal or external fixation by any method, including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) excision of surrounding osteophytes; (d) osteotomy; (e) release of joint; (f) removal of bone; (g) removal of hardware; (h) synovectomy; —one bone (H) (Anaes.) (Assist.)	1111.9			833.95	
48435	Bone, joint and muscle	Type A Surgical	N	Treatment of non-union or malunion, with preservation of the joint, for midfoot or forefoot fracture, with internal or external fixation by any method, including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) excision of surrounding osteophytes; (d) osteotomy; (e) release of joint; (f) removal of bone; (g) removal of hardware; (h) synovectomy; —one bone (H) (Anaes.) (Assist.)	587.75			440.85	
48507	Bone, joint and muscle	Type A Surgical	N	Epiphysiodesis of a long bone, in a patient less than 18 years of age (H) (Anaes.) (Assist.)	381.05			285.8	
48509	Bone, joint and muscle	Unlisted	N	Hemiepiphysiodesis, partial growth plate arrest using internal fixation, in a patient less than 18 years of age (H) (Anaes.) (Assist.)	342.9			257.2	
48512	Bone, joint and muscle	Type A Advanced Surgical	N	Epiphysiolysis, release of focal growth plate closure, in a patient less than 18 years of age (H) (Anaes.) (Assist.)	930.65			698	
48900	Joint reconstructions	Type A Surgical	N	Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (Anaes.) (Assist.)	293.75			220.35	249.7
48903	Joint reconstructions	Type A Surgical	N	Shoulder, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination (H) (Anaes.) (Assist.)	587.75			440.85	
48906	Joint reconstructions	Type A Surgical	N	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both—other than a service associated with a service to which item48900 applies (H) (Anaes.) (Assist.)	587.75			440.85	
48909	Joint reconstructions	Type A Surgical	N	Shoulder, repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination, other than a service associated with a service to which item48903 applies (H) (Anaes.) (Assist.)	783.8			587.85	
48915	Joint replacements	Type A Surgical	N	Shoulder, hemi-arthroplasty of (H) (Anaes.) (Assist.)	783.8			587.85	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
48918	Joint replacements	Type A Advanced Surgical	N	Anatomic or reverse total shoulder replacement, including any of the following (if performed): (a) associated rotator cuff repair; (b) biceps tenodesis; (c) tuberosity osteotomy; other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose ofperforming a procedure on the shoulder region by open or arthroscopic means (H) (Anaes.) (Assist.)	1567.5			1175.65	
48921	Joint replacements	Type A Advanced Surgical	N	Shoulder, total replacement arthroplasty, revision of (H) (Anaes.) (Assist.)	1616.3			1212.25	
48924	Joint replacements	Type A Advanced Surgical	N	Revision of total shoulder replacement, including either or both of the following (if performed): (a) bone graft to humerus; (b) bone graft to scapula (H) (Anaes.) (Assist.)	1861.3			1396	
48927	Joint replacements	Type A Surgical	N	Shoulder prosthesis, removal of (H) (Anaes.) (Assist.)	381.9			286.45	
48939	Joint reconstructions	Type A Advanced Surgical	N	Shoulder, arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.)	1126.55			844.95	
48942	Bone, joint and muscle	Type A Advanced Surgical	N	Arthrodesis of shoulder, with bone grafting or internal fixation, including either or both of the following (if performed): (a) removal of prosthesis; (b) synovectomy; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1469.4			1102.05	
48945	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	SHOULDER, diagnostic arthroscopy of (including biopsy) - not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	284			213	
48948	Joint reconstructions	Type A Surgical	N	SHOULDER, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty - not being a service associated with any other arthroscopic procedure of the shoulder region(H) (Anaes.) (Assist.)	636.75			477.6	
48951	Joint reconstructions	Type A Advanced Surgical	N	SHOULDER, arthroscopic division of coraco-acromial ligament including acromioplasty - not being a service associated with any other arthroscopic procedure of the shoulder region(H) (Anaes.) (Assist.)	930.65			698	
48954	Bone, joint and muscle	Type A Advanced Surgical	N	Synovectomy of shoulder, performed as an independent procedure, including release of contracture (if performed), other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.)	979.6			734.7	
48958	Joint reconstructions	Type A Advanced surgical	N	Joint stabilisation procedure for multi-directional instability of shoulder, anterior or posterior repair, by open or arthroscopic means, including labral repair or reattachment (if performed), excluding bone grafting and removal of hardware, other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of performing a procedure on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.)	1126.55			844.95	
48960	Joint reconstructions	Type A Advanced Surgical	N	SHOULDER, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed - not being a service associated with any other procedure of the shoulder region(H) (Anaes.) (Assist.)	979.6			734.7	
48972	Bone, joint and muscle	Type A Surgical	N	Tenodesis of biceps, by open or arthroscopic means, performed as an independent procedure (H) (Anaes.) (Assist.)	450.5			337.9	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
48980	Bone, joint and muscle	Type A Surgical	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the shoulder girdle (H) (Anaes.) (Assist.)	832.65			624.5	
48983	Bone, joint and muscle	Type A Surgical	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the elbow (H) (Anaes.) (Assist.)	610.65			458	
48986	Bone, joint and muscle	Type A Surgical	N	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the forearm (H) (Anaes.) (Assist.)	832.65			624.5	
49100	Bone, joint and muscle	Type A Surgical	N	ELBOW, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture(H) (Anaes.) (Assist.)	342.9			257.2	
49104	Joint reconstructions	Type A Surgical	N	Repair of one or more ligaments of the elbow, for acute instability—within 6 weeks after the time of injury (H) (Anaes.) (Assist.)	551			413.25	
49105	Joint reconstructions	Type A Surgical	N	Stabilisation of one or more ligaments of the elbow, for chronic instability, including harvesting of tendon graft—6 weeks or more after the time of injury (H) (Anaes.) (Assist.)	808.15			606.15	
49106	Bone, joint and muscle	Type A Advanced Surgical	N	ELBOW, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	979.6			734.7	891.7
49109	Bone, joint and muscle	Type A Surgical	N	ELBOW, total synovectomy of(H) (Anaes.) (Assist.)	734.65			551	
49112	Joint replacements	Type A Surgical	N	Radial head replacement of elbow, other than a service associated with a service to which item 49115 applies (H) (Anaes.) (Assist.)	734.65			551	
49115	Joint replacements	Type A Advanced Surgical	N	Total or hemi humeral arthroplasty of elbow, excluding isolated radial head replacement and ligament stabilisation procedures, other than a service associated with a service to which item 49112 applies (H) (Anaes.) (Assist.)	1175.4			881.55	
49116	Joint replacements	Type A Advanced Surgical	N	ELBOW, total replacement arthroplasty of, revision procedure, including removal of prosthesis(H) (Anaes.) (Assist.)	1551.55			1163.7	
49117	Joint replacements	Type A Advanced Surgical	N	Revision of total replacement arthroplasty of elbow, including bone grafting and removal of prosthesis (H) (Anaes.) (Assist.)	1861.85			1396.4	
49118	Bone, joint and muscle	Type A Surgical	N	ELBOW, diagnostic arthroscopy of, including biopsy and lavage, not being a service associated with any other arthroscopic procedure of the elbow(H) (Anaes.) (Assist.)	284			213	
49121	Joint reconstructions	Type A Surgical	N	Surgery of the elbow, by arthroscopic means, including any of the following (if performed): (a) chondroplasty; (b) drilling of defect; (c) osteoplasty; (d) removal of loose bodies; (e) release of contracture or adhesions; (f) treatment of epicondylitis; other than a service associated witha service to which another item in this Schedule applies if the service described in the other item is for the purpose of an arthroscopic procedure of the elbow (H) (Anaes.) (Assist.)	636.75			477.6	
49124	Bone, joint and muscle	Type A Surgical	N	Excision of olecranon bursa, including bony prominence, other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of an arthroscopic procedure of the elbow (Anaes.) (Assist.)	386.55			289.95	328.6
49200	Bone, joint and muscle	Type A Surgical	N	Wrist, arthrodesis of, with synovectomy if performed, with or without internal fixation of the radiocarpal joint (H) (Anaes.) (Assist.)	852.15			639.15	
49203	Bone, joint and muscle	Type A Surgical	N	Limited fusion of wrist, with or without bone graft, including each of the following: (a) ligament or tendon transfers; (b) partial or total excision of one or more carpal bones; (c) rebalancing procedures; (d) synovectomy (H) (Anaes.) (Assist.)	807.2			605.4	
49206	Bone, joint and muscle	Type A Surgical	N	Proximal row carpectomy of wrist, including either or both of the following (if performed): (a) styloidectomy; (b) synovectomy (H) (Anaes.) (Assist.)	587.75			440.85	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49209	Joint replacements	Type A Surgical	N	Prosthetic replacement of wrist or distal radioulnar joint, including either or both of the following (if performed): (a) ligament realignment; (b) tendon realignment (H) (Anaes.) (Assist.)	783.8			587.85	
49210	Joint replacements	Type A Advanced Surgical	N	Revision of total replacement arthroplasty of wrist or distal radioulnar joint, including any of the following (if performed): (a) ligament rebalancing; (b) removal of prosthesis; (c) tendon rebalancing (H) (Anaes.) (Assist.)	1034.6			775.95	
49212	Bone, joint and muscle	Unlisted	N	Arthrotomy of wrist or distal radioulnar joint, for infection, including any of the following (if performed): (a) joint debridement; (b) removal of loose bodies; (c) synovectomy (H) (Anaes.) (Assist.)	245.05			183.8	
49213	Bone, joint and muscle	Type A Surgical	N	Sauve-Kapandji procedure of distal radioulnar joint, including any of the following (if performed): a) radioulnar fusion; b) osteotomy; c) soft tissue reconstruction (Anaes.) (Assist.)	876.65			657.5	788.75
49215	Joint reconstructions	Type A Surgical	N	Reconstruction of single or multiple ligaments or capsules of wrist, by open procedure, including any of the following (if performed): (a) arthrotomy; (b) ligament harvesting and grafting; (c) synovectomy; (d) tendon harvesting and grafting; (e) insertion of synthetic ligament substitute (H) (Anaes.) (Assist.)	676.05			507.05	
49218	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy)—other than a service associated with another arthroscopic procedure of the wrist joint(H) (Anaes.) (Assist.)	284			213	
49219	Bone, joint and muscle	Type A Surgical	N	Diagnosis of carpometacarpal of thumb or joint of digit, by arthroscopic means, including biopsy (if performed) (H) (Anaes.) (Assist.)	284			213	
49220	Bone, joint and muscle	Type A Surgical	N	Treatment of carpometacarpal of thumb or joint of digit, by arthroscopic means—one joint (H) (Anaes.) (Assist.)	636.75			477.6	
49221	Joint reconstructions	Type A Surgical	N	Treatment of wrist, by arthroscopic means, including any of the following (if performed): (a) drilling of defect; (b) removal of loose bodies; (c) release of adhesions; (d) synovectomy; (e) debridement; (f) resection of dorsal or volar ganglia; other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)	636.75			477.6	
49224	Joint reconstructions	Type A Surgical	N	Osteoplasty of wrist, by arthroscopic means, including either or both of the following (if performed): (a) excision of the distal ulna; (b) total synovectomy; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint—2 or more distinct areas (H) (Anaes.) (Assist.)	734.65			551	
49227	Joint reconstructions	Type A Surgical	N	Treatment of wrist by one of the following: (a) pinning of osteochondral fragment, by arthroscopic means; (b) stabilisation procedure for ligamentous disruption; (c) partial wrist fusion or carpectomy, by arthroscopic means; (d) fracture management; other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)	734.65			551	
49230	Joint reconstructions	Type A Advanced surgical	N	Total, hemi or interpositional prosthetic replacement of carpal bone of wrist, for trauma or emergency, including all of the following: (a) ligament and tendon rebalancing procedures; (b) limited wrist fusions; (c) limited bone grafting (H) (Anaes.) (Assist.)	958.55			718.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49233	Joint reconstructions	Type A Surgical	N	Excisional arthroplasty of single (or part of) carpal bone of wrist, when transfers of ligaments or tendons, or rebalancing procedures, are not required, including all of the following: (a) radial styloidectomy; (b) ulnar styloidectomy; (c) proximal hamate; (d) partial scaphoid; other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of performing a distal radial ulnar joint reconstruction, a proximal row carpectomy or another wrist procedure—applicable once for a single operation (H) (Anaes.) (Assist.)	403.6			302.7	
49236	Joint reconstructions	Type A Surgical	N	Stabilisation of soft tissue of distal radioulnar joint, by open procedure, with or without ligament or tendon grafting, including either or both of the following (if performed): (a) graft harvest; (b) triangular fibrocartilage complex repair or reconstruction (H) (Anaes.) (Assist.)	608.45			456.35	
49239	Bone, joint and muscle	Type A Surgical	N	Excision of pisiform or hook of hamate, including release of ulnar nerve (if performed) (H) (Anaes.) (Assist.)	302.7			227.05	
49300	Bone, joint and muscle	Type A Surgical	N	Sacro-iliac joint—arthrodesis of(H) (Anaes.) (Assist.)	542.4			406.8	
49303	Bone, joint and muscle	Type A Surgical	N	Arthrotomy of hip, by open procedure, including any of the following (if performed): (a) lavage; (b) drainage; (c) biopsy (H) (Anaes.) (Assist.)	568.1			426.1	
49306	Bone, joint and muscle	Type A Advanced Surgical	N	Hip, arthrodesis of, with synovectomy if performed(H) (Anaes.) (Assist.)	1126.55			844.95	
49309	Bone, joint and muscle	Type A Surgical	N	Arthrectomy or excision arthroplasty (Girdlestone) of hip, other than a service performed: (a) for the purpose of implant removal; or (b) as stage 1 of a 2-stage procedure (H) (Anaes.) (Assist.)	783.8			587.85	
49315	Joint replacements	Type A Surgical	N	Hip, arthroplasty of, unipolar or bipolar(H) (Anaes.) (Assist.)	881.65			661.25	
49318	Joint replacements	Type A Advanced Surgical	N	Total arthroplasty of hip, including minor bone grafting (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1371.25			1028.45	
49319	Joint replacements	Type A Advanced Surgical	N	Bilateral total arthroplasty of hip, including minor bone grafting (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2409.15			1806.9	
49321	Joint replacements	Type A Advanced Surgical	N	Total arthroplasty of hip, with internal fixation, including either or both of the following (if performed): (a) structural bone graft; (b) insertion of synthetic substitutes or metal augments; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1665.5			1249.15	
49360	Bone, joint and muscle	Type A Surgical	N	Diagnostic arthroscopy of hip, other than a service associated with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of performing a procedure of the hip joint by arthroscopic means (H) (Anaes.) (Assist.)	357.9			268.45	
49363	Bone, joint and muscle	Type A Surgical	N	Treatment of hip, by arthroscopic means, with synovial biopsy, including any procedures to treat bone or soft tissue in the same area (if performed), other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing: (a) a procedure of the hip joint by arthroscopic means; or (b) surgery for femoroacetabular impingement (H) (Anaes.) (Assist.)	431			323.25	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49366	Bone, joint and muscle	Type A Surgical	N	Treatment of hip, by arthroscopic means, including any procedures to treat bone or soft tissue in the same area (if performed), other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing: (a) a procedure of the hip joint by arthroscopic means; or (b) surgery for femoroacetabular impingement (H) (Anaes.) (Assist.)	636.75			477.6	
49372	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, with exchange of head or liner (or both) (H) (Anaes.) (Assist.)	959.8			719.85	
49374	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, with exchange of head and acetabular shell or cup, including minor bone grafting (if performed) (H) (Anaes.) (Assist.)	1782.55			1336.95	
49376	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, with exchange of head and acetabular shell or cup, including major bone grafting (if performed) (H) (Anaes.) (Assist.)	2193.95			1645.5	
49378	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, with revision of femoral component (if there is no requirement for femoral osteotomy), including minor bone grafting (if performed) (H) (Anaes.) (Assist.)	1919.6			1439.7	
49380	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, with revision of femoral and acetabular components (if femoral osteotomy is not required), including minor bone grafting (if performed) (H) (Anaes.) (Assist.)	2331.05			1748.3	
49382	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, with revision of femoral and acetabular components (if femoral osteotomy is not required), including major bone grafting (H) (Anaes.) (Assist.)	3016.65			2262.5	
49384	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, for pelvic discontinuity, with revision of acetabular component (H) (Anaes.) (Assist.)	3565.1			2673.85	
49386	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, with revision of femoral component with femoral osteotomy, including minor bone grafting (if performed) (H) (Anaes.) (Assist.)	2468.15			1851.15	
49388	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, including: (a) revision of both of the following: (i) femoral component with femoral osteotomy; (ii) acetabular component; and (b) minor bone grafting (if performed) (H) (Anaes.) (Assist.)	2879.6			2159.7	
49390	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, including: (a) revision of both of the following: (i) femoral component with femoral osteotomy; (ii) acetabular component; and (b) major bone grafting (H) (Anaes.) (Assist.)	3428			2571	
49392	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, including: (a) either: (i) revision of femoral component with femoral osteotomy; or (ii) proximal femoral replacement; and (b) revision of acetabular component for pelvic discontinuity (H) (Anaes.) (Assist.)	4799.2			3599.4	
49394	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, including: (a) replacement of proximal femur; and (b) revision of the acetabular component; and (c) bone grafting (if performed) (H) (Anaes.) (Assist.)	4113.6			3085.2	
49396	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, including: (a) removal of prosthesis as stage 1 of a 2-stage revision arthroplasty or as a definitive stage procedure; and (b) insertion of temporary prosthesis (if performed) (H) (Anaes.) (Assist.)	2742.35			2056.8	
49398	Joint replacements	Type A Advanced surgical	N	Revision arthroplasty of hip, including: (a) revision of femoral component for periprosthetic fracture; and (b) internal fixation; and (c) bone grafting (if performed) (H) (Anaes.) (Assist.)	2056.85			1542.65	
49500	Bone, joint and muscle	Type A Surgical	N	Knee, arthrotomy of, involving one or more of capsular release, biopsy or lavage, or removal of loose body or foreign body(H) (Anaes.) (Assist.)	391.8			293.85	

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49503	Joint reconstructions	Type A Surgical	N	Arthrotomy of knee, including one of the following: (a) meniscal surgery; (b) repair of collateral or cruciate ligament; (c) patellectomy; (d) single transfer of ligament or tendon; (e) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement); other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	509.4			382.05	
49506	Joint reconstructions	Type A Surgical	N	Arthrotomy of knee, including 2 or more of the following: (a) meniscal surgery; (b) repair of collateral or cruciate ligament; (c) patellectomy; (d) single transfer of ligament or tendon; (e) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement); other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	764.15			573.15	
49509	Bone, joint and muscle	Type A Surgical	N	Total synovectomy of knee, by open procedure, other than a service performed in association with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroplasty (H) (Anaes.) (Assist.)	783.8			587.85	
49512	Bone, joint and muscle	Type A Advanced Surgical	N	Primary or revision arthrodesis of knee, including arthrodesis (H) (Anaes.) (Assist.)	1371.25			1028.45	
49515	Joint replacements	Type A Surgical	N	Removal of cemented or uncemented knee prosthesis, performed as the first stage of a 2-stage procedure; including: (a) removal of associated cement; and (b) insertion of spacer (if required) (H) (Anaes.) (Assist.)	881.65			661.25	
49516	Joint replacements	Type A advanced surgical	N	Bilateral unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.)	2196.65			1647.5	
49517	Joint replacements	Type A Advanced Surgical	N	Unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.)	1255.25			941.45	
49518	Joint replacements	Type A Advanced Surgical	N	Total replacement arthroplasty of knee, including either or both of the following (if performed): (a) revision of patello-femoral joint replacement to total knee replacement; (b) patellar resurfacing; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1371.25			1028.45	
49519	Joint replacements	Type A Advanced Surgical	N	Bilateral total replacement arthroplasty of knee, including patellar resurfacing, other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2409.15			1806.9	
49521	Joint replacements	Type A Advanced Surgical	N	Complex primary arthroplasty of knee, with revision of components to femur or tibia, including either or both of the following (if performed): (a) ligament reconstruction; (b) patellar resurfacing; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1665.5			1249.15	
49524	Joint replacements	Type A Advanced Surgical	N	Complex primary arthroplasty of knee, with revision of components to femur and tibia, including either or both of the following (if performed): (a) ligament reconstruction; (b) patellar resurfacing; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1959.3			1469.5	
49525	Joint replacements	Type A advanced surgical	N	Revision of uni-compartmental arthroplasty of the knee, with femoral or tibial components (or both) with uni-compartmental implants, other than a service associated with a service to which: (a) item 48245, 48248, 48251, 48254 or 48257 applies; or (b) another item in this Group applies if the service describedin the other item is for the purpose of performing surgery on a knee (H) (Anaes.) (Assist.)	1665.5			1249.15	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49527	Joint replacements	Type A Advanced Surgical	N	Minor revision of total or partial replacement of knee, including either or both of the following: (a) exchange of polyethylene component (including uni); (b) insertion of patellar component; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1371.25			1028.45	
49530	Joint replacements	Type A Advanced Surgical	N	Revision of total or partial replacement of knee, with exchange of femoral or tibial component: (a) excluding revision of unicompartmental with unicompartmental implants; and (b) including patellar resurfacing (if performed); other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2057.35			1543.05	
49533	Joint replacements	Type A Advanced Surgical	N	Revision of total or partial replacement of knee, with exchange of femoral and tibial components, excluding revision of unicompartmental with unicompartmental implants, including patellar resurfacing (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	2645.55			1984.2	
49534	Joint replacements	Type A Surgical	N	Replacement of patella and trochlea of patello-femoral joint of knee, performed as a primary procedure (H) (Anaes.) (Assist.)	756.75			567.6	
49536	Joint reconstructions	Type A Advanced Surgical	N	Either: (a) repair of cruciate ligaments of knee; or (b) repair or reconstruction of collateral ligaments of knee; by open or arthroscopic means, including either or both of the following (if performed): (c) graft harvest; (d) intraarticular knee surgery; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	979.6			734.7	
49542	Joint reconstructions	Type A Advanced Surgical	N	Reconstruction of anterior or posterior cruciate ligament of knee, by open or arthroscopic means, including any of the following (if performed): (a) graft harvest; (b) donor site repair; (c) meniscal repair; (d) collateral ligament repair; (e) extra-articular tenodesis; (f) any other associated intra-articular surgery; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	1371.25			1028.45	
49544	Joint reconstructions	Type A advanced surgical	N	Reconstruction of 2 or more cruciate or collateral ligaments of knee, by open or arthroscopic means, including any of the following (if performed): (a) ligament repair; (b) graft harvest donor site repair; (c) meniscal repair; (d) any other associated intra-articular surgery; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	1596.45			1197.35	
49548	Joint reconstructions	Type A Advanced Surgical	N	Knee, revision of patello-femoral stabilisation(H) (Anaes.) (Assist.)	979.6			734.7	
49551	Joint reconstructions	Type A Advanced Surgical	N	Knee, revision of procedures to which item 49536 or 49542 applies (H) (Anaes.) (Assist.)	1371.25			1028.45	
49554	Joint replacements	Type A Advanced Surgical	N	Revision of total replacement of knee, by anatomic specific allograft of tibia or femur, other than a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1959.3			1469.5	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49564	Joint reconstructions	Type A Advanced Surgical	N	Stabilisation of patellofemoral joint of knee, by combined open and arthroscopic means, including either or both of the following (if performed): (a) medial soft tissue reconstruction and tendon transfer; (b) tibial tuberosity transfer with bone graft and internal fixation; other than a service associated a service to which another item of this Schedule applies if the service describedin the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	956.3			717.25	
49565	Joint reconstructions	Type A advanced surgical	N	Reconstruction of patellofemoral joint of knee, by combined open and arthroscopic means, including: (a) both of the following: (i) medial soft tissue reconstruction; (ii) tibial tuberosity transfer; and (b) any of the following (if performed): (i) bone graft; (ii) internal fixation; (iii) trochleoplasty; other than a service associated a service to which another item of this Schedule applies if the service describedin the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)	1372.6			1029.45	
49569	Bone, joint and muscle	Type A Surgical	N	Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty)(H) (Anaes.) (Assist.)	783.8			587.85	
49570	Joint reconstructions	Type A surgical	N	Diagnosis of knee, by arthroscopic means, when the pre-procedure diagnosis is undetermined, including either or both of the following (if performed): (a) biopsy; (b) lavage (H) (Anaes.) (Assist.)	284			213	
49572	Joint reconstructions	Type A surgical	N	Partial meniscectomy of knee, by arthroscopic means, for atraumatic meniscus tear, other than a service to which another item of this Schedule applies if the service described in the other item is for the purpose of treating osteoarthritis (H) (Anaes.) (Assist.)	691.15			518.4	
49574	Joint reconstructions	Type A surgical	N	Removal of loose bodies of knee, by arthroscopic means—one or more bodies (H) (Anaes.) (Assist.)	691.15			518.4	
49576	Joint reconstructions	Type A surgical	N	Repair of chondral lesion of knee, by arthroscopic means, including either or both of the following (if performed): (a) microfracture; (b) microdrilling; other than a service performed in combination with a service to which another item of this Schedule applies if the servicedescribedin the other item is for the purpose of performing chondral or osteochondral grafts (H) (Anaes.) (Assist.)	691.15			518.4	
49578	Joint reconstructions	Type A surgical	N	Release of soft tissue, lateral release or osteoplasty of knee, by arthroscopic means, other than a service performed in combination with a service to which another item of this Schedule applies if the service describedin the other item is for the purpose of stabilising the patellofemoral joint of the knee (H) (Anaes.) (Assist.)	691.15			518.4	
49580	Joint reconstructions	Type A surgical	N	Partial meniscectomy of knee, by arthroscopic means, for traumatic meniscus tear (H) (Anaes.) (Assist.)	691.15			518.4	
49582	Joint reconstructions	Type A surgical	N	Meniscal repair of knee, by arthroscopic means (H) (Anaes.) (Assist.)	807.05			605.3	
49584	Joint reconstructions	Type A surgical	N	Chondral, osteochondral or meniscal graft of knee, by arthroscopic means (H) (Anaes.) (Assist.)	807.05			605.3	
49586	Joint reconstructions	Type A surgical	N	Synovectomy of knee, by arthroscopic means, for neoplasia or inflammatory arthropathy, other than a service to which another item of this Schedule applies if the service describedin the other item is for the purpose of treating uncomplicated osteoarthritis (Anaes.) (Assist.)	807.05			605.3	719.15
49590	Bone, joint and muscle	Type A surgical	N	Excision of ganglion, cyst or bursa of knee, by open or arthroscopic means, performed as an independent procedure, other than a service associated with a service to which another item in this Group applies (Anaes.) (Assist.)	386.55			289.95	328.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49703	Joint reconstructions	Type A Surgical	N	Surgery of ankle joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; other than a service associated with a service to which another item in this Group applies if the service describedin the other item is for the purpose of performing a procedure on the ankle by arthroscopic means (H) (Anaes.) (Assist.)	636.75			477.6	
49706	Joint reconstructions	Type A Surgical	N	Arthrotomy of joint of ankle, for infection, including removal of loose bodies and joint debridement, including release of joint contracture (if performed) (H) (Anaes.) (Assist.)	342.9			257.2	
49709	Joint reconstructions	Type A Surgical	N	Stabilisation of ligament of ankle or subtalar joint (or both), including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) joint debridement; —one ligament complex, each incision (H) (Anaes.) (Assist.)	734.65			551	
49712	Bone, joint and muscle	Type A Advanced Surgical	N	Arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	979.6			734.7	
49715	Joint replacements	Type A Advanced Surgical	N	Total replacement of ankle, with prosthetic replacement of ankle joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	1175.4			881.55	
49716	Joint replacements	Type A Advanced Surgical	N	Revision of total ankle replacement: (a) including either: (i) exchange of tibial or talar components (or both) and plastic inserts; or (ii) removal of tibial or talar components (or both) and plastic inserts; and (b) including any of the following (if performed): (i) insertion of cement spacer for infection; (ii) capsulotomy; (iii) joint release; (iv) neurolysis; (v) debridement of cysts; (vi) synovectomy; (vii) joint debridement other than a service associated with a service to which 30023 applies. (H) (Anaes.) (Assist.)	1551.55			1163.7	
49717	Joint replacements	Type A Advanced Surgical	N	Revision of total ankle replacement: (a) including either: (i) exchange of tibial and talar components; or (ii) removal of tibial and talar components and conversion to ankle arthrodesis; and (b) including both of the following (iii) internal or external fixation, by any means; (iv) major bone grafting; and (c) including any of the following (if performed): (i) capsulotomy; (ii) joint release; (iii) neurolysis; (iv) debridement and extensive grafting of cysts; (v) synovectomy; (vi) joint debridement; other than a service associated with a service to which item 30023, 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)	1861.85			1396.4	
49718	Bone, joint and muscle	Type A Surgical	N	Primary repair of major tendon of ankle, by any method, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy —one tendon (H) (Anaes.) (Assist.)	391.8			293.85	
49724	Bone, joint and muscle	Type A Surgical	N	Reconstruction of major tendon of ankle, by any method, including any of the following (if performed): (a) synovial biopsy; (b) synovectomy; (c) adjacent tendon transfer; (d) turn down flaps; other than a service associated with a service to which item 49718 applies (H) (Anaes.) (Assist.)	685.85			514.4	
49727	Bone, joint and muscle	Type A Surgical	N	Lengthening of major tendon of ankle, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy (H) (Anaes.) (Assist.)	293.75			220.35	
49728	Bone, joint and muscle	Type A Surgical	N	Lengthening of Achilles' tendon, by any method, with gastro-soleus lengthening for the correction of equinous deformity, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; other than a service associated with a service to which item 49727 applies (H) (Anaes.) (Assist.)	587.6			440.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49730	Bone, joint and muscle	Type A Surgical	N	Surgery of joint of hindfoot (other than ankle) or first metatarsophalangeal joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; other than a service associated with a service to which anotheritem of this Schedule applies if the service describedin the other item is for the purpose of performing a procedure on the ankle by arthroscopic means—one joint (H) (Anaes.) (Assist.)	636.75			477.6	
49732	Bone, joint and muscle	Type A Surgical	N	Endoscopy of large tendons of foot, including any of the following (if performed): (a) debridement of tendon and sheath; (b) removal of loose bodies; (c) synovectomy; (d) excision of tendon impingement; other than a service associated with a service to which item 49718 or 49724 applies (H) (Anaes.) (Assist.)	636.75			477.6	
49734	Bone, joint and muscle	Type A Surgical	N	Arthrotomy of hindfoot, midfoot or metatarsophalangeal joint, for infection, including: (a) removal of loose bodies; and (b) either or both of the following: (i) joint debridement; (ii) release of joint contracture; —each incision (H) (Anaes.) (Assist.)	342.9			257.2	
49736	Bone, joint and muscle	Type A Surgical	N	Transfer of major tendon of foot and ankle, including: (a) split or whole transfer to contralateral side of foot; and (b) passage of posterior or anterior tendon to, or through, interosseous membrane; and (c) any of the following (if performed): (i) synovial biopsy; (ii) synovectomy; (iii) tendon lengthening; (iv) insetting of tendon (H) (Anaes.) (Assist.)	685.85			514.4	
49738	Bone, joint and muscle	Type A Surgical	N	Stabilisation of ligament of talonavicular or metatarsophalangeal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement (H) (Anaes.) (Assist.)	489.75			367.35	
49740	Bone, joint and muscle	Type A Advanced surgical	N	Revision of arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; (e) removal of hardware; (f) neurolysis; (g) osteotomy of non-union or malunion; other than a service associated with a service to which 30023 applies (H) (Anaes.) (Assist.)	1469.5			1102.15	
49742	Bone, joint and muscle	Type A Advanced surgical	N	Arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	1387.2			1040.4	
49744	Bone, joint and muscle	Type A Advanced surgical	N	Revision of arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; (e) removal of hardware; (f) neurolysis; (g) osteotomy of non-union or malunion; other than a service associated with a service to which 30023 applies (H) (Anaes.) (Assist.)	2080.85			1560.65	
49760	Bone, joint and muscle	Type A Surgical	N	Arthroereisis of subtalar joint, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) joint debridement (H) (Anaes.) (Assist.)	367.35			275.55	
49761	Bone, joint and muscle	Type A Surgical	N	Stabilisation of metatarsophalangeal joint at metatarsal, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —one metatarsal (H) (Anaes.) (Assist.)	538.8			404.1	
49762	Bone, joint and muscle	Type A Surgical	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —2 metatarsals (H) (Anaes.) (Assist.)	597.9			448.45	

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49763	Bone, joint and muscle	Type A Surgical	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —3 metatarsals (H) (Anaes.) (Assist.)	657			492.75	
49764	Bone, joint and muscle	Type A Surgical	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —4 metatarsals (H) (Anaes.) (Assist.)	716.15			537.15	
49765	Bone, joint and muscle	Type A Surgical	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —5 metatarsals (H) (Anaes.) (Assist.)	775.2			581.4	
49766	Bone, joint and muscle	Type A Surgical	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —6 metatarsals (H) (Anaes.) (Assist.)	834.4			625.8	
49767	Bone, joint and muscle	Type A Advanced surgical	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —7 metatarsals (H) (Anaes.) (Assist.)	893.5			670.15	
49768	Bone, joint and muscle	Type A Advanced surgical	N	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —8 metatarsals (H) (Anaes.) (Assist.)	952.6			714.45	
49769	Bone, joint and muscle	Type A Advanced surgical	N	Unilateral correction of hallux valgus or varus deformity, by osteotomy of first metatarsal and proximal phalanx of first toe, with internal fixation of both bones, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	942.85			707.15	
49770	Bone, joint and muscle	Type A Advanced surgical	N	Bilateral correction of hallux valgus or varus deformity, by osteotomy of first metatarsal and proximal phalanx of first toe, with internal fixation of both bones, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	1567.2			1175.4	
49771	Bone, joint and muscle	Type A Surgical	N	Synovectomy of major tendon of ankle, for extensive synovitis by any method, including any of the following (if performed): (a) tenolysis; (b) debridement of ligament or tendon (or both); (c) release of ligament or tendon (or both); (d) excision of tubercule or osteophyte; (e) reconstruction of tendon retinaculum; (f) neurolysis; other than a service associated with a service to which item30023 applies—each incision (H) (Anaes.) (Assist.)	386.55			289.95	
49772	Bone, joint and muscle	Type A Surgical	N	Excision of rheumatoid nodules or gouty tophi, excluding aftercare, including any of the following (if performed): (a) capsulotomy; (b) debridement of ligament or tendon (or both); (c) release of ligament or tendon (or both); (d) excision of tubercle or osteophyte; —each incision (H) (Anaes.) (Assist.)	341.15			255.9	
49773	Bone, joint and muscle	Type A Surgical	N	Revision of excision of intermetatarsal or digital neuroma, including any of the following (if performed): (a) release of tissues; (b) excision of bursae; (c) neurolysis; other than a service associated with a service to which item30023 applies—one web space (H) (Anaes.) (Assist.)	422.85			317.15	

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49774	Bone, joint and muscle	Type A Surgical	N	Release of tarsal tunnel, including any of the following (if performed): (a) release of ligaments; (b) synovectomy; (c) neurolysis; other than a service associated with a service to which item30023 applies—one foot (H) (Anaes.) (Assist.)	288			216	
49775	Bone, joint and muscle	Type A Surgical	N	Revision of release of tarsal tunnel, including any of the following (if performed): (a) release of ligaments; (b) synovectomy; (c) neurolysis; other than a service associated with a service to which item30023 applies—one foot (H) (Anaes.) (Assist.)	388.85			291.65	
49776	Bone, joint and muscle	Type A Advanced surgical	N	Revision of arthrodesis of joint of hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; (e) removal of hardware; (f) neurolysis; (g) osteotomy of non-union or malunion; other than a service associated with a service to which item30023 applies—may only be claimed once per joint (H) (Anaes.) (Assist.)	1223			917.25	
49777	Bone, joint and muscle	Type A Surgical	N	Arthrodesis of joint of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; —one joint (H) (Anaes.) (Assist.)	724.15			543.15	
49778	Bone, joint and muscle	Type A Surgical	N	Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —2 joints (H) (Anaes.) (Assist.)	1086.25			814.7	
49779	Bone, joint and muscle	Type A Advanced surgical	N	Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —3 joints (H) (Anaes.) (Assist.)	1267.25			950.45	
49780	Bone, joint and muscle	Type A Advanced surgical	N	Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —4 joints (H) (Anaes.) (Assist.)	1448.3			1086.25	
49781	Bone, joint and muscle	Type A Surgical	N	Revision of arthrodesis of joint of midfoot, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of ostephytes at joint; (e) removal of hardware; (f) osteotomy of non-union or malunion; —one joint (H) (Anaes.) (Assist.)	1086.25			814.7	
49782	Joint replacements	Type A Surgical	N	Revision of total ankle replacement, including: (a) bone grafting of perioperative cysts to the tibia or talus (or both); and (b) retention of implants; and (c) any of the following (if performed): (i) capsulotomy; (ii) joint release; (iii) neurolysis; (iv) debridement and grafting of cysts; (v) synovectomy; (vi) joint debridement; other than a service associated with a service to which item30023 applies (H) (Anaes.) (Assist.)	588.35			441.3	
49783	Bone, joint and muscle	Type A Surgical	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —3 joints (H) (Anaes.) (Assist.)	789			591.75	
49784	Bone, joint and muscle	Type A Advanced surgical	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —4 joints (H) (Anaes.) (Assist.)	901.6			676.2	
49785	Bone, joint and muscle	Type A Advanced surgical	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —5 joints (H) (Anaes.) (Assist.)	1014.25			760.7	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49786	Bone, joint and muscle	Type A Advanced surgical	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —6 joints (H) (Anaes.) (Assist.)	1126.9			845.2	
49787	Bone, joint and muscle	Type A Advanced surgical	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —7 joints (H) (Anaes.) (Assist.)	1239.5			929.65	
49788	Bone, joint and muscle	Type A Advanced surgical	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —8 joints (H) (Anaes.) (Assist.)	1352.15			1014.15	
49789	Bone, joint and muscle	Type A Surgical	N	Bilateral arthrodesis of first metatarsophalangeal joint, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	1163.05			872.3	
49790	Bone, joint and muscle	Type A Surgical	N	Revision of arthrodesis of first metatarsophalangeal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of exostosis at joint; (e) removal of hardware; (f) osteotomy of non-union or malunion (H) (Anaes.) (Assist.)	1010.2			757.65	
49791	Bone, joint and muscle	Type A Surgical	N	Arthrodesis of hallux interphalangeal or lesser metatarsophalangeal joint, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.)	458			343.5	
49792	Bone, joint and muscle	Type A Surgical	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —one or 2 toes (H) (Anaes.) (Assist.)	514.45			385.85	
49793	Bone, joint and muscle	Type A Surgical	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —3 toes (H) (Anaes.) (Assist.)	600.2			450.15	
49794	Bone, joint and muscle	Type A Surgical	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —4 toes (H) (Anaes.) (Assist.)	685.9			514.45	
49795	Bone, joint and muscle	Type A Surgical	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —5 toes (H) (Anaes.) (Assist.)	771.65			578.75	
49796	Bone, joint and muscle	Type A Surgical	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —6 toes (H) (Anaes.) (Assist.)	857.4			643.05	
49797	Bone, joint and muscle	Type A Advanced surgical	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —7 toes (H) (Anaes.) (Assist.)	943.1			707.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49798	Bone, joint and muscle	Type A Advanced surgical	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —8 toes (H) (Anaes.) (Assist.)	1028.85			771.65	
49800	Bone, joint and muscle	Type B Non-band specific	N	Primary repair of flexor or extensor tendon of foot, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (Anaes.) (Assist.)	137.15			102.9	116.6
49803	Bone, joint and muscle	Type B Non-band specific	N	Secondary repair of flexor or extensor tendon of foot, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (Anaes.) (Assist.)	176.35			132.3	149.9
49806	Bone, joint and muscle	Type B Non-band specific	N	Subcutaneous tenotomy of foot, by small percutaneous incisions—one or more tendons (Anaes.)	137.15			102.9	116.6
49809	Bone, joint and muscle	Type B Non-band specific	N	Open tenotomy or lengthening of foot, by open incision, with or without tenoplasty, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (Anaes.) (Assist.)	225.25			168.95	191.5
49812	Bone, joint and muscle	Type A Surgical	N	Advancement of tendon or ligament transfer of foot, including: (a) side to side transfer, harvesting and transfer for ligament or minor foot tendon reconstruction; and (b) either or both of the following (if performed): (i) synovial biopsy; (ii) synovectomy; —one major tendon or toe (H) (Anaes.) (Assist.)	450.5			337.9	
49814	Bone, joint and muscle	Type A Advanced surgical	N	Reconstruction of major tendon of ankle, by any method, including: (a) osteotomy of hindfoot, with internal fixation; and (b) lengthening of major tendon of ankle; and (c) any of the following (if performed): (i) synovial biopsy; (ii) synovectomy; (iii) adjacent tendon transfer; (iv) turn down flaps; other than a service associated with a service to which item 49718 applies (H) (Anaes.) (Assist.)	1028.7			771.55	
49815	Bone, joint and muscle	Type A Surgical	N	Triple arthrodesis of hindfoot joints, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints (H) (Anaes.) (Assist.)	1426.85			1070.15	
49818	Bone, joint and muscle	Type A Surgical	N	Release of plantar fascia, including excision of calcaneal spur (if performed) (H) (Anaes.) (Assist.)	284			213	
49821	Bone, joint and muscle	Type A Surgical	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement —one joint (H) (Anaes.) (Assist.)	450.5			337.9	
49824	Bone, joint and muscle	Type A Surgical	N	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —2 joints (H) (Anaes.) (Assist.)	788.7			591.55	
49827	Bone, joint and muscle	Type A Surgical	N	Unilateral correction of hallux valgus or varus deformity of the foot, by local tendon transfer, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	489.75			367.35	
49830	Bone, joint and muscle	Type A Surgical	N	Bilateral correction of hallux valgus or varus deformity of the foot, by local tendon transfer, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	857.15			642.9	
49833	Bone, joint and muscle	Type A Surgical	N	Unilateral correction of hallux valgus or varus deformity of the foot, by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	538.8			404.1	

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49836	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	930.65			698	
49837	Bone, joint and muscle	Type A Surgical	N	Unilateral correction of hallux valgus or varus deformity of the foot, by osteotomy of first metatarsal, with internal fixation, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	673.45			505.1	
49838	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, with internal fixation or arthrodesis of first metatarsophalangeal joint, including any of the following (if performed): (a) exostectomy; (b) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)	1163.05			872.3	
49839	Joint replacements	Type A Surgical	N	Total replacement of first metatarsophalangeal joint, with replacement of both joint surfaces, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) joint debridement (H) (Anaes.) (Assist.)	538.8			404.1	
49845	Bone, joint and muscle	Type A Surgical	N	Unilateral arthrodesis of first metatarsophalangeal joint, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints (H) (Anaes.) (Assist.)	673.45			505.1	
49851	Bone, joint and muscle	Unlisted	N	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal (or both) joints of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) tendon lengthening; (d) joint release; (e) synovectomy; (f) removal of osteophytes at joints; —one toe (H) (Anaes.) (Assist.)	450.5			337.9	
49854	Bone, joint and muscle	Type A Surgical	N	Radical plantar fasciotomy or fasciectomy, with extensive incision into foot and excision of fascia, including excision of calcaneal spur (if performed), other than a service associated with a service to which 49818 applies (H) (Anaes.) (Assist.)	391.8			293.85	
49857	Joint replacements	Type A Surgical	N	Hemi joint replacement of first or lesser metatarsophalangeal joint, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) joint debridement (H) (Anaes.) (Assist.)	362.45			271.85	
49860	Bone, joint and muscle	Type A Surgical	N	Synovectomy of metatarsophalangeal joints, including any of the following (if performed): (a) capsulotomy; (b) debridement; (c) release of ligament or tendon (or both); —one or more joints on one foot (H) (Anaes.) (Assist.)	338.45			253.85	
49866	Bone, joint and muscle	Type A Surgical	N	Excision of intermetatarsal or digital neuroma, including any of the following (if performed): (a) release of metatarsal or digital ligament; (b) excision of bursae; (c) neurolysis; other than a service associated with a service to which item30023 applies—one web space (H) (Anaes.) (Assist.)	313.25			234.95	
49878	Bone, joint and muscle	Unlisted	N	Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation—each attendance (Anaes.)	58.75			44.1	49.95
49881	Bone, joint and muscle	Type B Non-band specific	N	Complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding tissues; and (b) including any of the following (if performed): (i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) skin closure, by any local method; other than a service associated with a service to which item30023 applies—each incision (H) (Anaes.) (Assist.)	228.85			171.65	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
49884	Bone, joint and muscle	Type B Non-band specific	N	Complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of ankle, hindoot or midfoot joint and surrounding tissues; and (b) including any of the following (if performed): (i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) capsular or ligament repair; (vi) skin closure, by any method; other than a service associated with a service to which item30023 applies—each incision (H) (Anaes.) (Assist.)	386.55			289.95	
49887	Bone, joint and muscle	Type B Non-band specific	N	Revision of complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding tissues; and (b) including any of the following (if performed): (i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) skin closure, by any method; other than a service associated with a service to which item30023 or 49881 applies—each incision (H) (Anaes.) (Assist.)	309			231.75	
49890	Bone, joint and muscle	Type B Non-band specific	N	Revision of complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of ankle, hindoot or midfoot joint and surrounding tissues; and (b) including any of the following (if performed): (i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) capsular or ligament repair; (vi) skin closure, by any method; other than a service associated with a service to which item30023 or 49884 applies—each incision (H) (Anaes.) (Assist.)	521.8			391.35	
50107	Bone, joint and muscle	Type A Surgical	N	Stabilisation of joint of hip, by open means, including any of the following (if performed): (a) repair of capsule; (b) labrum; (c) capsulorraphy; (d) repair of ligament; (e) internal fixation; other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)	489.75			367.35	
50112	Bone, joint and muscle	Type A Surgical	N	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.)	375.7			281.8	
50115	Bone, joint and muscle	Type B Non-band specific	N	Manipulation of one or more joints, excluding spine, other than a service associated with a service to which another item in this Group applies (H) (Anaes.)	148.8			111.6	
50118	Bone, joint and muscle	Type A Surgical	N	Arthrodesis of joint of hindfoot, by any method, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —one joint (H) (Anaes.) (Assist.)	815.3			611.5	
50130	Bone, joint and muscle	Type A Surgical	N	Joint or joints, application of external fixator to, other than for treatment of fractures (H) (Anaes.) (Assist.)	324.95			243.75	
50200	Bone, joint and muscle	Unlisted	N	Core needle biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.)	195.8			146.85	166.45
50201	Bone, joint and muscle	Type A Surgical	N	Incisional biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.) (Assist.)	342.8			257.1	291.4
50203	Bone, joint and muscle	Type A Surgical	N	Intralesional or marginal excision of bone or soft tissue tumour (Anaes.) (Assist.)	431.05			323.3	366.4
50206	Bone, joint and muscle	Type A Surgical	N	Intralesional or marginal excision of bone tumour, with at least one of the following: (a) autograft; (b) allograft; (c) cementation (H) (Anaes.) (Assist.)	636.75			477.6	
50209	Bone, joint and muscle	Type A Surgical	N	Intralesional or marginal excision of bone tumour, with at least 2 of the following: (a) autograft; (b) allograft; (c) cementation (H) (Anaes.) (Assist.)	783.8			587.85	
50212	Bone, joint and muscle	Type A Advanced Surgical	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), affecting a limb, trunk or scapula (H) (Anaes.) (Assist.)	1714.3			1285.75	
50215	Bone, joint and muscle	Type A Advanced Surgical	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), with intercalary reconstruction of bone by prosthesis, allograft or autograft (H) (Anaes.) (Assist.)	2155.1			1616.35	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
50218	Bone, joint and muscle	Type A Advanced Surgical	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), with reconstruction, replacement or arthrodesis of adjacent joint, by prosthesis, allograft or autograft (H) (Anaes.) (Assist.)	2840.95			2130.75	
50221	Bone, joint and muscle	Type A Advanced Surgical	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both) of pelvis, sacrum or spine, without reconstruction (H) (Anaes.) (Assist.)	2644.85			1983.65	
50224	Bone, joint and muscle	Type A Advanced Surgical	N	Wide excision of malignant or aggressive bone or soft tissue tumour (or both) of pelvis, sacrum or spine, with reconstruction of bone defect, or one or more joints, by any technique (Anaes.) (Assist.)	2938.8			2204.1	2850.9
50233	Bone, joint and muscle	Type A Advanced Surgical	N	Treatment of malignant or aggressive bone or soft tissue tumour (or both) by hindquarter or forequarter amputation(H) (Anaes.) (Assist.)	2253.1			1689.85	
50236	Bone, joint and muscle	Type A Advanced Surgical	N	Treatment of malignant or aggressive bone or soft tissue tumour (or both), by hip disarticulation, shoulder disarticulation or amputation through the proximal one third of the femur (H) (Anaes.) (Assist.)	1763.3			1322.5	
50239	Bone, joint and muscle	Type A Advanced Surgical	N	Treatment of malignant or aggressive bone or soft tissue tumour (or both), by amputation, other than a service associated with a service to which item 50233 or 50236 applies (H) (Anaes.) (Assist.)	1175.4			881.55	
50242	Bone, joint and muscle	Type A surgical	N	Revision of endoprosthetic replacement, if item 50218 or 50224, or an item that describes a service substantially similar to either of those items, applied to the initial procedure: (a) including any of the following: (i) rebushing; (ii) patella resurfacing; (iii) polyethylene exchange or similar; and (b) excluding removal of prosthetic from bone (H) (Anaes.) (Assist.)	881.65			661.25	
50245	Bone, joint and muscle	Type A advanced surgical	N	Revision of reconstructive procedure, if item 50215, 50218 or 50224, or an item that describes a service substantially similar to any of those items, applied to the initial procedure, by any technique or combination of techniques (H) (Anaes.) (Assist.)	2645.05			1983.8	
50300	Bone, joint and muscle	Type A Advanced Surgical	N	Gradual correction of joint deformity, with application of external fixator (H) (Anaes.) (Assist.)	1204.6			903.45	
50303	Bone, joint and muscle	Type A Advanced Surgical	N	Limb lengthening, by gradual distraction, with application of external fixator or intra-medullary device (H) (Anaes.) (Assist.)	1644.65			1233.5	
50306	Bone, joint and muscle	Type A Advanced Surgical	N	Bipolar limb lengthening: (a) with application of external fixator or intra-medullary device; and (b) by any of the following: (i) gradual distraction; (ii) bone transport; (iii) fixator extension, to correct for an adjacent joint deformity (H) (Anaes.) (Assist.)	2567.9			1925.95	
50309	Bone, joint and muscle	Type A Surgical	N	Ring fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia, other than a service to which item50303 or 50306 applies (H) (Anaes.) (Assist.)	317.45			238.1	
50310	Bone, joint and muscle	Type C	N	Major adjustment of ring fixator or similar device, other than a service associated with a service to which item 50303, 50306, or 50309 applies	45.4			34.05	38.6
50312	Bone, joint and muscle	Type A Surgical	N	Synovectomy or debridement, and microfracture, of ankle joint for osteochondral large defect greater than 1.5cm2, by arthroscopic or open means, including any of the following (if performed): (a) capsulotomy; (b) debridement or release of ligament; (c) debridement or release of tendon; other than a service associated with a service to which any of the following apply: (d) item49703; (e) another item in this Schedule if the service described in the other item is for the purpose of performing an arthroscopic procedure of the ankle (H) (Anaes.) (Assist.)	782.7			587.05	

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50321	Bone, joint and muscle	Type A Advanced Surgical	N	Release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.)	966.45			724.85	
50324	Bone, joint and muscle	Type A Advanced Surgical	N	Revision of release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.)	1377.85			1033.4	
50330	Bone, joint and muscle	Unlisted	N	Post-operative manipulation, and change of plaster, of vertical, congenital talipes equinovarus or talus, other than a service to which item50321 or 50324 applies (H) (Anaes.)	237.95			178.5	
50333	Joint reconstructions	Type A Surgical	N	Excision of tarsal coalition, with interposition of muscle, fat graft or similar graft, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) excision of osteophytes; —one coalition (H) (Anaes.) (Assist.)	641.8			481.35	
50335	Bone, joint and muscle	Type A Surgical	N	Treatment of vertical, congenital talus, by percutaneous or open stabilisation of talonavicular joint and Achilles' tenotomy (H) (Anaes.) (Assist.)	641.8			481.35	
50336	Bone, joint and muscle	Type A Advanced Surgical	N	Talus, vertical, congenital, combined anterior and posterior reconstruction (H) (Anaes.) (Assist.)	959.4			719.55	
50339	Bone, joint and muscle	Type A Surgical	N	Tibialis anterior or tibialis posterior tendon transfer (split or whole) (H) (Anaes.) (Assist.)	614.4			460.8	
50345	Bone, joint and muscle	Type A Surgical	N	Hyperextension deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (H) (Anaes.) (Assist.)	360.7			270.55	
50348	Bone, joint and muscle	Unlisted	N	Knee, deformity of, post-operative manipulation and change of plaster, performed under general anaesthesia (H) (Anaes.)	237.95			178.5	
50351	Bone, joint and muscle	Type A Advanced Surgical	N	Treatment of developmental dislocation of hip, by open reduction, including application of hip spica (H) (Anaes.) (Assist.)	1661.95			1246.5	
50352	Bone, joint and muscle	Type B Non-band specific	N	Treatment of developmental dysplasia of hip, including supervision of initial application of splint, harness or cast, other than a service to which another item in this Group applies (Anaes.)	58.75			44.1	49.95
50354	Bone, joint and muscle	Type A Advanced Surgical	N	Resection and fixation of congenital pseudarthrosis of tibia (Anaes.) (Assist.)	1363.2			1022.4	1275.3
50357	Bone, joint and muscle	Type A Surgical	N	Transfer of tendon of rectus femoris or medial or lateral hamstring (H) (Anaes.) (Assist.)	584.3			438.25	
50360	Bone, joint and muscle	Type A Surgical	N	Combined medial and lateral hamstring tendon transfer (H) (Anaes.) (Assist.)	678.05			508.55	
50369	Bone, joint and muscle	Type A Surgical	N	Unilateral posterior release of knee contracture, with multiple tendon lengthening or tenotomies, including release of joint capsule (if performed), other than a service associated with a service to which another item of this Schedule applies if the service describedin the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.)	678.05			508.55	
50372	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral posterior release of knee contracture, with multiple tendon lengthening or tenotomies, including release of joint capsule (if performed), other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.)	1190.15			892.65	
50375	Bone, joint and muscle	Type A Surgical	N	Unilateral medial release of hip contracture, with lengthening or division of the adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.)	519.3			389.5	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
50378	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral medial release of hip contracture, with lengthening or division of adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.)	908.85			681.65	
50381	Bone, joint and muscle	Type A Surgical	N	Unilateral anterior release of hip contracture, with lengthening or division of hip flexors and psoas, including division of joint capsule (if performed) (H) (Anaes.) (Assist.)	678.05			508.55	
50384	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral anterior release of hip contracture, with lengthening or division of hip flexors and psoas, including division of joint capsule (if performed) (H) (Anaes.) (Assist.)	1190.15			892.65	
50390	Bone, joint and muscle	Unlisted	N	Application of cast under general anaesthesia, for patient with perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees (H) (Anaes.)	237.95			178.5	
50393	Bone, joint and muscle	Type A Surgical	N	Acetabular shelf procedure, other than a service associated with a service to which another item of this Schedule applies if the service in the other item is for the purpose of performing arthroplasty on the hip (H) (Anaes.) (Assist.)	879.9			659.95	
50394	Bone, joint and muscle	Type A Advanced Surgical	N	Multiple peri-acetabular osteotomy, including internal fixation (if performed) (H) (Anaes.) (Assist.)	2889.9			2167.45	
50395	Bone, joint and muscle	Type A Advanced surgical	N	Osteotomy and distillation of greater trochanter, with internal fixation (H) (Anaes.) (Assist.)	950.25			712.7	
50396	Bone, joint and muscle	Type A Surgical	N	Amputation of congenital abnormalities or duplication of digits of the hand or foot, including any of the following (if performed): (a) splitting of phalanx or phalanges; (b) ligament reconstruction; (c) joint reconstruction (H) (Anaes.) (Assist.)	483.4			362.55	
50399	Bone, joint and muscle	Type A Advanced Surgical	N	Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of (H) (Anaes.) (Assist.)	959.4			719.55	
50411	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion (Anaes.) (Assist.)	1363.2			1022.4	1275.3
50414	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty (Anaes.) (Assist.)	1839.25			1379.45	1751.35
50417	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Lower limb deficiency, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, and repair of quadriceps mechanism (Anaes.) (Assist.)	1363.2			1022.4	1275.3
50420	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Patella, congenital dislocation of, reconstruction of the quadriceps (H) (Anaes.) (Assist.)	1125.2			843.9	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
50423	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (Anaes.) (Assist.)	1038.65			779	950.75
50426	Bone, joint and muscle	Type A Surgical	N	Removal of one or more lesions from bone, for osteochondroma occurring solitary or in association with hereditary multiple exotoses, with histological examination—one approach (H) (Anaes.) (Assist.)	483.4			362.55	
50428	Bone, joint and muscle	Type A Surgical	N	Percutaneous drilling of osteochondritis dessicans or other osteochondral lesion, for a patient: (a) with open growth plates; or (b) less than 18 years of age (H) (Anaes.) (Assist.)	807.05			605.3	
50450	Bone, joint and muscle	Type A Advanced Surgical	N	Unilateral single event multilevel surgery, for a patient less than 18 years of age with hemiplegic cerebral palsy, comprising 3 or more of the following: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; (b) correction of muscle imbalance by transfer of a tendon or tendons; (c) correction of femoral torsion by rotational osteotomy of the femur; (d) correction of tibial torsion by rotational osteotomy of the tibia; (e) correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis with synovectomy if performed, or os calcis lengthening; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	1276.65			957.5	
50451	Bone, joint and muscle	Type A Advanced Surgical	N	Unilateral single event multilevel surgery, for a patient less than 18 years of age with hemiplegic cerebral palsy, comprising 3 or more of the following: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; (b) correction of muscle imbalance by transfer of a tendon or tendons; (c) correction of femoral torsion by rotational osteotomy of the femur; (d) correction of tibial torsion by rotational osteotomy of the tibia; (e) correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis with synovectomy if performed, or os calcis lengthening; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	1276.65			957.5	
50455	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	1445.7			1084.3	
50456	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	1445.7			1084.3	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
50460	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery and bilateral femoral osteotomies, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of torsional abnormality of the femur by rotational osteotomy and internal fixation; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	2158.5			1618.9	
50461	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery and bilateral femoral osteotomies, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of torsional abnormality of the femur by rotational osteotomy and internal fixation; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	2158.5			1618.9	
50465	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	3040.2			2280.15	
50466	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	3040.2			2280.15	
50470	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; and (e) correction of bilateral pes valgus by os calcis lengthening or subtalar fusion; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	3855.7			2891.8	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
50471	Bone, joint and muscle	Type A Advanced Surgical	N	Bilateral single event multilevel surgery, for a patient less than 18 years of age with cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation, with: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; and (e) correction of bilateral pes valgus by os calcis lengthening or subtalar fusion; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	3855.7			2891.8	
50475	Bone, joint and muscle	Type A Advanced Surgical	N	Single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, for the correction of crouch gait, including: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation; and (d) correction of patella alta and quadriceps insufficiency by patella tendon shortening or reconstruction; and (e) correction of tibial torsion by rotational osteotomy of the tibia with internal fixation; and (f) correction of foot instability by os calcis lengthening or subtalar fusion; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)	4449.1			3336.85	
50476	Bone, joint and muscle	Type A Advanced Surgical	N	Single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, for the correction of crouch gait including: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation; and (d) correction of patella alta and quadriceps insufficiency by patella tendon shortening or reconstruction; and (e) correction of tibial torsion by rotational osteotomy of the tibia with internal fixation; and (f) correction of foot instability by os calcis lengthening or subtalar fusion; conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)	4449.1			3336.85	
50508	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, for a patient with open growth plates (Anaes.)	411.2			308.4	349.55
50512	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of distal end of radius or ulna (or both), by open or closed reduction, with internal fixation, for a patient with open growth plates (H) (Anaes.) (Assist.)	548.7			411.55	
50524	Bone, joint and muscle	Type A Surgical	N	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction (H) (Anaes.) (Assist.)	425.1			318.85	
50528	Bone, joint and muscle	Type A Surgical	N	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	685.7			514.3	
50532	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shafts of radius or ulna (or both), by closed reduction, for a patient with open growth plate (H) (Anaes.)	596.6			447.45	
50536	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shafts of radius or ulna (or both), by open or closed reduction, with internal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)	795.4			596.55	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
50540	Bone, joint and muscle	Type A Surgical	N	Olecranon, with open growth plate, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	548.7			411.55	
50544	Bone, joint and muscle	Type A Surgical	N	Radius, with open growth plate, treatment of fracture of head or neck of, by closed reduction of (Anaes.)	274.25			205.7	233.15
50548	Bone, joint and muscle	Type A Surgical	N	Radius, with open growth plate, treatment of fracture of head or neck of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	548.7			411.55	
50552	Bone, joint and muscle	Type A Surgical	N	Humerus, proximal, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.)	473.2			354.9	
50556	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of proximal humerus, by open or closed reduction, with internal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)	630.8			473.1	
50560	Bone, joint and muscle	Type A Surgical	N	Humerus, shaft of, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.)	493.65			370.25	
50564	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shaft of humerus, by open or closed reduction, with internal or external fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)	658.25			493.7	
50568	Bone, joint and muscle	Type A Surgical	N	Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by closed reduction (H) (Anaes.)	576.05			432.05	
50572	Bone, joint and muscle	Type A Surgical	N	Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	768			576	
50576	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of femur, by closed reduction or traction, including application of hip spica (if performed), for a patient with open growth plate (Anaes.) (Assist.)	630.8			473.1	542.9
50580	Bone, joint and muscle	Type A Surgical	N	Tibia, with open growth plate, plateau or condyles, medial or lateral, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	658.25			493.7	
50584	Bone, joint and muscle	Type A Surgical	N	Tibia, distal, with open growth plate, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)	630.8			473.1	
50588	Bone, joint and muscle	Type A Surgical	N	Tibia and fibula, with open growth plates, treatment of fracture of, by internal fixation (H) (Anaes.) (Assist.)	822.75			617.1	
50592	Bone, joint and muscle	Type A Advanced surgical	N	Treatment of fracture of shaft of femur, by open or closed reduction, with internal or external fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)	999.15			749.4	
50596	Bone, joint and muscle	Type A Surgical	N	Treatment of fracture of shaft of tibia, by open or closed reduction, including casting, for a patient with open growth plate (H) (Anaes.) (Assist.)	312.35			234.3	
50600	Back, neck and spine	Type A Surgical	N	Scoliosis or kyphosis, in a child, manipulation of deformity and application of a localiser cast, under general anaesthesia, in a hospital (H) (Anaes.) (Assist.)	452.3			339.25	
50604	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis or kyphosis, in a child or adolescent, spinal fusion for (without instrumentation) (H) (Anaes.) (Assist.)	1919.75			1439.85	
50608	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis or kyphosis, in a child or adolescent, treatment by segmental instrumentation and fusion of the spine, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	3565.85			2674.4	
50612	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis or kyphosis, in a child or adolescent, with spinal deformity, treatment by segmental instrumentation, utilising separate anterior and posterior approaches, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	5072.05			3804.05	
50616	Back, neck and spine	Type A Surgical	N	Scoliosis, in a child or adolescent, re-exploration for adjustment or removal of segmental instrumentation used for correction of spine deformity (H) (Anaes.) (Assist.)	644.45			483.35	
50620	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis, in a child or adolescent, revision of failed scoliosis surgery, involving more than one of osteotomy, fusion, removal of instrumentation or instrumentation, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)	3565.85			2674.4	

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50624	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - not more than 4 levels (H) (Anaes.) (Assist.)	3565.85			2674.4	
50628	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar)—more than 4 levels (H) (Anaes.) (Assist.)	4404.75			3303.6	
50632	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis or kyphosis, in a child or adolescent, requiring segmental instrumentation and fusion of the spine down to and including the pelvis or sacrum, other than a service to which any of items51011 to 51171 apply (H) (Anaes.) (Assist.)	3702.9			2777.2	
50636	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis, in a child or adolescent, requiring anterior decompression of the spinal cord with vertebral resection and instrumentation in the presence of spinal cord involvement, other than a service to which any of items51011 to 51171 apply (H) (Anaes.) (Assist.)	4114.3			3085.75	
50640	Back, neck and spine	Type A Advanced Surgical	N	Scoliosis, in a child or adolescent, congenital, resection and fusion of abnormal vertebra via an anterior or posterior approach, other than a service to which any of items51011 to 51171 apply (H) (Anaes.) (Assist.)	2274.35			1705.8	
50644	Back, neck and spine	Type A Advanced Surgical	N	Spine, bone graft to, for a child or adolescent, associated with surgery for correction of scoliosis or kyphosis or both (H) (Anaes.) (Assist.)	2194.4			1645.8	
50654	Bone, joint and muscle	Type A Surgical	N	Treatment of hip dysplasia or dislocation, for a patient under the age of 18 years, by examination or closed reduction (or both), with or without arthrography of the hip under anaesthesia, and with application or reapplication of a hip spica (H) (Anaes.) (Assist.)	516.75			387.6	
50950	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	Unresectable primary malignant tumour of the liver, destruction of, by percutaneous ablation (including any associated imaging services), other than a service associated with a service to which item30419 or 50952 applies (Anaes.)	850.2			637.65	762.3
50952	Chemotherapy, radiotherapy and immunotherapy for cancer	Type A Surgical	N	Unresectable primary malignant tumour of the liver, destruction of, by open or laparoscopic ablation (including any associated imaging services), if a multi-disciplinary team has assessed that percutaneous ablation cannot be performed or is not practical because of one or more of the following clinical circumstances:(a) percutaneous access cannot be achieved;(b) vital organs or tissues are at risk of damage from the percutaneousablationprocedure;(c) resection of one part of the liver is possible, however there is at least one primary liver tumour in an unresectable portion of the liver that is suitable for ablation;other than a service associated with a service to which item30419 or 50950 applies (Anaes.)	850.2			637.65	762.3
51011	Brain and nervous system	Type A Advanced Surgical	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, one motion segment, not being a service associated with a service to which item 51012, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.)	1493.65			1120.25	
51012	Brain and nervous system	Type A Advanced Surgical	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 2 motion segments, not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.)	1991.3			1493.5	
51013	Brain and nervous system	Type A Advanced Surgical	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 3 motion segments, not being a service associated with a service to which item 51011, 51012, 51014 or 51015 applies (H) (Anaes.) (Assist.)	2489.2			1866.9	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
51014	Brain and nervous system	Type A Advanced Surgical	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51015 applies (H) (Anaes.) (Assist.)	2987.05			2240.3	
51015	Brain and nervous system	Type A Advanced Surgical	N	Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, more than 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51014 applies (H) (Anaes.) (Assist.)	3484.9			2613.7	
51020	Back, neck and spine	Type A Surgical	N	Simple fixation of part of one vertebra (not motion segment) including pars interarticularis, spinous process or pedicle, or simple interspinous wiring between 2 adjacent vertebral levels, not being a service associated with: (a) interspinous dynamic stabilisation devices; or (b) a service to which item51021, 51022, 51023, 51024, 51025 or 51026 applies (Anaes.) (Assist.)	796.45			597.35	
51021	Back, neck and spine	Type A Advanced Surgical	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, one motion segment, not being a service associated with a service to which item 51020, 51022, 51023, 51024, 51025 or 51026 applies (Anaes.) (Assist.)	1333.15			999.9	
51022	Back, neck and spine	Type A Advanced Surgical	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 2 motion segments, not being a service associated with a service to which item 51020, 51021, 51023, 51024, 51025 or 51026 applies (Anaes.) (Assist.)	1658.3			1243.75	
51023	Back, neck and spine	Type A Advanced Surgical	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 3 or 4 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51024, 51025 or 51026 applies (Anaes.) (Assist.)	1973.45			1480.1	
51024	Back, neck and spine	Type A Advanced Surgical	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 5 or 6 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51025 or 51026 applies (Anaes.) (Assist.)	2278.3			1708.75	
51025	Back, neck and spine	Type A Advanced Surgical	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 7 to 12 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51026 applies (Anaes.) (Assist.)	2662.9			1997.2	
51026	Back, neck and spine	Type A Advanced Surgical	N	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than 12 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51025 applies (Anaes.) (Assist.)	2915.45			2186.6	
51031	Back, neck and spine	Type A Advanced Surgical	N	Spine, posterior and/or posterolateral bone graft to, one motion segment, not being a service associated with a service to which item 51032, 51033, 51034, 51035 or 51036 applies (Anaes.) (Assist.)	979.6			734.7	
51032	Back, neck and spine	Type A Advanced Surgical	N	Spine, posterior and/or posterolateral bone graft to, 2 motion segments, not being a service associated with a service to which item 51031, 51033, 51034, 51035 or 51036 applies (Anaes.) (Assist.)	1175.55			881.7	
51033	Back, neck and spine	Type A Advanced Surgical	N	Spine, posterior and/or posterolateral bone graft to, 3 motion segments, not being a service associated with a service to which item 51031, 51032, 51034, 51035 or 51036 applies (Anaes.) (Assist.)	1371.5			1028.65	
51034	Back, neck and spine	Type A Advanced Surgical	N	Spine, posterior and/or posterolateral bone graft to, 4 to 7 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51035 or 51036 applies (Anaes.) (Assist.)	1469.4			1102.05	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
51035	Back, neck and spine	Type A Advanced Surgical	N	Spine, posterior and/or posterolateral bone graft to, 8 to 11 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51036 applies (Anaes.) (Assist.)	1567.35			1175.55	
51036	Back, neck and spine	Type A Advanced Surgical	N	Spine, posterior and/or posterolateral bone graft to, 12 or more motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51035 applies (Anaes.) (Assist.)	1665.35			1249.05	
51041	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), one motion segment, not being a service associated with a service to which item 51042, 51043, 51044 or 51045 applies (Anaes.) (Assist.)	1126.55			844.95	
51042	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 2 motion segments, not being a service associated with a service to which item 51041, 51043, 51044 or 51045 applies (Anaes.) (Assist.)	1577.2			1182.9	
51043	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 3 motion segments, not being a service associated with a service to which item 51041, 51042, 51044 or 51045 applies (Anaes.) (Assist.)	1971.55			1478.7	
51044	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 4 motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51045 applies (Anaes.) (Assist.)	2140.5			1605.4	
51045	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 5 or more motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51044 applies (Anaes.) (Assist.)	2253.15			1689.9	
51051	Back, neck and spine	Type A Advanced Surgical	N	Pedicle subtraction osteotomy, one vertebra, not being a service associated with a service to which item51052, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	1924.95			1443.75	
51052	Back, neck and spine	Type A Advanced Surgical	N	Pedicle subtraction osteotomy, 2 vertebrae, not being a service associated with a service to which item51051, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2341.2			1755.9	
51053	Back, neck and spine	Type A Advanced Surgical	N	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, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2663.7			1997.8	
51054	Back, neck and spine	Type A Advanced Surgical	N	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), one vertebra, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item51051, 51052, 51053, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	1420.3			1065.25	
51055	Back, neck and spine	Type A Advanced Surgical	N	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 2 vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item51051, 51052, 51053, 51054, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2130.45			1597.85	
51056	Back, neck and spine	Type A Advanced Surgical	N	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 3 or more vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item51051, 51052, 51053, 51054, 51055, 51057, 51058 or 51059 applies (Anaes.) (Assist.)	2485.5			1864.15	
51057	Back, neck and spine	Type A Advanced Surgical	N	Vertebral body, en bloc excision of (complete spondylectomy), one vertebra, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item51051, 51052, 51053, 51054, 51055, 51056, 51058 or 51059 applies (Anaes.) (Assist.)	2497.25			1872.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
51058	Back, neck and spine	Type A Advanced Surgical	N	Vertebral body, en bloc excision of (complete spondylectomy), 2 vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51059 applies (Anaes.) (Assist.)	2809.9			2107.45	
51059	Back, neck and spine	Type A Advanced Surgical	N	Vertebral body, en bloc excision of (complete spondylectomy), 3 or more vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51058 applies (Anaes.) (Assist.)	3433.75			2575.35	
51061	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior and posterior, including spinal instrumentation at one motion segment, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51062, 51063, 51064, 51065 or 51066 applies (Anaes.) (Assist.)	2949.5			2212.15	
51062	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 2 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51063, 51064, 51065 or 51066 applies (Anaes.) (Assist.)	3823.25			2867.45	
51063	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 3 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51064, 51065 or 51066 applies (Anaes.) (Assist.)	4630.65			3473	
51064	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 4 to 7 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51065 or 51066 applies (Anaes.) (Assist.)	5153.55			3865.2	
51065	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 8 to 11 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51066 applies (Anaes.) (Assist.)	5699.8			4274.85	
51066	Back, neck and spine	Type A Advanced Surgical	N	Spinal fusion, anterior and posterior, including spinal instrumentation at 12 or more motion segments, posterior and/or posterolateral bone graft, and anterior column fusion not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51065 applies (Anaes.) (Assist.)	6001.25			4500.95	
51071	Back, neck and spine	Type A Advanced Surgical	N	Removal of intradural lesion, or primary extradural tumour or lesion, where the pathology is confirmed by histology - not including removal of synovial or juxtafacet cyst and not being a service associated with a service to which item 51072 or 51073 applies (H) (Anaes.) (Assist.)	2601.3			1951	
51072	Back, neck and spine	Type A Advanced Surgical	N	Craniocervical junction lesion, transoral approach for, not being a service associated with a service to which item 51071 or 51073 applies (Anaes.) (Assist.)	2705.35			2029.05	
51073	Back, neck and spine	Type A Advanced Surgical	N	Removal of intramedullary tumour or arteriovenous malformation, not being a service associated with a service to which item 51071 or 51072 applies (Anaes.) (Assist.)	3433.75			2575.35	
51102	Back, neck and spine	Type A Advanced Surgical	N	Thoracoplasty in combination with thoracic scoliosis correction—3 or more ribs (Anaes.) (Assist.)	1231.4			923.55	
51103	Back, neck and spine	Type A Advanced Surgical	N	Odontoid screw fixation (Anaes.) (Assist.)	2164.05			1623.05	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
51110	Back, neck and spine	Type A Surgical	N	Spine, treatment of fracture, dislocation or fracture dislocation, with immobilisation by calipers or halo, not including application of skull tongs or calipers as part of operative positioning (Anaes.)	783.8			587.85	695.9
51111	Back, neck and spine	Type A Surgical	N	Skull calipers or halo, insertion of, as an independent procedure (Anaes.)	333.1			249.85	
51112	Back, neck and spine	Type B Non-band specific	N	Plaster jacket, application of, as an independent procedure (Anaes.)	225.25			168.95	191.5
51113	Back, neck and spine	Type B Non-band specific	N	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)	249.8			187.35	
51114	Back, neck and spine	Type A Surgical	N	Halo thoracic orthosis—application of both halo and thoracic jacket (Anaes.)	440.95			330.75	
51115	Back, neck and spine	Type A Surgical	N	Halo femoral traction, as an independent procedure (Anaes.)	440.95			330.75	374.85
51120	Back, neck and spine	Type B Non-band specific	N	Bone graft, harvesting of autogenous graft, via separate incision or via subcutaneous approach, in conjunction with spinal fusion, other than for the purposes of bone graft obtained from the cervical, thoracic, lumbar or sacral spine (Anaes.)	245.05			183.8	
51130	Back, neck and spine	Type A Advanced Surgical	N	Lumbar artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes: (a) for a patient who: (i) has not had prior spinal fusion surgery at the same lumbar level; and (ii) does not have vertebral osteoporosis; and (iii) has failed conservative therapy; and (b) not being a service associated with a service to which item51011, 51012, 51013, 51014 or 51015 applies (Anaes.) (Assist.)	1866.35			1399.8	
51131	Back, neck and spine	Type A Advanced Surgical	N	Cervical artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes, for a patient who: (a) has not had prior spinal surgery at the same cervical level; and (b) is skeletally mature; and (c) has symptomatic degenerative disc disease with radiculopathy; and (d) does not have vertebral osteoporosis; and (e) has failed conservative therapy (Anaes.) (Assist.)	1126.55			844.95	
51140	Back, neck and spine	Type A Surgical	N	Previous spinal fusion, re-exploration for, involving adjustment or removal of instrumentation up to 3 motion segments, not being a service associated with a service to which item 51141 applies (Anaes.) (Assist.)	460.4			345.3	
51141	Back, neck and spine	Type A Surgical	N	Previous spinal fusion, re-exploration for, involving adjustment or removal of instrumentation more than 3 motion segments, not being a service associated with a service to which item 51140 applies (Anaes.) (Assist.)	851.7			638.8	
51145	Back, neck and spine	Type A Surgical	N	Wound debridement or excision for post operative infection or haematoma following spinal surgery (Anaes.) (Assist.)	460.4			345.3	
51150	Back, neck and spine	Type A Surgical	N	Coccyx, excision of (Anaes.) (Assist.)	463.5			347.65	
51160	Back, neck and spine	Type A Advanced Surgical	N	Anterior exposure of thoracic or lumbar spine, one motion segment, not being a service to which item 51165 applies (Anaes.) (Assist.)	1196.6			897.45	
51165	Back, neck and spine	Type A Advanced Surgical	N	Anterior exposure of thoracic or lumbar spine, more than one motion segment, not being a service to which item 51160 applies (Anaes.) (Assist.)	1508.75			1131.6	
51170	Back, neck and spine	Type A Advanced Surgical	N	Syringomyelia or hydromyelia, craniotomy for, with or without duraplasty, intradural dissection, plugging of obex or local cerebrospinal fluid shunt (Anaes.) (Assist.)	2273.15			1704.9	
51171	Back, neck and spine	Type A Advanced Surgical	N	Syringomyelia or hydromyelia, treatment by direct cerebrospinal fluid shunt (for example, syringosubarachnoid shunt, syringopleural shunt or syringoperitoneal shunt) (Anaes.) (Assist.)	954.6			715.95	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
51300	Support list	Unlisted	N	Assistance at any operation identified by the word "Assist." for which the fee does not exceed $580.95 or at a series or combination of operations identified by the word "Assist." where the fee for the series or combination of operations identified by the word "Assist." does not exceed $580.95	89.8			67.35	76.35
51303	Support list	Unlisted	N	Assistance at any operation identified by the word "Assist." for which the fee exceeds $580.95 or at a series of operations identified by the word "Assist." for which the aggregate fee exceeds $580.95		one fifth of the established fee for the operation or combination of operations			
51306	Support list	Unlisted	N	Assistance at a birth involving Caesarean section	129.7			97.3	110.25
51309	Support list	Unlisted	N	Assistance at a series or combination of operations that include “(Assist.)” and assistance at a birth involving Caesarean section		one fifth of the established fee for the operation or combination of operations (the fee for item 16520 being the Schedule fee for the Caesarean section component in the calculation of the established fee)			
51312	Support list	Unlisted	N	Assistance at any interventional obstetric procedure covered by items 16606, 16609, 16612, 16615 and 16627		one fifth of the established fee for the procedure or combination of procedures			
51315	Support list	Unlisted	N	Assistance at cataract and intraocular lens surgery covered by item 42698, 42701, 42702, 42704 or 42707, when performed in association with services covered by item 42551 to 42569, 42653, 42656, 42725, 42746, 42749, 42752, 42776 or 42779	283.45			212.6	240.95
51318	Support list	Unlisted	N	Assistance at cataract and intraocular lens surgery where patient has: -total loss of vision, including no potential for central vision, in the fellow eye; or -previous significant surgical complication in the fellow eye; or -pseudo exfoliation, subluxed lens, iridodonesis, phacodonesis, retinal detachment, corneal scarring, pre-existing uveitis, bound down miosed pupil, nanophthalmos, spherophakia, Marfan's syndrome, homocysteinuria or previous blunt trauma causing intraocular damage	187.05			140.3	159
91850	N/A (Not hospital treatment)	Unlisted	N	Antenatal telehealth service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is provided at, or from, a practice location in a regional, rural or remote area; and (c) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner.	28.35				24.1
91851	N/A (Not hospital treatment)	Unlisted	N	Postnatal telehealth attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item82140 applies is not provided. Applicable once for a pregnancy	74.6				63.45
91852	N/A (Not hospital treatment)	Unlisted	N	Postnatal telehealth attendance (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which any other item applies) if: (a) the attendance is rendered by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item82130, 82135 or 82140 applies is not provided. Applicable once for a pregnancy	55.55				47.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91853	N/A (Not hospital treatment)	Unlisted	N	Antenatal telehealth attendance.	49.05				41.7
91855	N/A (Not hospital treatment)	Unlisted	N	Antenatal phone service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is provided at, or from, a practice location in a regional, rural or remote area; and (c) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner.	28.35				24.1
91856	N/A (Not hospital treatment)	Unlisted	N	Postnatal phone attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item82140 applies is not provided. Applicable once for a pregnancy	74.6				63.45
91857	N/A (Not hospital treatment)	Unlisted	N	Postnatal phone attendance other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which any other item applies) if: (a) the attendance is rendered by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item82130, 82135 or 82140 applies is not provided. Applicable once for a pregnancy	55.55				47.25
91858	N/A (Not hospital treatment)	Unlisted	N	Antenatal phone attendance.	49.05				41.7
51700	Common list	Type C	N	APPROVED DENTAL PRACTITIONER, REFERRED CONSULTATION - SURGERY, HOSPITAL OR RESIDENTIAL AGED CARE FACILITY Professional attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner, at consulting rooms, hospital or residential aged care facility where the patient is referred to him or her	89			66.75	75.65
51703	Common list	Type C	N	Professional attendance by an approved dental practitioner, each attendance subsequent to the first in a single course of treatment at consulting rooms, hospital or residential aged care facility where the patient is referred to him or her	44.75			33.6	38.05
51800	Support list	Unlisted	N	Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operationidentified by the word "Assist."for which the fee does not exceed$580.95 or at a series or combination of operations identified by the word "Assist." where the fee for the series or combination of operations identified by the word "Assist." does not exceed $580.95	89.8			67.35	76.35
51803	Support list	Unlisted	N	Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation specified in an item that includes '(Assist.)' for which the fee exceeds $580.95 or at a series or combination of operations specified in items that include '(Assist)' if the aggregate fee exceeds $580.95		one fifth of the established fee for the operation or combination of operations			
51900	Ear, nose and throat	Type A Surgical	N	WOUND OF SOFT TISSUE, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	339.25			254.45	288.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
51902	Ear, nose and throat	Type B Non-band specific	N	WOUNDS, DRESSING OF, under general anaesthesia, with or without removal of sutures, not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)	76.95			57.75	65.45
51904	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	LIPECTOMY - wedge excision of skin or fat - 1 EXCISION (Anaes.) (Assist.)	473.3			355	402.35
51906	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	LIPECTOMY- wedge excision of skin or fat - 2 OR MORE EXCISIONS (Anaes.) (Assist.)	719.75			539.85	631.85
52000	Skin	Unlisted	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CM LONG), superficial (Anaes.)	85.8			64.35	72.95
52003	Skin	Unlisted	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)	122.35			91.8	104
52006	Skin	Unlisted	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CM LONG), superficial (Anaes.)	122.35			91.8	104
52009	Skin	Unlisted	N	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)	193.1			144.85	164.15
52010	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	FULL THICKNESS LACERATION OF EAR, EYELID, NOSE OR LIP, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	264.25			198.2	224.65
52012	Common list	Unlisted	N	SUPERFICIAL FOREIGN BODY,removal of, as an independent procedure (Anaes.)	24.45			18.35	20.8
52015	Common list	Type B Non-band specific	N	SUBCUTANEOUS FOREIGN BODY,removal of, requiring incision and suture, as an independent procedure (Anaes.)	114.3			85.75	97.2
52018	Common list	Type A Surgical	N	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE,removal of, as an independent procedure (Anaes.) (Assist.)	288			216	244.8
52021	Ear, nose and throat	Unlisted	N	ASPIRATION BIOPSY of 1 or MORE JAW CYSTS as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (Anaes.)	30.6			22.95	26.05
52024	Ear, nose and throat	Unlisted	N	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure (Anaes.)	54.35			40.8	46.2
52025	Ear, nose and throat	Type B Non-band specific	N	LYMPH NODE OF NECK, biopsy of (Anaes.)	191.35			143.55	162.65
52027	Ear, nose and throat	Unlisted	N	BIOPSY OF LYMPH NODE, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure and not being a service to which item 52025 applies (Anaes.)	155.85			116.9	132.5
52030	Ear, nose and throat	Unlisted	N	SINUS, excision of, involving superficial tissue only (Anaes.)	93.65			70.25	79.65
52033	Ear, nose and throat	Unlisted	N	SINUS, excision of, involving muscle and deep tissue (Anaes.)	191.35			143.55	162.65
52034	Ear, nose and throat	Type C	N	PREMALIGNANT LESIONS of the oral mucous, treatment by cryotherapy, diathermy or carbon dioxide laser	44.75			33.6	38.05
52035	Ear, nose and throat	Type A Surgical	N	ENDOSCOPIC LASER THERAPY for neoplasia and benign vascular lesions of the oral cavity (Anaes.)	495.35			371.55	421.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52036	Plastic and reconstructive surgery (medically necessary)	Type C	N	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 52039 applies (Anaes.)	132.1			99.1	112.3
52039	Skin	Type A Surgical and Type C	N	TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.)	339.25			254.45	288.4
52042	Skin	Type B Non-band specific	N	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.)	179.5			134.65	152.6
52045	Plastic and reconstructive surgery (medically necessary)	Type B Non-band specific	N	TUMOUR, CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ULCER OR SCAR (other than a scar removed during the surgical approach at an operation), removal of, not being a service to which another item in Groups O3 to O9 applies, involving muscle, bone, or other deep tissue (Anaes.)	256.5			192.4	218.05
52048	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TUMOUR OR DEEP CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), removal of, requiring wide excision, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	386.55			289.95	328.6
52051	Skin	Type A Surgical	N	TUMOUR, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.)	522.6			391.95	444.25
52054	Skin	Type A Surgical	N	TUMOUR, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.)	611.4			458.55	523.5
52055	Ear, nose and throat	Type C	N	HAEMATOMA, SMALL ABSCESS OR CELLULITIS, not requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding after care)	28.45			21.35	24.2
52056	Bone, joint and muscle	Type C	N	HAEMATOMA, aspiration of (Anaes.)	28.45			21.35	24.2
52057	Bone, joint and muscle	Type B Non-band specific	N	LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS or similar lesion, requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding aftercare) (Anaes.)	169.55			127.2	144.15
52058	Bone, joint and muscle	Type B Non-band specific	N	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS, usinginterventional imaging techniques - but not including imaging (Anaes.)	247.2			185.4	210.15
52059	Bone, joint and muscle	Type A Surgical	N	ABSCESS, DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.)	278.55			208.95	236.8
52060	Bone, joint and muscle	Unlisted	N	MUSCLE, excision of (Anaes.)	197.1			147.85	167.55
52061	Bone, joint and muscle	Type B Non-band specific	N	MUSCLE, RUPTURED, repair of (limited), not associated with external wound (Anaes.)	232.7			174.55	197.8
52062	Bone, joint and muscle	Type B Non-band specific	N	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound (Anaes.) (Assist.)	307.7			230.8	261.55
52063	Bone, joint and muscle	Type A Surgical	N	BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	370.8			278.1	315.2

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52064	Bone, joint and muscle	Type B Non-band specific	N	BONE CYST, injection into or aspiration of (Anaes.)	176.35			132.3	149.9
52066	Bone, joint and muscle	Type A Surgical	N	SUBMANDIBULAR GLAND, extirpation of (Anaes.) (Assist.)	463.5			347.65	394
52069	Bone, joint and muscle	Unlisted	N	SUBLINGUAL GLAND, extirpation of (Anaes.)	206.6			154.95	175.65
52072	Bone, joint and muscle	Type B Non-band specific	N	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.)	61.2			45.9	52.05
52073	Bone, joint and muscle	Type B Non-band specific	N	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF (Anaes.)	155.85			116.9	132.5
52075	Bone, joint and muscle	Type B Non-band specific	N	SALIVARY GLAND, removal of CALCULUS from duct or meatotomy or marsupialisation, 1 or more such procedures (Anaes.)	155.85			116.9	132.5
52078	Bone, joint and muscle	Type A Surgical	N	TONGUE, partial excision of (Anaes.) (Assist.)	307.7			230.8	261.55
52081	Bone, joint and muscle	Type B Non-band specific	N	TONGUE TIE, division or excision of frenulum (Anaes.)	48.4			36.3	41.15
52084	Bone, joint and muscle	Type B Non-band specific	N	TONGUE TIE, MANDIBULAR FRENULUM OR MAXILLARY FRENULUM, division or excision of frenulum, in a patient aged not less than 2 years (Anaes.)	124.3			93.25	105.7
52087	Bone, joint and muscle	Type B Non-band specific	N	RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.)	213			159.75	181.05
52090	Bone, joint and muscle	Type A Surgical	N	OPERATION ON MANDIBLE OR MAXILLA (other than alveolar margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.)	370.8			278.1	315.2
52092	Bone, joint and muscle	Type A Surgical	N	OPERATION on SKULL for OSTEOMYELITIS (Anaes.) (Assist.)	483.35			362.55	410.85
52094	Bone, joint and muscle	Type A Surgical	N	OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in item 52092 (Anaes.) (Assist.)	611.35			458.55	523.45
52095	Bone, joint and muscle	Type A Surgical	N	BONE GROWTH STIMULATOR, insertion of (Anaes.) (Assist.)	396.25			297.2	336.85
52096	Bone, joint and muscle	Unlisted	N	ORTHOPAEDIC PIN OR WIRE, insertion of, into maxilla or mandible or zygoma, as an independent procedure (Anaes.)	117.4			88.05	99.8
52097	Bone, joint and muscle	Type B Non-band specific	N	EXTERNAL FIXATION, removal of, in the operating theatre of a hospital (Anaes.)	166.55			124.95	
52098	Bone, joint and muscle	Unlisted	N	EXTERNAL FIXATION, removal of, in conjunction with operations involving internal fixation or bone grafting or both (Anaes.)	195.8			146.85	166.45
52099	Bone, joint and muscle	Type B Non-band specific	N	BURIED WIRE, PIN or SCREW, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52102 or 52105 applies (Anaes.)	146.95			110.25	124.95
52102	Bone, joint and muscle	Type B Non-band specific	N	BURIED WIRE, PIN or SCREW, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, where undertaken in the operating theatre of a hospital, per bone (Anaes.)	146.95			110.25	124.95
52105	Bone, joint and muscle	Type A Surgical	N	PLATE, 1 or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52099 or 52102 applies (Anaes.) (Assist.)	274.25			205.7	233.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52106	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	ARCH BARS, 1 or more, which were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia where undertaken in the operating theatre of a hospital (Anaes.)	113.3			85	
52108	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	LIP, full thickness wedge excision of, with repair by direct sutures (Anaes.) (Assist.)	339.25			254.45	288.4
52111	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	VERMILIONECTOMY (Anaes.) (Assist.)	339.25			254.45	288.4
52114	Bone, joint and muscle	Type A Surgical	N	MANDIBLE or MAXILLA, segmental resection of, for tumours or cysts (Anaes.) (Assist.)	611.4			458.55	523.5
52117	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MANDIBLE, including lower border, or MAXILLA, sub-total resection of (Anaes.) (Assist.)	727.8			545.85	639.9
52120	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MANDIBLE, hemimandiblectomy of, including condylectomy where performed (Anaes.) (Assist.)	860.85			645.65	772.95
52122	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MANDIBLE, hemi-mandibular reconstruction of, OR MAXILLA, reconstruction of, with BONE GRAFT, PLATE, TRAY OR ALLOPLAST, not being a service associated with a service to which item 52123 applies (Anaes.) (Assist.)	860.85			645.65	772.95
52123	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.)	974.5			730.9	886.6
52126	Bone, joint and muscle	Type A Advanced Surgical	N	MAXILLA, total resection of (Anaes.) (Assist.)	936.9			702.7	849
52129	Bone, joint and muscle	Type A Advanced Surgical	N	MAXILLA, total resection of both maxillae (Anaes.) (Assist.)	1254.25			940.7	1166.35
52130	Bone, joint and muscle	Type A Surgical	N	BONE GRAFT, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	460.4			345.3	391.35
52131	Bone, joint and muscle	Type A Surgical	N	BONE GRAFT WITH INTERNAL FIXATION, not being a service to which an item in the range (a)51900 to 52186; or (b)52303 to 53460 applies (Anaes.) (Assist.)	636.75			477.6	548.85
52132	Ear, nose and throat	Unlisted	N	TRACHEOSTOMY (Anaes.)	259.05			194.3	220.2

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52133	Ear, nose and throat	Type C	N	CRICOTHYROSTOMY by direct stab or Seldinger technique, using Minitrach or similar device (Anaes.)	94.75			71.1	80.55
52135	Ear, nose and throat	Unlisted	N	POST-OPERATIVE or POST-NASAL HAEMORRHAGE, or both, control of, where undertaken in the operating theatre of a hospital (Anaes.)	150.2			112.65	
52138	Ear, nose and throat	Type A Surgical	N	MAXILLARY ARTERY, ligation of (Anaes.) (Assist.)	466.75			350.1	396.75
52141	Ear, nose and throat	Type A Surgical	N	FACIAL, MANDIBULAR or LINGUAL ARTERY or VEIN or ARTERY and VEIN, ligation of, not being a service to which item 52138 applies (Anaes.) (Assist.)	461.65			346.25	392.45
52144	Common list	Type A Surgical	N	FOREIGN BODY, deep, removal of using interventional imaging techniques (Anaes.) (Assist.)	430.3			322.75	365.8
52147	Ear, nose and throat	Type A Surgical	N	DUCT OF MAJOR SALIVARY GLAND, transposition of (Anaes.) (Assist.)	406.05			304.55	345.15
52148	Ear, nose and throat	Type A Surgical	N	PAROTID DUCT, repair of, using micro-surgical techniques (Anaes.) (Assist.)	717.75			538.35	629.85
52158	Ear, nose and throat	Type A Advanced Surgical	N	SUBMANDIBULAR DUCTS, relocation of, for surgical control of drooling (Anaes.) (Assist.)	1155.65			866.75	1067.75
52180	Bone, joint and muscle	Type B Non-band specific	N	MALIGNANT DISEASE AGGRESSIVE OR POTENTIALLY MALIGNANT BONE OR DEEP SOFT TISSUE TUMOUR, biopsy of (not including aftercare) (Anaes.)	195.8			146.85	166.45
52182	Bone, joint and muscle	Type A Surgical	N	BONE OR MALIGNANT DEEP SOFT TISSUE TUMOUR, lesional or marginal excision of (Anaes.) (Assist.)	431.05			323.3	366.4
52184	Bone, joint and muscle	Type A Surgical	N	BONE TUMOUR, lesional or marginal excision of, combined with any 1 of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	636.75			477.6	548.85
52186	Bone, joint and muscle	Type A Surgical	N	BONE TUMOUR, lesional or marginal excision of, combined with any 2 or more of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	783.8			587.85	695.9
52300	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, with skin or mucosa (Anaes.) (Assist.)	295.9			221.95	251.55
52303	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, with buccal pad of fat (Anaes.) (Assist.)	422.5			316.9	359.15
52306	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)	626.9			470.2	539
52309	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	FREE GRAFTING (mucosa or split skin) of a granulating area (Anaes.)	213			159.75	181.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52312	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING (mucosa, split skin or connective tissue) to 1 defect, including elective dissection (Anaes.) (Assist.)	295.9			221.95	251.55
52315	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FREE GRAFTING, FULL THICKNESS, to 1 defect (mucosa or skin) (Anaes.) (Assist.)	492.95			369.75	419.05
52318	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	BONE GRAFT, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies - Autogenous - small quantity (Anaes.)	146.95			110.25	124.95
52319	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	BONE GRAFT, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies - Autogenous - large quantity (Anaes.)	245.05			183.8	208.3
52321	Plastic and reconstructive surgery (medically necessary)	Type A Surgical and Type B Non-band specific	N	FOREIGN IMPLANT (NON-BIOLOGICAL), insertion of, for CONTOUR RECONSTRUCTION of pathological deformity, not being a service associated with a service to which item 52624 applies (Anaes.) (Assist.)	492.95			369.75	419.05
52324	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	DIRECT FLAP REPAIR, using tongue, first stage (Anaes.) (Assist.)	492.95			369.75	419.05
52327	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	DIRECT FLAP REPAIR, using tongue, second stage (Anaes.)	244.6			183.45	207.95
52330	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	PALATAL DEFECT (oro-nasal fistula), plastic closure of, including services to which item 52300, 52303, 52306 or 52324 applies (Anaes.) (Assist.)	813.6			610.2	725.7
52333	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT PALATE, primary repair (Anaes.) (Assist.)	813.6			610.2	725.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52336	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT PALATE, secondary repair, closure of fistula using local flaps (Anaes.) (Assist.)	508.55			381.45	432.3
52337	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	ALVEOLAR CLEFT (congenital) unilateral, grafting of, including plastic closure of associated oro-nasal fistulae and ridge augmentation (Anaes.) (Assist.)	1112.4			834.3	1024.5
52339	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT PALATE, secondary repair, lengthening procedure (Anaes.) (Assist.)	579.15			434.4	492.3
52342	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE or MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1005.95			754.5	
52345	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE or MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1134.5			850.9	
52348	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE or MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1282			961.5	
52351	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE or MAXILLA, bilateral osteotomy of osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1439.75			1079.85	
52354	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE or MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1459.55			1094.7	
52357	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE or MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1643.15			1232.4	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52360	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE and MAXILLA, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1676.35			1257.3	
52363	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE and MAXILLA, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1885.8			1414.35	
52366	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1844.1			1383.1	
52369	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	2073.45			1555.1	
52372	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	2011.9			1508.95	
52375	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	2253.5			1690.15	
52378	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	GENIOPLASTY including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	779			584.25	691.1
52379	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	FACE, contour reconstruction of 1 region, using autogenous bone or cartilage graft (Anaes.) (Assist.)	1331.25			998.45	1243.35
52380	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MIDFACIAL OSTEOTOMIES - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	2266.85			1700.15	2178.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52382	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MIDFACIAL OSTEOTOMIES - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	2717.45			2038.1	2629.55
52420	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	MANDIBLE, fixation by intermaxillary wiring, excluding wiring for obesity	250.9			188.2	213.3
52424	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	DERMIS, DERMOFAT OR FASCIA GRAFT (excluding transfer of fat by injection) (Anaes.) (Assist.)	492.85			369.65	418.95
52430	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	MICROVASCULAR REPAIR OF, using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)	1134.5			850.9	1046.6
52440	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, unilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	563.25			422.45	478.8
52442	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, unilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	704.25			528.2	616.35
52444	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, bilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	782.35			586.8	694.45
52446	Plastic and reconstructive surgery (medically necessary)	Type A Advanced Surgical	N	CLEFT LIP, bilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	923.5			692.65	835.6
52450	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.)	312.95			234.75	266.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52452	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)	508.55			381.45	432.3
52456	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	860.85			645.65	772.95
52458	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)	312.95			234.75	266.05
52460	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (Anaes.)	813.6			610.2	725.7
52480	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (Anaes.) (Assist.)	522.6			391.95	444.25
52482	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MACROCHEILIA or macroglossia, operation for (Anaes.) (Assist.)	502.85			377.15	427.45
52484	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MACROSTOMIA, operation for (Anaes.) (Assist.)	598.6			448.95	510.7
52600	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.)	352.05			264.05	299.25
52603	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	MYLOHYOID RIDGE, reduction of (Anaes.) (Assist.)	336.5			252.4	286.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52606	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	MAXILLARY TUBEROSITY, reduction of (Anaes.)	256.7			192.55	218.2
52609	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than 5 lesions (Anaes.) (Assist.)	336.5			252.4	286.05
52612	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - 5 to 20 lesions (Anaes.) (Assist.)	422.5			316.9	359.15
52615	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - more than 20 lesions (Anaes.) (Assist.)	524.3			393.25	445.7
52618	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	VESTIBULOPLASTY, submucosal or open, including excision of muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.)	610.3			457.75	522.4
52621	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	FLOOR OF MOUTH LOWERING (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed - unilateral (Anaes.) (Assist.)	610.3			457.75	522.4
52624	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.)	492.85			369.65	418.95
52626	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ALVEOLAR RIDGE AUGMENTATION - unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.)	302.3			226.75	257
52627	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	OSSEO-INTEGRATION PROCEDURE - in the practice of oral and maxillofacial surgery, extra oral implantation of titanium fixture (Anaes.) (Assist.)	524.3			393.25	445.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
52630	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	OSSEO-INTEGRATION PROCEDURE - in the practice of oral and maxillofacial surgery, fixation of transcutaneous abutment (Anaes.)	194.1			145.6	165
52633	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	OSSEO-INTEGRATION PROCEDURE - intra-oral implantation of titanium fixture to facilitate restoration of the dentition following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	524.3			393.25	445.7
52636	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	OSSEO-INTEGRATION PROCEDURE - fixation of transmucosal abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	194.1			145.6	165
52800	Brain and nervous system	Type A Surgical	N	NEUROLYSIS BY OPEN OPERATION, without transposition, not being a service associated with a service to which item 52803 applies (Anaes.) (Assist.)	288			216	244.8
52803	Brain and nervous system	Type A Surgical	N	NERVE TRUNK, internal (interfascicular), NEUROLYSIS of, using microsurgical techniques (Anaes.) (Assist.)	414.7			311.05	352.5
52806	Brain and nervous system	Type A Surgical	N	NEURECTOMY, NEUROTOMY or REMOVAL OF TUMOUR from superficial peripheral nerve (Anaes.) (Assist.)	288			216	244.8
52809	Brain and nervous system	Type A Surgical	N	NEURECTOMY, NEUROTOMY or REMOVAL OF TUMOUR from deep peripheral nerve (Anaes.) (Assist.)	492.95			369.75	419.05
52812	Brain and nervous system	Type A Surgical	N	NERVE TRUNK, PRIMARY repair of, using microsurgical techniques (Anaes.) (Assist.)	704.25			528.2	616.35
52815	Brain and nervous system	Type A Surgical	N	NERVE TRUNK, SECONDARY repair of, using microsurgical techniques (Anaes.) (Assist.)	743.35			557.55	655.45
52818	Brain and nervous system	Type A Surgical	N	NERVE, TRANSPOSITION OF (Anaes.) (Assist.)	492.95			369.75	419.05
52821	Brain and nervous system	Type A Advanced Surgical	N	NERVE GRAFT TO NERVE TRUNK, (cable graft) including harvesting of nerve graft using microsurgical techniques (Anaes.) (Assist.)	1071.95			804	984.05
52824	Brain and nervous system	Type A Surgical	N	PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.)	461.65			346.25	392.45
52826	Brain and nervous system	Type B Non-band specific	N	INJECTION OF PRIMARY BRANCH OF TRIGEMINAL NERVE with alcohol, cortisone, phenol, or similar substance (Anaes.)	247.2			185.4	210.15
52828	Brain and nervous system	Type A Surgical	N	CUTANEOUS NERVE,primary repair of, using microsurgical techniques (Anaes.) (Assist.)	367.7			275.8	312.55
52830	Brain and nervous system	Type A Surgical	N	CUTANEOUS NERVE,secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	485			363.75	412.25
52832	Brain and nervous system	Type A Surgical	N	CUTANEOUS NERVE, nerve graft to, using microsurgical techniques (Anaes.) (Assist.)	665.15			498.9	577.25
53000	Ear, nose and throat	Type C	N	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (Anaes.)	33.85			25.4	28.8
53003	Ear, nose and throat	Type B Non-band specific	N	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)	95.6			71.7	81.3
53004	Ear, nose and throat	Type C	N	MAXILLARY ANTRUM, LAVAGE OF - each attendance at which the procedure is performed, including any associated consultation (Anaes.)	37.05			27.8	31.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
53006	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	ANTROSTOMY (RADICAL) (Anaes.) (Assist.)	542.4			406.8	461.05
53009	Ear, nose and throat	Type A Surgical and Type B Non-band specific	N	ANTRUM, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.)	307.7			230.8	261.55
53012	Ear, nose and throat	Unlisted	N	ANTRUM, drainage of, through tooth socket (Anaes.)	122.35			91.8	104
53015	Ear, nose and throat	Type A Surgical	N	ORO-ANTRAL FISTULA, plastic closure of (Anaes.) (Assist.)	611.4			458.55	523.5
53016	Ear, nose and throat	Type A Surgical	N	NASAL SEPTUM, septoplasty, submucous resection or closure of septal perforation (Anaes.) (Assist.)	502.85			377.15	427.45
53017	Ear, nose and throat	Type A Surgical	N	NASAL SEPTUM, reconstruction of (Anaes.) (Assist.)	627.3			470.5	539.4
53019	Ear, nose and throat	Type A Surgical	N	MAXILLARY SINUS, BONE GRAFT to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), (unilateral) (Anaes.) (Assist.)	604.45			453.35	516.55
53052	Ear, nose and throat	Type C	N	POST-NASAL SPACE, direct examination of, with or without biopsy (Anaes.)	127.8			95.85	108.65
53054	Ear, nose and throat	Type B Non-band specific	N	NASENDOSCOPY or SINOSCOPY or FIBREOPTIC EXAMINATION of NASOPHARYNX one or more of these procedures (Anaes.)	127.8			95.85	108.65
53056	Ear, nose and throat	Type B Non-band specific	N	EXAMINATION OF NASAL CAVITY or POST-NASAL SPACE, or NASAL CAVITY AND POST-NASAL SPACE, UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)	74.85			56.15	63.65
53058	Ear, nose and throat	Type B Non-band specific	N	NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)	127.8			95.85	108.65
53060	Ear, nose and throat	Type B Non-band specific	N	CAUTERISATION (other than by chemical means) OR CAUTERISATION by chemical means when performed under general anaesthesia OR DIATHERMY OF SEPTUM, TURBINATES FOR OBSTRUCTION OR HAEMORRHAGE SECONDARY TO SURGERY (OR TRAUMA) - 1 or more of these procedures (including any consultation on the same occasion) not being a service associated with any other operation on the nose (Anaes.)	104.6			78.45	88.95
53062	Ear, nose and throat	Type B Non-band specific	N	POST SURGICAL NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	93.65			70.25	79.65
53064	Ear, nose and throat	Type B Non-band specific	N	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage (Anaes.)	169.55			127.2	144.15
53068	Ear, nose and throat	Unlisted	N	TURBINECTOMY or TURBINECTOMIES, partial or total, unilateral (Anaes.)	142.05			106.55	120.75
53070	Ear, nose and throat	Type B Non-band specific	N	TURBINATES, submucous resection of, unilateral (Anaes.)	185.25			138.95	157.5
53200	Bone, joint and muscle	Unlisted	N	MANDIBLE, treatment of a dislocation of, not requiring open reduction (Anaes.)	73.55			55.2	62.55
53203	Bone, joint and muscle	Unlisted	N	MANDIBLE, treatment of a dislocation of, requiring open reduction (Anaes.)	123.5			92.65	105
53206	Bone, joint and muscle	Type B Non-band specific	N	TEMPOROMANDIBULAR JOINT, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)	148.8			111.6	
53209	Bone, joint and muscle	Type A Advanced Surgical	N	GLENOID FOSSA, ZYGOMATIC ARCH and TEMPORAL BONE, reconstruction of (Obwegeser technique) (Anaes.) (Assist.)	1715.95			1287	1628.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
53212	Bone, joint and muscle	Type A Advanced Surgical	N	ABSENT CONDYLE and ASCENDING RAMUS in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)	926.95			695.25	839.05
53215	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	TEMPOROMANDIBULAR JOINT, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)	425.3			319	361.55
53218	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	TEMPOROMANDIBULAR JOINT, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions - 1 or more such procedures (Anaes.) (Assist.)	680.25			510.2	592.35
53220	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, arthrotomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	342.9			257.2	291.5
53221	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)	907.65			680.75	819.75
53224	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)	1006.15			754.65	918.25
53225	Bone, joint and muscle	Type A Surgical and Type B Non-band specific	N	ARTHROCENTESIS, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)	302.3			226.75	257
53226	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, synovectomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	324.95			243.75	276.25
53227	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.)	1236.35			927.3	1148.45
53230	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)	1392.65			1044.5	1304.75
53233	Bone, joint and muscle	Type A Advanced Surgical	N	TEMPOROMANDIBULAR JOINT, surgery of, involving procedures to which items 53224, 53226, 53227 and 53230 apply and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.)	1564.95			1173.75	1477.05
53236	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies (Anaes.) (Assist.)	489.75			367.35	416.3
53239	Bone, joint and muscle	Type A Surgical	N	TEMPOROMANDIBULAR JOINT, arthrodesis of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	489.75			367.35	416.3
53242	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	TEMPOROMANDIBULAR JOINT OR JOINTS, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)	324.95			243.75	276.25
53400	Bone, joint and muscle	Unlisted	N	MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting	134.4			100.8	114.25
53403	Bone, joint and muscle	Unlisted	N	MANDIBLE, treatment of fracture of, not requiring splinting	164.25			123.2	139.65
53406	Bone, joint and muscle	Type A Surgical	N	MAXILLA, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	423.1			317.35	359.65
53409	Bone, joint and muscle	Type A Surgical	N	MANDIBLE, treatment of fracture of, requiringsplinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	423.1			317.35	359.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
53410	Bone, joint and muscle	Type B Non-band specific	N	ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction	89.1			66.85	75.75
53411	Bone, joint and muscle	Unlisted	N	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.)	248.45			186.35	211.2
53412	Bone, joint and muscle	Type A Surgical	N	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (Anaes.) (Assist.)	408			306	346.8
53413	Bone, joint and muscle	Type A Surgical	N	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (Anaes.) (Assist.)	499.8			374.85	424.85
53414	Bone, joint and muscle	Type A Surgical	N	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (Anaes.) (Assist.)	574.2			430.65	488.1
53415	Bone, joint and muscle	Type A Surgical	N	MAXILLA, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)	453.3			340	385.35
53416	Bone, joint and muscle	Type A Surgical	N	MANDIBLE, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)	453.3			340	385.35
53418	Bone, joint and muscle	Type A Surgical	N	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	589.3			442	501.4
53419	Bone, joint and muscle	Type A Surgical	N	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	589.3			442	501.4
53422	Bone, joint and muscle	Type A Surgical	N	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	747.85			560.9	659.95
53423	Bone, joint and muscle	Type A Surgical	N	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	747.85			560.9	659.95
53424	Bone, joint and muscle	Type A Surgical	N	MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)	641.6			481.2	553.7
53425	Bone, joint and muscle	Type A Surgical	N	MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)	641.6			481.2	553.7
53427	Bone, joint and muscle	Type A Surgical	N	MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	876.4			657.3	788.5
53429	Bone, joint and muscle	Type A Surgical	N	MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	876.4			657.3	788.5
53439	Bone, joint and muscle	Unlisted	N	MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.)	248.45			186.35	211.2
53453	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ORBITAL CAVITY, reconstruction of a wall or floor with or without foreign implant (Anaes.) (Assist.)	502.85			377.15	427.45
53455	Plastic and reconstructive surgery (medically necessary)	Type A Surgical	N	ORBITAL CAVITY, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)	590.65			443	502.75
53458	Ear, nose and throat	Type C	N	NASAL BONES, treatment of fracture of, not being a service to which item 53459 or 53460 applies	44.8			33.6	38.1
53459	Ear, nose and throat	Type B Non-band specific	N	NASAL BONES, treatment of fracture of, by reduction (Anaes.)	245.05			183.8	208.3
53460	Ear, nose and throat	Type A Surgical	N	NASAL BONES, treatment of fractures of, by open reduction involving osteotomies (Anaes.) (Assist.)	499.8			374.85	424.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
53700	Support list	Unlisted	N	(Note. Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure, benefits will be paid only under the anaesthetic item relevant to the operation. The items in this Group are to be used in the practice of oral and maxillofacial surgery and are not to be used for dental procedures (eg. restorative dentistry or dental extraction.)) TRIGEMINAL NERVE, primary division of, injection of an anaesthetic agent	129.9			97.45	110.45
53702	Support list	Unlisted	N	TRIGEMINAL NERVE, peripheral branch of, injection of an anaesthetic agent	65.05			48.8	55.3
53704	Support list	Unlisted	N	FACIAL NERVE, injection of an anaesthetic agent	39.15			29.4	33.3
53706	Support list	Unlisted	N	NERVE BRANCH, destruction by a neurolytic agent, not being a service to which any other item in this Group applies	129.9			97.45	110.45
54001	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner in the practice of oral and maxillofacial surgery, if the patient is referred to the approved dental practitioner	89				75.65
54002	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to the approved dental practitioner	44.75				38.05
54004	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to the approved dental practitioner	44.75				38.05
55028	Support list (DI)	Type C	N	Head, ultrasound scan of (R)	111.75			83.85	95
55029	Support list (DI)	Type C	N	Head, ultrasound scan of (NR)	38.75			29.1	32.95
55030	Support list (DI)	Type C	N	Orbital contents, ultrasound scan of (R)	111.75			83.85	95
55031	Support list (DI)	Type C	N	Orbital contents, ultrasound scan of (NR)	38.75			29.1	32.95
55032	Support list (DI)	Type C	N	Neck, one or more structures of, ultrasound scan of (R)	111.75			83.85	95
55033	Support list (DI)	Type C	N	Neck, one or more structures of, ultrasound scan of (NR)	38.75			29.1	32.95
55036	Support list (DI)	Type C	N	Abdomen, ultrasound scan of (including scan of urinary tract when performed), for morphological assessment, if: (a) the service is not solely a transrectal ultrasonic examination of any of the following:(i) prostate gland;(ii) bladder base;(iii) urethra; and(b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)	113.95			85.5	96.9
55037	Support list (DI)	Type C	N	Abdomen, ultrasound scan of (including scan of urinary tract when performed), for morphological assessment, if the service is not solely a transrectal ultrasonic examination of any of the following:(i) prostate gland;(ii) bladder base;(iii) urethra (NR)	38.75			29.1	32.95
55038	Support list (DI)	Type C	N	Urinary tract, ultrasound scan of, if: (a) the service is not solely a transrectal ultrasonic examination of any of the following: (i) prostate gland; (ii) bladder base; (iii) urethra; and (b) within 24 hours of the service, a service mentioned in item55036 or 55065 is not performed on the same patient by the providing practitioner (R)	111.75			83.85	95
55039	Support list (DI)	Type C	N	Urinary tract, ultrasound scan of, if the service is not solely a transrectal ultrasonic examination of any of the following: (a) prostate gland; (b) bladder base; (c) urethra (NR)	38.75			29.1	32.95
55048	Support list (DI)	Type C	N	Scrotum, ultrasound scan of (R)	112.15			84.15	95.35
55049	Support list (DI)	Type C	N	Scrotum, ultrasound scan of (NR)	38.75			29.1	32.95
55054	Support list (DI)	Type C	N	Ultrasonic cross-sectional echography, in conjunction with a surgical procedure (other than a procedure to which item 55848 or 55850 applies) using interventional techniques, not being a service associated with a service to which any other item in this Group applies (R)	111.75			83.85	95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55065	Support list (DI)	Type C	N	Pelvis, ultrasound scan of, by any or all approaches, if:(a) the service is not solelya service to which an item (other thanitem 55736 or 55739) in Subgroup 5 of this Group applies ora transrectal ultrasonic examination of any of the following: prostate gland; bladder base; urethra; and (b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)	100.6			75.45	85.55
55066	Support list (DI)	Type C	N	Breasts, both, ultrasound scan, in conjunction with a surgical procedure using interventional techniques, if:(a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and(b) the service is not performed in conjunction with any other item in this Group (R)	223.45			167.6	189.95
55068	Support list (DI)	Type C	N	Pelvis, ultrasound scan of, by any or all approaches, if the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following:(i) prostate gland;(ii) bladder base;(iii) urethra (NR)	35.8			26.85	30.45
55070	Support list (DI)	Type C	N	Breast, one, ultrasound scan of (R)	100.6			75.45	85.55
55071	Support list (DI)	Type C	N	Breast, one, ultrasound scan, in conjunction with a surgical procedure using interventional techniques, if:(a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and(b) the service is not performed in conjunction with any other item in this group (R)	212.35			159.3	180.5
55073	Support list (DI)	Type C	N	Breast, one, ultrasound scan of (NR)	34.85			26.15	29.65
55076	Support list (DI)	Type C	N	Breasts, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance (R)	111.75			83.85	95
55079	Support list (DI)	Type C	N	Breasts, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance (NR)	38.75			29.1	32.95
55084	Support list (DI)	Unlisted	N	Urinary bladder, ultrasound scan of, by any or all approaches, if within 24 hours of the service, a service mentioned in item 11917, 55036, 55038, 55065, 55600 or 55603 is not performed on the same patient by the providing practitioner (R)	100.6			75.45	85.55
55085	Support list (DI)	Unlisted	N	Urinary bladder, ultrasound scan of, by any or all approaches, if within 24 hours of the service, a service mentioned in item 11917, 55037, 55039, 55068, 55600 or 55603 is not performed on the same patient by the providing practitioner (NR)	34.85			26.15	29.65
55118	Support list (DI)	Type B Band 1	N	Heart, two-dimensional or three-dimensional real time transoesophageal examination of, from at least 2 levels, and in more than one plane at each level, if: (a) the service includes: (i) real time colour flow mapping and, if indicated, pulsed wave Doppler examination; and (ii) recordings on digital media; and (b) the service is not an intra-operative service; and (c) not being a service associated with a service to which an item in Subgroup 3 applies.(R) (Anaes.)	282.15			211.65	239.85
55126	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Initial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of any of the following: (i) symptoms or signs of cardiac failure; (ii) suspected or known ventricular hypertrophy or dysfunction; (iii) pulmonary hypertension; (iv) valvular, aortic, pericardial, thrombotic or embolic disease; (v) heart tumour; (vi) symptoms or signs of congenital heart disease; (vii) other rare indications; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items55118 and 55130); or (iii) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	236.25			177.2	200.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55127	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of known valvular dysfunction; and (b) is requested by a specialist or consultant physician; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	236.25			177.2	200.85
55128	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of known valvular dysfunction; and (b) is requested by a medical practitioner (other than a specialist or consultant physician) at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	236.25			177.2	200.85
55129	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if: (a) valvular dysfunction is not the primary issue for the patient (although it may be a secondary issue); and (b) the service is for the investigation of any of the following: (i) symptoms or signs of cardiac failure; (ii) suspected or known ventricular hypertrophy or dysfunction; (iii) pulmonary hypertension; (iv) aortic, thrombotic, embolic disease or pericardial disease (excluding isolated pericardial effusion or pericarditis); (v) heart tumour; (vi) structural heart disease; (vii) other rare indications; and (c) the service is requested by a specialist or consultant physician; and (d) the service is not associated with a service to which: (i) another item in this Subgroup applies (except items55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	236.25			177.2	200.85
55130	Support list (DI)	Unlisted	N	Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography, if the service: (a) includes Doppler techniques with colour flow mapping and recordings on digital media; and (b) is performed during cardiac surgery; and (c) incorporates sequential assessment of cardiac function before and after the surgical procedure; and (d) is not associated with a service to which item 55135, or an item in Subgroup 3, applies (R) (Anaes.)	174.1			130.6	148
55132	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a patient who: (i) is under 17 years of age; or (ii) has complex congenital heart disease; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	236.25			177.2	200.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55133	Support list (DI)	Type C	N	Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2 Frequent repetition serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a patient who: (i) has an isolated pericardial effusion or pericarditis; or (ii) has a normal baseline study, and has commenced medication for non-cardiac purposes that has cardiotoxic side effects and is a pharmaceutical benefit (within the meaning of PartVII of the National Health Act 1953) for the writing of a prescription for the supply of which under that Part an echocardiogram is required; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	212.65			159.5	180.8
55134	Support list (DI)	Type C	N	Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2 Repeat real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, for the investigation of rare cardiac pathologies, if the service: (a) is requested by a specialist or consultant physician; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	236.25			177.2	200.85
55135	Support list (DI)	Unlisted	N	Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography, if the service: (a) is provided on the same day as a service to which item 38477, 38484, 38499, 38516 or 38517 applies; and (b) includes Doppler techniques with colour flow mapping and recordings on digital media; and (c) is performed during cardiac valve surgery (replacement or repair); and (d) incorporates sequential assessment of cardiac function and valve competence before and after the surgical procedure; and (e) is not associated with a service to which item 55130, or an item in Subgroup 3, applies (R) (Anaes.)	362.15			271.65	307.85
55137	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a fetus with suspected or confirmed: (i) complex congenital heart disease; or (ii) functional heart disease; or (iii) fetal cardiac arrhythmia; or (iv) cardiac structural abnormality requiring confirmation; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology with advanced training and expertise in fetal cardiac imaging; and (c) is not associated with a service to which: (i) an item in Subgroup 2 applies (except items55118 and 55130); or (ii) an item in Subgroup 3 applies (R)	236.25			177.2	200.85
55141	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 Exercise stress echocardiography focused study, other than a service associated with a service to which: (a) item11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	421.2			315.9	358.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55143	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1, IR.1.1 and IR.1.2 Repeat pharmacological or exercise stress echocardiography if: (a) a service to which item 55141, 55145, 55146, or this item, applies has been performed on the patient in the previous 24 months; and (b) the patient has symptoms of ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which: (i) item11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 12 month period (R)	421.2			315.9	358.05
55145	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 Pharmacological stress echocardiography, other than a service associated with a service to which: (a) item11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R) Note: this item does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item55141, 55143 or 55146 applies has been provided to the patient.	488.2			366.15	415
55146	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 Pharmacological stress echocardiography if: (a) a service to which item55141 applies has been performed on the patient in the previous 4 weeks, and the test has failed due to an inadequate heart rate response; and (b) the service is not associated with a service to which: (i) item11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R) Note: this item does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item55143 or 55145 applies has been provided to the patient.	488.2			366.15	415
55208	Support list (DI)	Type C	Y	DUPLEX SCANNING involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent, performed during the period of pharmacological activity of the injected agent to confirm a diagnosis of vascular aetiology for impotence (R). Note: This item is only available for services rendered by Dr Christopher McMahon, provider number 045449 of Australian Centre for Sexual Health, Berry Road Medical Centre, St Leonards NSW 2065.	172.05			129.05	146.25
55211	Support list (DI)	Type C	Y	DUPLEX SCANNING involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis and, where indicated, assess the progress and management of: (a) priapism; or (b) fibrosis of any type; or (c) fracture of the tunica; or (d) arteriovenous malformations (R) Note: This items is only available for Dr Christopher McMahon, provider number 045449 of Australian Centre for Sexual Health, Berry Road Medical Centre, St Leonards NSW 2065	172.05			129.05	146.25
55238	Support list (DI)	Type C	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, not being a service associated with any of the following:(a) a service to which an item in Subgroup 4 applies;(b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	173.6			130.2	147.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55244	Support list (DI)	Type C	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, not being a service associated with any of the following:(a) a service to which item 55246 applies;(b) a service to which an item in Subgroup 4 applies;(c) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	173.6			130.2	147.6
55246	Support list (DI)	Type C	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, not being a service associated with any of the following:(a) a service to which item 55244 applies;(b) a service to which an item in Subgroup 4 applies;(c) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	173.6			130.2	147.6
55248	Support list (DI)	Type C	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb or of arteries and bypass grafts in the upper limb, not being a service associated with a service to which an item in Subgroup 4 applies (R)	173.6			130.2	147.6
55252	Support list (DI)	Type C	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, not being a service associatedwith a service to which an item in Subgroup 4 applies (R).	173.6			130.2	147.6
55274	Support list (DI)	Type C	N	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of extra cranial bilateral carotid and vertebral vessels, with or without subclavian and innominate vessels, with or without oculoplethysmography or peri orbital Doppler examination, not being a service associated witha service to which an item in Subgroup 4 applies (R).	173.6			130.2	147.6
55276	Support list (DI)	Type C	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins or of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, not being a service associated witha service to which an item in Subgroup 4 applies (R)	173.6			130.2	147.6
55278	Support list (DI)	Type C	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels or of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, not being a service associated witha service to which an item in Subgroup 4 applies (R)	173.6			130.2	147.6
55280	Support list (DI)	Type C	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra cranial vessels, not being a service associated witha service to which an item in Subgroup 4 applies (R)	173.6			130.2	147.6
55282	Support list (DI)	Type C	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:(a) by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent; and(b) performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence; and(c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and(d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 4 applies (R)	173.6			130.2	147.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55284	Support list (DI)	Type C	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:(a) by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis; and(b) if indicated, assess the progress and management of:(i) priapism; or(ii) fibrosis of any type; or(iii) fracture of the tunica; or(iv) arteriovenous malformations; and(c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and(d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 4 applies (R)	173.6			130.2	147.6
55292	Support list (DI)	Type C	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of surgically created arteriovenous fistula or surgically created arteriovenous access grafts in the upper or lower limbs, not being a service associated with a service to which an item in Subgroup 4 applies (R)	173.6			130.2	147.6
55294	Support list (DI)	Type C	N	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or veins, or both, including any associated skin marking, for mapping of bypass conduit before vascular surgery, not being a service associated with any of the following:(a) a service to which an item in Subgroup 3 or 4 applies; (b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	173.6			130.2	147.6
55296	Support list (DI)	Type C	N	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow spectral analysis and marking of veins in the lower limbs below the inguinal ligament before varicose vein surgery, including any associated skin marking, not being a service associated with any of the following:(a) a service to which an item in Subgroup 3 or 4 applies;(b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	113.7			85.3	96.65
55600	Support list (DI)	Type B Band 1	N	Prostate, bladder base and urethra, ultrasound scan of, if performed:(a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in paragraph (c)) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and(b) after a digital rectal examination of the prostate by that medical practitioner; and(c) on a patient who has been assessed by:(i) a specialist in urology, radiation oncology or medical oncology; or(ii) a consultant physician in medical oncology; who has:(iii) examined the patient in the 60 days before the scan; and(iv) recommended the scan for the management of the patient's current prostatic disease(R)	111.75			83.85	95
55603	Support list (DI)	Type B Band 1	N	Prostate, bladder base and urethra, ultrasound scan of, if performed:(a) personally by a medical practitioner who made the assessment mentioned in paragraph (c) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and(b) after a digital rectal examination of the prostate by that medical practitioner; and(c) on a patient who has been assessed by:(i) a specialist in urology, radiation oncology or medical oncology; or(ii) a consultant physician in medical oncology; who has:(iii) examined the patient in the 60 days before the scan; and(iv) recommended the scan for the management of the patient's current prostatic disease(R)	111.75			83.85	95
55700	Support list (DI)	Type C	N	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 the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation (R)	61.45			46.1	52.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55703	Support list (DI)	Type C	N	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 the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation (NR)	35.8			26.85	30.45
55704	Support list (DI)	Type C	N	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, viability or number of foetuses, if the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation (R)	71.7			53.8	60.95
55705	Support list (DI)	Type C	N	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, viability or number of foetuses, if the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation (NR)	35.8			26.85	30.45
55706	Support list (DI)	Type C	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) the dating for the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and(b) the service is not performed in the same pregnancy as item 55709 (R)	102.4			76.8	87.05
55707	Support list (DI)	Type C	N	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 dated by a fetal crown rump length of 45 to 84 mm; and(b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and(c) the service is not performed with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (R)	71.7			53.8	60.95
55708	Support list (DI)	Type C	N	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 dated by a crown rump length of 45 to 84 mm; and(b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and(c) the service is not performed with item 55700, 55703, 55704 or 55705, on the same patient within 24 hours (NR)	35.8			26.85	30.45
55709	Support list (DI)	Type C	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and(b the service is not performed in the same pregnancy as item 55706 (NR)	38.9			29.2	33.1
55712	Support list (DI)	Type C	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) the service is requested by a medical practitioner who:(i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or(ii) has a Diploma of Obstetrics; or(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or(iv) has obstetric privileges at a non metropolitan hospital; and(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and(c) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709 (R)	117.75			88.35	100.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55715	Support list (DI)	Type C	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:(a) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and(b) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709 (NR)	40.95			30.75	34.85
55718	Support list (DI)	Type C	N	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 ultrasound) is after 22 weeks of gestation; and(b) the service is not performed in the same pregnancy as item 55723 (R)	102.4			76.8	87.05
55721	Support list (DI)	Type C	N	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 who:(i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or(ii) has a Diploma of Obstetrics; or(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or(iv) has obstetric privileges at a non metropolitan hospital; and(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and(d) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (R)	117.75			88.35	100.1
55723	Support list (DI)	Type C	N	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 ultrasound) is after 22 weeks of gestation; and(b) the service is not performed in the same pregnancy as item 55718 (NR)	38.9			29.2	33.1
55725	Support list (DI)	Type C	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:(a) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and(b) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (NR)	40.95			30.75	34.85
55729	Support list (DI)	Type C	N	Duplex scanning, if:(a) the service involves:(i) B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery; and(ii) measured assessment of amniotic fluid volume after the 24th week of gestation; and(b) there is reason to suspect intrauterine growth retardation or a significant risk of fetal death;—examination and report (R)	27.9			20.95	23.75
55736	Support list (DI)	Type C	N	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R)	130.05			97.55	110.55
55739	Support list (DI)	Type C	N	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR)	58.35			43.8	49.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55759	Support list (DI)	Unlisted	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) ultrasound of the same pregnancy confirms a multiple pregnancy; and(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and(c) the service mentioned in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the scan during the same pregnancy (R)	153.6			115.2	130.6
55762	Support list (DI)	Unlisted	N	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (c) the service mentioned in item55706, 55709, 55712, 55715 or 55759 is not performed in conjunction with the scan during the same pregnancy (NR)	61.45			46.1	52.25
55764	Support list (DI)	Unlisted	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) the service is requested by a medical practitioner who:(i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or(ii) has a Diploma of Obstetrics; or(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or(iv) has obstetric privileges at a non metropolitan hospital; and(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and(d) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and(e) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the scan during the same pregnancy (R)	163.85			122.9	139.3
55766	Support list (DI)	Unlisted	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:(a) ultrasound of the same pregnancy confirms a multiple pregnancy; and(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and(c) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and(d) the service mentioned in item 55706, 55709, 55712 or 55715, is not performed in conjunction with the scan during the same pregnancy (NR)	66.55			49.95	56.6
55768	Support list (DI)	Unlisted	N	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 ultrasound) is after 22 weeks of gestation; and(b) the ultrasound confirms a multiple pregnancy; and(c) the service is not performed in the same pregnancy as item 55770; and(d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (R)	153.6			115.2	130.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55770	Support list (DI)	Unlisted	N	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 ultrasound) is after 22 weeks of gestation; and(b) the ultrasound confirms a multiple pregnancy; and(c) the service is not performed in the same pregnancy as item 55768; and(d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (NR)	61.45			46.1	52.25
55772	Support list (DI)	Unlisted	N	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 ultrasound is after 22 weeks of gestation; and(b) the service is requested by a medical practitioner who:(i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or(ii) has a Diploma of Obstetrics; or(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or(iv) has obstetric privileges at a non metropolitan hospital; and(c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and(e) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (R)	163.85			122.9	139.3
55774	Support list (DI)	Unlisted	N	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and(b) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and(c) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and(d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (NR)	66.55			49.95	56.6
55812	Support list (DI)	Type C	N	Chest or abdominal wall, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (R)	111.75			83.85	95
55814	Support list (DI)	Type C	N	Chest or abdominal wall, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (NR)	38.75			29.1	32.95
55844	Support list (DI)	Type C	N	Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of (R)	89.45			67.1	76.05
55846	Support list (DI)	Type C	N	Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of (NR)	38.75			29.1	32.95
55848	Support list (DI)	Unlisted	N	Musculoskeletal ultrasound, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with a service mentioned in item 55054 (R)	139.9			104.95	118.95
55850	Support list (DI)	Unlisted	N	Musculoskeletal ultrasound, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if:(a) the medical practitioner or nurse practitioner has indicated on a request for a musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and(b) the service is not performed in conjunction with a service mentioned in item 55054 or any other item in this Subgroup (R)	184.7			138.55	157
55852	Support list (DI)	Type C	N	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (R)	111.75			83.85	95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55854	Support list (DI)	Type C	N	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (NR)	38.75			29.1	32.95
55856	Support list (DI)	Type C	N	Hand or wrist or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55858 (R)	111.75			83.85	95
55857	Support list (DI)	Type C	N	Hand or wrist, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55859 (NR)	38.75			29.1	32.95
55858	Support list (DI)	Type C	N	Hand or wrist, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55856 (R)	124			93	105.4
55859	Support list (DI)	Type C	N	Hand or wrist, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55857 (NR)	43.05			32.3	36.6
55860	Support list (DI)	Type C	N	Forearm or elbow, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55862 (R)	111.75			83.85	95
55861	Support list (DI)	Type C	N	Forearm or elbow, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55863 (NR)	38.75			29.1	32.95
55862	Support list (DI)	Type C	N	Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55860 (R)	124			93	105.4
55863	Support list (DI)	Type C	N	Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55861 (NR)	43.05			32.3	36.6
55864	Support list (DI)	Type C	N	Shoulder or upper arm, or both, left or right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55866 (R)	111.75			83.85	95
55865	Support list (DI)	Type C	N	Shoulder or upper arm, or both, left or right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55867 (NR)	38.75			29.1	32.95
55866	Support list (DI)	Type C	N	Shoulder or upper arm, or both, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55864 (R)	124			93	105.4
55867	Support list (DI)	Type C	N	Shoulder or upper arm, or both, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55865 (NR)	43.05			32.3	36.6
55868	Support list (DI)	Type C	N	Hip or groin, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55870 (R)	111.75			83.85	95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55869	Support list (DI)	Type C	N	Hip or groin, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55871 (NR)	38.75			29.1	32.95
55870	Support list (DI)	Type C	N	Hip or groin, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55868 (R)	124			93	105.4
55871	Support list (DI)	Type C	N	Hip or groin, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55869 (NR)	43.05			32.3	36.6
55872	Support list (DI)	Type C	N	Paediatric hip examination for dysplasia, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55874 (R)	111.75			83.85	95
55873	Support list (DI)	Type C	N	Paediatric hip examination for dysplasia, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55875 (NR)	38.75			29.1	32.95
55874	Support list (DI)	Type C	N	Paediatric hip examination for dysplasia, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55872 (R)	124			93	105.4
55875	Support list (DI)	Type C	N	Paediatric hip examination for dysplasia, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55873 (NR)	43.05			32.3	36.6
55876	Support list (DI)	Type C	N	Buttock or thigh, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55878 (R)	111.75			83.85	95
55877	Support list (DI)	Type C	N	Buttock or thigh or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55879 (NR)	38.75			29.1	32.95
55878	Support list (DI)	Type C	N	Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55876 (R)	124			93	105.4
55879	Support list (DI)	Type C	N	Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55877 (NR)	43.05			32.3	36.6
55880	Support list (DI)	Type C	N	Knee, left or right, ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and (b) the service is not performed in conjunction with item 55882 (R)	111.75			83.85	95
55881	Support list (DI)	Type C	N	Knee, left or right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with item 55883 (NR)	38.75			29.1	32.95
55882	Support list (DI)	Type C	N	Knee, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with a service mentioned in item 55880 (R)	124			93	105.4
55883	Support list (DI)	Type C	N	Knee, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with item 55881 (NR)	43.05			32.3	36.6
55884	Support list (DI)	Type C	N	Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55886 (R)	111.75			83.85	95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
55885	Support list (DI)	Type C	N	Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55887 (NR)	38.75			29.1	32.95
55886	Support list (DI)	Type C	N	Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55884 (R)	124			93	105.4
55887	Support list (DI)	Type C	N	Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55885 (NR)	43.05			32.3	36.6
55888	Support list (DI)	Type C	N	Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55890 (R)	111.75			83.85	95
55889	Support list (DI)	Type C	N	Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55891 (NR)	38.75			29.1	32.95
55890	Support list (DI)	Type C	N	Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55888 (R)	124			93	105.4
55891	Support list (DI)	Type C	N	Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55889 (NR)	43.05			32.3	36.6
55892	Support list (DI)	Type C	N	Mid foot or fore foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55894 (R)	111.75			83.85	95
55893	Support list (DI)	Type C	N	Mid foot or fore foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55895 (NR)	38.75			29.1	32.95
55894	Support list (DI)	Type C	N	Mid foot or fore foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55892 (R)	124			93	105.4
55895	Support list (DI)	Type C	N	Mid foot or fore foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55893 (NR)	43.05			32.3	36.6
56001	Support list (DI)	Type C	N	Computed tomography—scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R) (Anaes.)	199.8			149.85	169.85
56007	Support list (DI)	Type C	N	Computed tomography—scan of brain with intravenous contrast medium and with any scans of the brain before intravenous contrast injection, when performed, not being a service to which item 57007 applies (R) (Anaes.)	256.05			192.05	217.65
56010	Support list (DI)	Type C	N	Computed tomography—scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (Anaes.)	258.2			193.65	219.5
56013	Support list (DI)	Type C	N	COMPUTED TOMOGRAPHY - scan of orbits with or without intravenous contrast medium and with or without brain scan when undertaken (R) (Anaes.)	256.05			192.05	217.65
56016	Support list (DI)	Type C	N	Computed tomography—scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (Anaes.)	297			222.75	252.45
56022	Support list (DI)	Type C	N	Computed tomography—scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (Anaes.)	230.4			172.8	195.85
56028	Support list (DI)	Type C	N	Computed tomography—scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both before intravenous contrast injection, when performed (R) (Anaes.)	344.95			258.75	293.25
56030	Support list (DI)	Type C	N	Computed tomography—scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (Anaes.)	230.4			172.8	195.85
56036	Support list (DI)	Type C	N	Computed tomography—scan of facial bones, para nasal sinuses or both, with scan of brain, with intravenous contrast medium, if:(a) a scan without intravenous contrast medium has been performed; and(b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (Anaes.)	344.95			258.75	293.25
56101	Support list (DI)	Type C	N	Computed tomography—scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56801 applies (R) (Anaes.)	235.55			176.7	200.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
56107	Support list (DI)	Type C	N	Computed tomography—scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine)—with intravenous contrast medium and with any scans of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) before intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56807 applies (R) (Anaes.)	348.2			261.15	296
56219	Support list (DI)	Unlisted	N	Computed tomography—scan of spine, one or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain X rays, not being a service to which item 59724 or 59275 applies (R) (Anaes.)	334.1			250.6	284
56220	Support list (DI)	Type C	N	Computed tomography—scan of spine, cervical region, without intravenous contrast medium (R) (Anaes.)	245.8			184.35	208.95
56221	Support list (DI)	Type C	N	Computed tomography—scan of spine, thoracic region, without intravenous contrast medium (R) (Anaes.)	245.8			184.35	208.95
56223	Support list (DI)	Type C	N	Computed tomography—scan of spine, lumbosacral region, without intravenous contrast medium (R) (Anaes.)	245.8			184.35	208.95
56224	Support list (DI)	Type C	N	Computed tomography—scan of spine, cervical region, with intravenous contrast medium and with any scans of the cervical region of the spine before intravenous contrast injection when undertaken (R) (Anaes.)	359.85			269.9	305.9
56225	Support list (DI)	Type C	N	Computed tomography—scan of spine, thoracic region, with intravenous contrast medium and with any scans of the thoracic region of the spine before intravenous contrast injection when undertaken (R) (Anaes.)	359.85			269.9	305.9
56226	Support list (DI)	Type C	N	Computed tomography—scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the lumbosacral region of the spine prior to intravenous contrast injection when undertaken (R) (Anaes.)	359.85			269.9	305.9
56233	Support list (DI)	Type C	N	NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Computed tomography—scan of spine, 2 examinations of the kind referred to in items 56220, 56221 and 56223, without intravenous contrast medium (R) (Anaes.)	245.8			184.35	208.95
56234	Support list (DI)	Type C	N	NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Computed tomography—scan of spine, 2 examinations of the kind referred to in items 56224, 56225 and 56226, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (Anaes.)	359.85			269.9	305.9
56237	Support list (DI)	Type C	N	Computed tomography—scan of spine, 3 regions cervical, thoracic and lumbosacral, without intravenous contrast medium (R) (Anaes.)	245.8			184.35	208.95
56238	Support list (DI)	Type C	N	Computed tomography—scan of spine, 3 regions, cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (Anaes.)	359.85			269.9	305.9
56301	Support list (DI)	Type C	N	Computed tomography—scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56801 or 57001 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	302.1			226.6	256.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
56307	Support list (DI)	Type C	N	Computed tomography—scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest, including lungs, mediastinum, chest wall or pleura and upper abdomen before intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	409.65			307.25	348.25
56401	Support list (DI)	Type C	N	Computed tomography—scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56301, 56501, 56801 or 57001 applies (R) (Anaes.)	256.05			192.05	217.65
56407	Support list (DI)	Type C	N	Computed tomography—scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) before intravenous contrast injection, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (Anaes.)	368.7			276.55	313.4
56409	Support list (DI)	Type C	N	Computed tomography—scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56401 applies (R) (Anaes.)	256.05			192.05	217.65
56412	Support list (DI)	Type C	N	Computed tomography—scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) before intravenous contrast injection, when undertaken, not being a service to which item 56407 applies (R) (Anaes.)	368.7			276.55	313.4
56501	Support list (DI)	Type C	N	Computed tomography—scan of upper abdomen and pelvis without intravenous contrast medium, not for the purposes of virtual colonoscopy and not being a service to which item 56801 or 57001 applies(R) (Anaes.)	394.25			295.7	335.15
56507	Support list (DI)	Type C	N	Computed tomography—scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis before intravenous contrast injection, when performed, not for the purposes of virtual colonoscopy and not being a service to which item 56807 or 57007 applies (R) (Anaes.)	491.65			368.75	417.95
56553	Support list (DI)	Type C	N	Computed tomography—scan of colon for exclusion or diagnosis of colorectal neoplasia in a symptomatic or high risk patient if:(a) one or more of the following applies:(i) the patient has had an incomplete colonoscopy in the 3 months before the scan;(ii) there is a high grade colonic obstruction;(iii) the service is requested by a specialist or consultant physician who performs colonoscopies in the practice of the specialist's or consultant physician's speciality; and(b) the service is not a service to which item 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies(R) (Anaes.)	532.55			399.45	452.7
56620	Support list (DI)	Type C	N	Computed tomography—scan of knee, without intravenous contrast medium, not being a service to which item 56622 or 56629 applies (R) (Anaes.)	225.3			169	191.55
56622	Support list (DI)	Type C	N	Computed tomography—scan of lower limb, left or right or both, one region (other than knee), or more than one region (which may include knee), without intravenous contrast medium, not being a service to which item 56620 applies (R) (Anaes.) (Anaes.)	225.3			169	191.55
56623	Support list (DI)	Type C	N	Computed tomography—scan of lower limb, left or right or both, one region (other than knee), or more than one region (which may include knee), with intravenous contrast medium and with any scans of the lower limb before intravenous contrast injection, when performed, not being a service to which item 56626 applies (R) (Anaes.) (Anaes.)	342.7			257.05	291.3
56626	Support list (DI)	Type C	N	Computed tomography—scan of knee, with intravenous contrast medium and with any scans of the knee before intravenous contrast injection, when performed, not being a service to which items 56623 or 56630 apply (R) (Anaes.)	342.7			257.05	291.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
56627	Support list (DI)	Type C	N	Computed tomography—scan of upper limb, left or right or both, any one region, or more than one region, without intravenous contrast medium (R) (Anaes.) (Anaes.)	225.3			169	191.55
56628	Support list (DI)	Type C	N	Computed tomography—scan of upper limb, left or right or both, any one region, or more than one region, with intravenous contrast medium and with any scans of the upper limb before intravenous contrast injection, when performed (R) (Anaes.) (Anaes.)	342.7			257.05	291.3
56629	Support list (DI)	Type C	N	Computed tomography—scan of upper limb and lower limb, left or right or both, any one region (other than knee), or more than one region (which may include knee) without intravenous contrast medium not being a service to which item 56620 applies (R) (Anaes.) (Anaes.)	225.3			169	191.55
56630	Support list (DI)	Type C	N	Computed tomography—scan of upper limb and lower limb, left or right or both, any one region (other than knee), or more than one region (which may include knee) with intravenous contrast medium with any scans of the limbs before intravenous contrast injection, when performed, not being a service to which item 56626 applies (R) (Anaes.)	342.7			257.05	291.3
56801	Support list (DI)	Type C	N	Computed tomography—scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	477.8			358.35	406.15
56807	Support list (DI)	Type C	N	Computed tomography—scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	573.5			430.15	487.5
57001	Support list (DI)	Type C	N	Computed tomography—scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	477.9			358.45	406.25
57007	Support list (DI)	Type C	N	Computed tomography—scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)	581.45			436.1	494.25
57201	Support list (DI)	Type C	N	Computed tomography—pelvimetry (R) (Anaes.)	158.95			119.25	135.15
57341	Support list (DI)	Type C	N	Computed tomography, in conjunction with a surgical procedure using interventional techniques (R) (Anaes.)	481.35			361.05	409.15
57352	Support list (DI)	Type C	N	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the arch of the aorta; or (b) the carotid arteries; or (c) the vertebral arteries and their branches (head and neck); including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (d) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (e) the service is not a service to which another item in this group applies; and (f) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (g) the service is not a study performed to image the coronary arteries (R) (Anaes.)	522.3			391.75	444

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
57353	Support list (DI)	Type C	N	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the ascending and descending aorta; or (b) the common iliac and abdominal branches including upper limbs (chest, abdomen and upper limbs); including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (c) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (d) the service is not a service to which another item in this group applies; and (e) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (f) the service is not a study performed to image the coronary arteries (R) (Anaes.)	522.3			391.75	444
57354	Support list (DI)	Type C	N	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the descending aorta; or (b) the pelvic vessels (aorto-iliac segment) and lower limbs; including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (c) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (d) the service is not a service to which another item in this group applies; and (e) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (f) the service is not a study performed to image the coronary arteries (R) (Anaes.)	522.3			391.75	444
57357	Support list (DI)	Type C	N	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of the pulmonary arteries and their branches, including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: the service is not a service to which another item in this group applies; and the service is not a study performed to image the coronary arteries; and the service is:(i) performed for the exclusion of pulmonary arterial stenosis, occlusion, aneurysm or embolism and is requested by a specialist or consultant physician; or(ii) performed for the exclusion of pulmonary arterial stenosis, occlusion or aneurysm and is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; or (iii) for the exclusion of pulmonary embolism and is requested be a medical practitioner (other than a specialist or consultant physician) (R) (Anaes.)	522.3			391.75	444
57360	Support list (DI)	Type C	N	Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner if: (a) the request is made by a specialist or consultant physician; and (b) the patient has stable or acute symptoms consistent with coronary ischaemia; and (c) the patient is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia (R) Note: See explanatory note IN.2.2 for claiming restrictions for this item. (Anaes.)	716.9			537.7	629

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
57362	Support list (DI)	Unlisted	N	Cone beam computed tomography—dental and temporo mandibular joint imaging (without contrast medium) for diagnosis and management of any of the following:(a) mandibular and dento alveolar fractures;(b) dental implant planning;(c) orthodontics;(d) endodontic conditions;(e) periodontal conditions;(f) temporo mandibular joint conditionsApplicable once per patient per day, not being for a service to which any of items 57960 to 57969 apply, and not being a service associated with another service in Group I2 (R) (Anaes.)	115.9			86.95	98.55
57364	Support list	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 (item 38247), TR.8.2 (item 38249) or item 38252if subclause (iv) applies. Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner, if: (a) the service is requested by a specialist or consultant physician; and (b) at least one of the following apply to the patient: (i) the patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology; (ii) the patient requires exclusion of coronary artery anomaly or fistula; (iii) the patient will be undergoing non-coronary cardiac surgery; (iv) the patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts (R) (Anaes.)	716.9			537.7	629
57506	Support list	Type C	N	Hand, wrist, forearm, elbow or humerus (NR)	30.45			22.85	25.9
57509	Support list (DI)	Type C	N	Hand, wrist, forearm, elbow or humerus (R)	40.7			30.55	34.6
57512	Support list (DI)	Type C	N	Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR)	41.45			31.1	35.25
57515	Support list (DI)	Type C	N	Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R)	55.3			41.5	47.05
57518	Support list (DI)	Type C	N	Foot, ankle, leg or femur (NR)	33.3			25	28.35
57521	Support list (DI)	Type C	N	Foot, ankle, leg or femur (R)	44.45			33.35	37.8
57522	Support list (DI)	Type C	N	Knee (NR)	33.3			25	28.35
57523	Support list (DI)	Type C	N	Knee (R)	44.45			33.35	37.8
57524	Support list (DI)	Type C	N	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR)	50.6			37.95	43.05
57527	Support list (DI)	Type C	N	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R)	67.35			50.55	57.25
57541	N/A (Not hospital treatment)	Unlisted	N	Fee for a service rendered using first eligible x-ray procedure carried out during attendance at residential aged care facility, where the service has been requested by a medical practitioner who has attended the patient in person and the request identifies one or more of the following indications: the patient has experienced a fall and one or more of the following items apply to the service 57509, 57515, 57521, 57527,57703, 57709,57712, 57715, 58521, 58524, 58527; or pneumonia or heart failure is suspected and item 58503 applies to the service; or acute abdomen or bowel obstruction is suspected and item 58903applies to the service. This call-out fee can be claimed once only per visit at a residential aged care facility irrespective of the number of patients attended. NOTE: If the service is bulked billed 95% of the fee is payable. The multiple services rule does not apply to this item. (R)	75.4			56.55	64.1
57700	Support list (DI)	Type C	N	Shoulder or scapula (NR)	41.45			31.1	35.25
57703	Support list (DI)	Type C	N	Shoulder or scapula (R)	55.3			41.5	47.05
57706	Support list (DI)	Type C	N	Clavicle (NR)	33.3			25	28.35
57709	Support list (DI)	Type C	N	Clavicle (R)	44.45			33.35	37.8
57712	Support list (DI)	Type C	N	Hip joint (R)	48.3			36.25	41.1
57715	Support list (DI)	Type C	N	Pelvic girdle (R)	62.35			46.8	53
57721	Support list (DI)	Type C	N	Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R)	101.65			76.25	86.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
57901	Support list (DI)	Type C	N	Skull, not in association with item 57902 (R)	66.05			49.55	56.15
57902	Support list (DI)	Type C	N	Cephalometry, not in association with item 57901 (R)	66.05			49.55	56.15
57905	Support list (DI)	Type C	N	Mastoids or petrous temporal bones (R)	66.05			49.55	56.15
57907	Support list (DI)	Type C	N	Sinuses or facial bones – orbit, maxilla or malar, any or all (R)	48.45			36.35	41.2
57915	Support list (DI)	Type C	N	Mandible, not by orthopantomography technique (R)	48.3			36.25	41.1
57918	Support list (DI)	Type C	N	Salivary calculus (R)	48.3			36.25	41.1
57921	Support list (DI)	Type C	N	Nose (R)	48.3			36.25	41.1
57924	Support list (DI)	Type C	N	Eye (R)	48.3			36.25	41.1
57927	Support list (DI)	Type C	N	Temporo mandibular joints (R)	50.85			38.15	43.25
57930	Support list (DI)	Type C	N	Teeth—single area (R)	33.7			25.3	28.65
57933	Support list (DI)	Type C	N	Teeth - full mouth(R)	80.1			60.1	68.1
57939	Support list (DI)	Type C	N	Palato pharyngeal studies with fluoroscopic screening (R)	66.05			49.55	56.15
57942	Support list (DI)	Type C	N	Palato pharyngeal studies without fluoroscopic screening (R)	50.85			38.15	43.25
57945	Support list (DI)	Type C	N	Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R)	44.45			33.35	37.8
57960	Support list (DI)	Type C	N	Orthopantomography for diagnosis or management (or both) of trauma, infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R)	48.55			36.45	41.3
57963	Support list (DI)	Type C	N	Orthopantomography for diagnosis or management (or both) of any of the following conditions, if the signs and symptoms of the condition is present:(a) impacted teeth;(b) caries;(c) periodontal pathology;(d) periapical pathology (R)	48.55			36.45	41.3
57966	Support list (DI)	Type C	N	Orthopantomography for diagnosis or management (or both) of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R)	48.55			36.45	41.3
57969	Support list (DI)	Type C	N	Orthopantomography for diagnosis or management (or both) of temporo mandibular joint arthroses or dysfunction (R)	48.55			36.45	41.3
58100	Support list (DI)	Type C	N	Spine—cervical (R)	68.75			51.6	58.45
58103	Support list (DI)	Type C	N	Spine—thoracic (R)	56.45			42.35	48
58106	Support list (DI)	Type C	N	Spine—lumbosacral (R)	78.85			59.15	67.05
58108	Support list (DI)	Type C	N	Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R)	112.65			84.5	95.8
58109	Support list (DI)	Type C	N	Spine—sacrococcygeal (R)	48.15			36.15	40.95
58112	Support list (DI)	Type C	N	NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—2 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)	99.6			74.7	84.7
58115	Support list (DI)	Type C	N	NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)	112.65			84.5	95.8
58120	Support list (DI)	Unlisted	N	Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal, if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year (R)	112.65			84.5	95.8
58121	Support list (DI)	Unlisted	N	NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109, if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year (R)	112.65			84.5	95.8
58300	Support list (DI)	Type C	N	Bone age study (R)	41.05			30.8	34.9
58306	Support list (DI)	Type C	N	Skeletal survey (R)	91.55			68.7	77.85
58500	Support list (DI)	Type C	N	Chest (lung fields) by direct radiography (NR)	36.2			27.15	30.8
58503	Support list (DI)	Type C	N	Chest (lung fields) by direct radiography (R)	48.3			36.25	41.1
58506	Support list (DI)	Type C	N	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	62.2			46.65	52.9
58509	Support list (DI)	Type C	N	Thoracic inlet or trachea (R)	40.7			30.55	34.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
58521	Support list (DI)	Type C	N	Left ribs, right ribs or sternum (R)	44.45			33.35	37.8
58524	Support list (DI)	Type C	N	Left and right ribs, left ribs and sternum, or right ribs and sternum (R)	57.85			43.4	49.2
58527	Support list (DI)	Type C	N	Left ribs, right ribs and sternum (R)	71.1			53.35	60.45
58700	Support list (DI)	Type C	N	Plain renal only (R)	47.15			35.4	40.1
58706	Support list (DI)	Type C	N	Intravenous pyelography, with or without preliminary plain films and with or without tomography (R)	161.7			121.3	137.45
58715	Support list (DI)	Type C	N	Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, one side (R)	155.2			116.4	131.95
58718	Support list (DI)	Type C	N	Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	129.15			96.9	109.8
58721	Support list (DI)	Type C	N	Retrograde micturating cysto urethrography, with preparation and contrast injection (R) (Anaes.)	141.55			106.2	120.35
58900	Support list (DI)	Type C	N	Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (NR)	36.6			27.45	31.15
58903	Support list (DI)	Type C	N	Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (R)	48.75			36.6	41.45
58909	Support list (DI)	Type C	N	Barium or other opaque meal of one or more of pharynx, oesophagus, stomach or duodenum, with or without preliminary plain films of pharynx, chest or duodenum, not being a service associated with a service to which item 57939, 57942 or 57945 applies (R)	92.1			69.1	78.3
58912	Support list (DI)	Type C	N	Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest and with or without preliminary plain film (R)	112.9			84.7	96
58915	Support list (DI)	Type C	N	Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)	80.85			60.65	68.75
58916	Support list (DI)	Type C	N	Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies (R) (Anaes.)	141.85			106.4	120.6
58921	Support list (DI)	Type C	N	Opaque enema, with or without air contrast study and with or without preliminary plain films (R)	138.55			103.95	117.8
58927	Support list (DI)	Type C	N	Cholegraphy direct, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 30439 applies (R)	78.3			58.75	66.6
58933	Support list (DI)	Type C	N	Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R)	210.6			157.95	179.05
58936	Support list (DI)	Type C	N	Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R)	200.7			150.55	170.6
58939	Support list (DI)	Type B Non-band specific	N	Defaecogram (R)	142.65			107	121.3
59103	Support list (DI)	Type C	N	Localisation of foreign body, if provided in conjunction with a service described in Subgroups 1 to 12 of Group I3 (R)	21.8			16.35	18.55
59300	Support list (DI)	Type C	N	Mammography of both breasts if there is reason to suspect the presence of malignancy because of:(a) the past occurrence of breast malignancy in the patient; or(b) significant history of breast or ovarian malignancy in the patient's family; or(c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R) (Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients)	91.65			68.75	77.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
59302	Support list (DI)	Type C	N	Three dimensional tomosynthesis of both breasts, if there is reason to suspect the presence of malignancy because of: a) the past occurrence of breast malignancy in the patient; or b) significant history of breast or ovarian malignancy in the patient's family; or c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner Not being a service to which item 59300 applies (R)	206.9			155.2	175.9
59303	Support list (DI)	Type C	N	Mammography of one breast if: (a) the service is specifically requested for a unilateral mammogram; and(b) there is reason to suspect the presence of malignancy because of:(i) the past occurrence of breast malignancy in the patient; or(ii) significant history of breast or ovarian malignancy in the patient's family; or(iii) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)	55.25			41.45	47
59305	Support list (DI)	Type C	N	Three dimensional tomosynthesis of one breast, if there is reason to suspect the presence of malignancy because of: a) the past occurrence of breast malignancy in the patient; or b) significant history of breast or ovarian malignancy in the patient's family; or c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner Not being a service to which item 59303 applies (R)	116.75			87.6	99.25
59312	Support list (DI)	Type C	N	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R)	89.1			66.85	75.75
59314	Support list (DI)	Type C	N	Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R)	53.8			40.35	45.75
59318	Support list (DI)	Type C	N	Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both following pre-operative localisation in conjunction with a service under item 31536 (R)	48.2			36.15	41
59700	Support list (DI)	Type C	N	Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) (Anaes.)	98.9			74.2	84.1
59703	Support list (DI)	Type C	N	Dacryocystography, one side, with or without preliminary plain film and with preparation and contrast injection (R)	77.75			58.35	66.1
59712	Support list (DI)	Type C	N	Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R)(Anaes.) (Anaes.)	116.45			87.35	99
59715	Support list (DI)	Type C	N	Bronchography, one side, with or without preliminary plain films and with preparation and contrast injection, on a person under 16 years of age (R) (Anaes.) (Anaes.)	147			110.25	124.95
59718	Support list (DI)	Type C	N	Phlebography, one side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) (Anaes.)	137.9			103.45	117.25
59724	Support list (DI)	Type C	N	Myelography, one or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 56219 applies (R)(Anaes.) (Anaes.)	231.9			173.95	197.15
59733	Support list (DI)	Type C	N	Sialography, one side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies (R)	110.3			82.75	93.8
59739	Support list (DI)	Type C	N	Sinogram or fistulogram, one or more regions, with or without preliminary plain films and with preparation and contrast injection (R)	75.5			56.65	64.2
59751	Support list (DI)	Type C	N	Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection (R)	142.5			106.9	121.15
59754	Support list (DI)	Type C	N	Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection (R)	224.65			168.5	191
59763	Support list (DI)	Type C	N	Air insufflation during video—fluoroscopic imaging including associated consultation (R)	137.1			102.85	116.55
59970	Support list (DI)	Type B Non-band specific	N	Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition, using a mobile image intensifier, including any preliminary plain films, preparation and contrast injection—one or more regions (R) (Anaes.)	172.35			129.3	146.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
60000	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of head and neck with or without arch aortography—1 to 3 data acquisition runs (R) (Anaes.)	577.6			433.2	491
60003	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of head and neck with or without arch aortography—4 to 6 data acquisition runs (R) (Anaes.)	847.05			635.3	759.15
60006	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of head and neck with or without arch aortography—7 to 9 data acquisition runs (R) (Anaes.)	1204.5			903.4	1116.6
60009	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of head and neck with or without arch aortography—10 or more data acquisition runs (R) (Anaes.)	1409.5			1057.15	1321.6
60012	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of thorax—1 to 3 data acquisition runs (R) (Anaes.)	577.6			433.2	491
60015	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of thorax—4 to 6 data acquisition runs (R) (Anaes.)	847.05			635.3	759.15
60018	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of thorax—7 to 9 data acquisition runs (R) (Anaes.)	1204.5			903.4	1116.6
60021	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of thorax—10 or more data acquisition runs (R) (Anaes.)	1409.5			1057.15	1321.6
60024	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of abdomen—1 to 3 data acquisition runs (R) (Anaes.)	577.6			433.2	491
60027	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of abdomen—4 to 6 data acquisition runs (R) (Anaes.)	847.05			635.3	759.15
60030	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of abdomen—7 to 9 data acquisition runs (R) (Anaes.)	1204.5			903.4	1116.6
60033	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of abdomen—10 or more data acquisition runs (R) (Anaes.)	1409.5			1057.15	1321.6
60036	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of upper limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	577.6			433.2	491
60039	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of upper limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	847.05			635.3	759.15
60042	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of upper limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1204.5			903.4	1116.6
60045	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of upper limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1409.5			1057.15	1321.6
60048	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of lower limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	577.6			433.2	491
60051	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of lower limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	847.05			635.3	759.15
60054	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of lower limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1204.5			903.4	1116.6
60057	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of lower limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1409.5			1057.15	1321.6
60060	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of aorta and lower limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	577.6			433.2	491
60063	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of aorta and lower limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	847.05			635.3	759.15
60066	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of aorta and lower limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1204.5			903.4	1116.6
60069	Support list (DI)	Type B Non-band specific	N	Digital subtraction angiography, examination of aorta and lower limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1409.5			1057.15	1321.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
60072	Support list (DI)	Type B Non-band specific	N	Selective arteriography or selective venography by digital subtraction angiography technique—one vessel (NR) (Anaes.)	49.25			36.95	41.9
60075	Support list (DI)	Type B Non-band specific	N	Selective arteriography or selective venography by digital subtraction angiography technique—2 vessels (NR) (Anaes.)	98.45			73.85	83.7
60078	Support list (DI)	Type B Non-band specific	N	Selective arteriography or selective venography by digital subtraction angiography technique—3 or more vessels (NR) (Anaes.)	147.7			110.8	125.55
60500	Support list (DI)	Type C	N	Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes.)	44.45			33.35	37.8
60503	Support list (DI)	Type C	N	Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R)	30.45			22.85	25.9
60506	Support list (DI)	Unlisted	N	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this Group applies (R)	65.3			49	55.55
60509	Support list (DI)	Unlisted	N	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this Group applies (R)	101.3			76	86.15
60918	Support list (DI)	Type C	N	Arteriography (peripheral) or phlebography—one vessel, when used in association with a service to which item59970 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)	48.3			36.25	41.1
60927	Support list (DI)	Type C	N	Selective arteriogram or phlebogram, when used in association with a service to which item 59970 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)	38.95			29.25	33.15
61109	Support list (DI)	Unlisted	N	Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this Group applies (R)	265.15			198.9	225.4
61310	Support list (DI)	Type C	N	Myocardial infarct avid study (R)	367.3			275.5	312.25
61313	Support list (DI)	Type C	N	Gated cardiac blood pool study, (equilibrium) (R)	303.35			227.55	257.85
61314	Support list (DI)	Type C	N	Gated cardiac blood pool study, with or without intervention, and first pass blood flow or cardiac shunt study (R)	420			315	357
61321	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.2 Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if: (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (b) the service uses a single rest technetium-99m (Tc-99m) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61325, 61329, 61332, 61345, 61380, 61398, 61406 or 61422 applies; and (e) if the patient is 17 years or older—a service to which this item, or item 61325, 61329, 61332, 61345, 61380, 61398, 61406 or 61422, applies has not been provided to the patient in the previous 24 months (R)	329			246.75	279.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
61324	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item55141, 55143, 55145 or 55146 applies; and (c) the service includes resting ECG, continuous ECG monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a specialist or consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61325, 61329, 61332, 61377, 61345, 61357, 61380, 61394, 61398, 61406, 61414 or 61422 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61311, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	653.05			489.8	565.15
61325	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.2 Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if: (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (b) the service uses: (i) an initial rest study followed by a redistribution study on the same day; and (ii) a thallous chloride-201 (Tl-201) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61329, 61332, 61345, 61380, 61398, 61406 or 61422 applies; and (e) if the patient is 17 years or older: (i) a service to which item 61321, 61329, 61332, 61345, 61380, 61398, 61406 or 61442, applies has not been provided to the patient in the previous 24 months; and (ii) the service is applicable only twice each 24 months (R)	329			246.75	279.65
61328	Support list (DI)	Type C	N	Lung perfusion study (R)	227.65			170.75	193.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
61329	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406, 61414 or 61422 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61311, 61321, 61324, 61325, 61332, 61345, 61357, 61380, 61394, 61398, 61406, 61414 or 61422, applies has not been provided to the patient in the previous 24 months (R)	982.05			736.55	894.15
61340	Support list (DI)	Type C	N	Lung ventilation study using aerosol, technegas or xenon gas (R)	253			189.75	215.05
61345	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a specialist or consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61357, 61377, 61380, 61394, 61398, 61406, 61414 or 61422 applies (R); and (f) if the patient is 17 years or older—a service to which this item, or item 61311, 61321, 61324, 61325, 61329, 61332, 61357, 61377, 61380, 61394, 61398, 61406, 61414 or 61422, applies has not been provided to the patient in the previous 24 months (R)	982.05			736.55	894.15
61348	Support list (DI)	Type C	N	Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas (R)	443.35			332.55	376.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
61349	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) both: (i) a service has been provided to the patient in the previous 24 months to which this item, or item 61311, 61324, 61329, 61332, 61337, 61345, 61357, 61365, 61380, 61394, 61398, 61406, 61410, 61414 or 61418, applies; and (ii) the patient has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item55141, 55143, 55145 or 55146 applies; and (d) the service is requested by a specialist or a consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61365, 61410 or 61418 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61365, 61410 or 61418, applies has not been provided to the patient in the previous 12 months (R)	982.05			736.55	894.15
61353	Support list (DI)	Type C	N	Liver and spleen study (colloid) (R)	386.6			289.95	328.65
61356	Support list (DI)	Type C	N	Red blood cell spleen or liver study (R)	392.8			294.6	333.9
61357	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which items55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61377, 61380, 61394, 61398, 61406, 61414 or 61422 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61311, 61324, 61329, 61332, 61345, 61377, 61380, 61394, 61398, 61406, or 61414, applies has not been provided to the patient in the previous 24 months (R)	653.05			489.8	565.15
61360	Support list (DI)	Type C	N	Hepatobiliary study, including morphine administration or pre-treatment with a cholagogue when performed (R)	403.35			302.55	342.85
61361	Support list (DI)	Type C	N	Hepatobiliary study with formal quantification following baseline imaging, using a cholagogue (R)	461.4			346.05	392.2
61364	Support list (DI)	Type C	N	Bowel haemorrhage study (R)	496.95			372.75	422.45
61368	Support list (DI)	Type C	N	Meckel's diverticulum study (R)	223.1			167.35	189.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
61369	Support list (DI)	Unlisted	N	Indium-labelled octreotide study (including single photon emission tomography when undertaken), if:(a) a gastro-entero-pancreatic endocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or(b) both:(i) a surgically amenable gastro-entero-pancreatic endocrine tumour has been identified on the basis of conventional techniques; and(ii) the study is to exclude additional disease sites (R)	2015.75			1511.85	1927.85
61372	Support list (DI)	Type C	N	Salivary study (R)	223.1			167.35	189.65
61373	Support list (DI)	Type C	N	Gastro-oesophageal reflux study, including delayed imaging on a separate occasion when performed (R)	489.7			367.3	416.25
61376	Support list (DI)	Type C	N	Oesophageal clearance study (R)	143.35			107.55	121.85
61381	Support list (DI)	Type C	N	Gastric emptying study, using single tracer (R)	574.35			430.8	488.2
61383	Support list (DI)	Type C	N	Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R)	624.95			468.75	537.05
61384	Support list (DI)	Type C	N	Radionuclide colonic transit study (R)	687.7			515.8	599.8
61386	Support list (DI)	Type C	N	Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R)	332.5			249.4	282.65
61387	Support list (DI)	Type C	N	Renal cortical study, with single photon emission tomography and planar quantification (R)	430.75			323.1	366.15
61389	Support list (DI)	Type C	N	Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R)	370.55			277.95	315
61390	Support list (DI)	Type C	N	Renal study with diuretic administration after a baseline study (R)	409.95			307.5	348.5
61393	Support list (DI)	Type C	N	Combined examination involving a renal study following angiotensin converting enzyme (ACE) inhibitor provocation and a baseline study, in either order and related to a single referral episode (R)	605.5			454.15	517.6
61394	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61398, 61406, 61414 or 61422 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61311, 61324, 61329, 61332, 61345, 61357, 61377, 61380, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	653.05			489.8	565.15
61397	Support list (DI)	Type C	N	Cystoureterogram (R)	246.85			185.15	209.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
61398	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the services is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61406, 61414 or 61422 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61406, 61414 or 61422, applies has not been provided to the patient in the previous 24 months (R)	982.05			736.55	894.15
61402	Support list (DI)	Type C	N	Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R)	605.05			453.8	517.15
61406	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61377, 61345, 61357, 61380, 61394, 61398, 61414 or 61422 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61414 or 61422, applies has not been provided to the patient in the previous 24 months (R)	982.05			736.55	894.15
61409	Support list (DI)	Type C	N	Cerebro spinal fluid transport study, with imaging on 2 or more separate occasions (R)	873.5			655.15	785.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
61410	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) both: (i) a service has been provided to the patient in the previous 24 months to which this item, or item 61311, 61324, 61329, 61332, 61345, 61349, 61357, 61365, 61377, 61380, 61394, 61398, 61406, 61414 or 61418, applies; and (ii) the patient has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (d) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730 or 61418 applies; and (f) if the patient is 17 years or older—a service to which item 61349, 61365 or 61418 applies has not been provided to the patient in the previous 12 months	982.05			736.55	894.15
61413	Support list (DI)	Type C	N	Cerebro spinal fluid shunt patency study (R)	225.95			169.5	192.1
61414	Support list (DI)	Type C	N	Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406 or 61422 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61311, 61324, 61329, 61332, 61345, 61357, 61377, 61380, 61398 or 61406, applies has not been provided to the patient in the previous 24 months (R)	653.05			489.8	565.15
61421	Support list (DI)	Type C	N	Bone study—whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	479.8			359.85	407.85
61425	Support list (DI)	Type C	N	Bone study—whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	600.7			450.55	512.8
61426	Support list (DI)	Type C	N	Whole body study using iodine (R)	554.8			416.1	471.6
61429	Support list (DI)	Type C	N	Whole body study using gallium (R)	543			407.25	461.55
61430	Support list (DI)	Type C	N	Whole body study using gallium, with single photon emission tomography (R)	659.45			494.6	571.55
61433	Support list (DI)	Type C	N	Whole body study using cells labelled with technetium (R)	496.95			372.75	422.45
61434	Support list (DI)	Type C	N	Whole body study using cells labelled with technetium, with single photon emission tomography (R)	615.4			461.55	527.5
61438	Support list (DI)	Type C	N	Whole body study using thallium (R)	672.95			504.75	585.05
61441	Support list (DI)	Type C	N	Bone marrow study—whole body using technetium labelled bone marrow agents (R)	489.7			367.3	416.25
61442	Support list (DI)	Type C	N	Whole body study, using gallium—with single photon emission tomography of 2 or more body regions acquired separately (R)	752.35			564.3	664.45
61445	Support list (DI)	Type C	N	Bone marrow study—localised using technetium labelled agent (R)	286.8			215.1	243.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
61446	Support list (DI)	Type C	N	Regional scintigraphic study, using an approved bone scanning agent,including when undertaken, blood flow imaging, blood pool imagingand repeat imaging on a separate occasion (R)	333.55			250.2	283.55
61449	Support list (DI)	Type C	N	Regional scintigraphic study, using an approved bone scanning agentand single photon emission tomography, including when undertaken, blood flow imaging, blood pool imagingand repeat imaging on a separate occasion (R)	456.2			342.15	387.8
61450	Support list (DI)	Type C	N	Localised study using gallium (R)	397.55			298.2	337.95
61453	Support list (DI)	Type C	N	Localised study using gallium, with single photon emission tomography (R)	514.7			386.05	437.5
61454	Support list (DI)	Type C	N	Localised study using cells labelled with technetium (R)	348.1			261.1	295.9
61457	Support list (DI)	Type C	N	Localised study using cells labelled with technetium, with single photon emission tomography (R)	470.45			352.85	399.9
61461	Support list (DI)	Unlisted	N	Localised study using thallium (R)	527.85			395.9	448.7
61462	Support list (DI)	Type C	N	Repeat planar and single photon emission tomography imaging, or repeat planar imaging or single photon emission tomography imaging on an occasion subsequent to the performance of item 61364, 61426, 61429, 61430, 61442, 61450, 61453, 61469 or 61485, if there is no additional administration of radiopharmaceutical and if the previous radionuclide scan was abnormal or equivocal (R)	129			96.75	109.65
61469	Support list (DI)	Type C	N	Lymphoscintigraphy (R)	348.1			261.1	295.9
61473	Support list (DI)	Type C	N	Thyroid study (R)	175.4			131.55	149.1
61480	Support list (DI)	Type C	N	Parathyroid study (R)	386.85			290.15	328.85
61485	Support list (DI)	Type C	N	Adrenal study, with single photon emission tomography (R)	999.2			749.4	911.3
61495	Support list (DI)	Type C	N	Tear duct study (R)	223.1			167.35	189.65
61499	Support list (DI)	Type C	N	Particle perfusion study (infra arterial) or Le Veen shunt study (R)	253			189.75	215.05
61505	Support list (DI)	Type C	N	CT scan performed at the same time and covering the same body area as single photon emission tomography or positron emission tomography for the purpose of anatomic localisation or attenuation correction if no separate diagnostic CT report is issued and performed in association with a service to which an item in Subgroup 1 or 2 of Group I4 applies (R)	100			75	85
61523	Support list (DI)	Unlisted	N	Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.(R)	953			714.75	865.1
61524	Support list (DI)	Type C	N	Whole body FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy (R) (Anaes.)	953			714.75	865.1
61525	Support list (DI)	Unlisted	N	Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy (R) (Anaes.)	953			714.75	865.1
61529	Support list (DI)	Unlisted	N	Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned (R)	953			714.75	865.1
61538	Support list (DI)	Unlisted	N	FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy. (R)	901			675.75	813.1
61541	Support list (DI)	Type C	N	Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy (R)	953			714.75	865.1
61553	Support list (DI)	Type C	N	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy (R)	999			749.25	911.1

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61559	Support list (DI)	Unlisted	N	FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery (R)	918			688.5	830.1
61560	Support list (DI)	Type C	N	FDG PET study of the brain, performed for the diagnosis of Alzheimer's disease, if: clinical evaluation of the patient by a specialist, or in consultation with a specialist, is equivocal; and the service includes a quantitative comparison of the results of the study with the results of an FDG PET study of a normal brain from a reference database; and a service to which this item applies has not been performed on the patient in the previous 12 months; and a service to which item61402 applies has not been performed on the patient in the previous 12 months for the diagnosis or management of Alzheimer's disease Applicable not more than 3 times per lifetime(R)	605.05			453.8	517.15
61565	Support list (DI)	Type C	N	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy. (R)	953			714.75	865.1
61571	Support list (DI)	Unlisted	N	Whole body FDG PET study, for the further primary staging ofpatients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent. (R)	953			714.75	865.1
61575	Support list (DI)	Unlisted	N	Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent. (R)	953			714.75	865.1
61577	Support list (DI)	Unlisted	N	Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy (R).	953			714.75	865.1
61598	Support list (DI)	Unlisted	N	Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer (R).	953			714.75	865.1
61604	Support list (DI)	Unlisted	N	Whole body FDG PET study performed for the evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy (R).	953			714.75	865.1
61610	Support list (DI)	Unlisted	N	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R).	953			714.75	865.1
61620	Support list (DI)	Unlisted	N	Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R)	953			714.75	865.1
61622	Support list (DI)	Unlisted	N	Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma (R)	953			714.75	865.1
61628	Support list (DI)	Unlisted	N	Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R)	953			714.75	865.1
61632	Support list (DI)	Unlisted	N	Whole body FDG PET study to assess response to second-line chemotherapy ifhaemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R)	953			714.75	865.1
61640	Support list (DI)	Unlisted	N	Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable. (R)	999			749.25	911.1
61646	Support list (DI)	Unlisted	N	Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent. (R)	999			749.25	911.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
61647	Support list (DI)	Type C	N	Whole body 68Ga DOTA peptide PET study, if:(a) a gastro entero pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or(b) both:(i) a surgically amenable gastro entero pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and(ii) the study is for excluding additional disease sites (R)	953			714.75	865.1
61650	Support list (DI)	Unlisted	N	LeukoScan study of the long bones and feet for suspected osteomyelitis, if:(a) the patient does not have access to ex vivo white blood cell scanning; and(b) the patient is not being investigated for other sites of infection (R)	878.7			659.05	790.8
63001	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for tumour of the brain or meninges (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63004	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63007	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for skull base or orbital tumour (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63010	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for stereotactic scan of brain, with fiducials in place, for the sole purpose of allowing planning for stereotactic neurosurgery (R) (Anaes.) (Contrast) (Anaes.)	336			252	285.6
63040	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for acoustic neuroma (R) (Anaes.) (Contrast) (Anaes.)	336			252	285.6
63043	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for pituitary tumour (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63046	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for toxic or metabolic or ischaemic encephalopathy (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63049	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63052	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for congenital malformation of the brain or meninges (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63055	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for venous sinus thrombosis (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63058	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for head trauma (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63061	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for epilepsy (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63064	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for stroke (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63067	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63070	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for intracranial aneurysm (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63073	Support list (DI)	Type C	N	MRI—scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63101	Support list (DI)	Type C	N	MRI and MRA of extracranial or intracranial circulation (or both)—scan of head and neck vessels for stroke (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63111	Support list (DI)	Type C	N	MRI—scan of head and cervical spine (including MRA, if performed) for tumour of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63114	Support list (DI)	Type C	N	MRI—scan of head and cervical spine (including MRA, if performed) for inflammation of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63125	Support list (DI)	Type C	N	MRI—scan of head and cervical spine (including MRA, if performed) for demyelinating disease of the central nervous system (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9

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63128	Support list (DI)	Type C	N	MRI—scan of head and cervical spine (including MRA, if performed) for congenital malformation of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63131	Support list (DI)	Type C	N	MRI—scan of head and cervical spine (including MRA, if performed) for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63151	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for infection (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63154	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for tumour (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63161	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63164	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63167	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63170	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63173	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63176	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63179	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63182	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast) (Anaes.)	358.4			268.8	304.65
63185	Support list (DI)	Type C	N	MRI—scan of one region or 2 contiguous regions of the spine for trauma (R) (Anaes.) (Anaes.)	358.4			268.8	304.65
63201	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for infection (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63204	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for tumour (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63219	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63222	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63225	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63228	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63231	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63234	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63237	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63240	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8

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63243	Support list (DI)	Type C	N	MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for trauma (R) (Anaes.) (Anaes.)	448			336	380.8
63271	Support list (DI)	Type C	N	MRI—scan of cervical spine and brachial plexus for tumour (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63274	Support list (DI)	Type C	N	MRI—scan of cervical spine and brachial plexus for trauma (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63277	Support list (DI)	Type C	N	MRI—scan of cervical spine and brachial plexus for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63280	Support list (DI)	Type C	N	MRI—scan of cervical spine and brachial plexus for previous surgery (R) (Anaes.) (Contrast) (Anaes.)	492.8			369.6	418.9
63301	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for tumour arising in bone or musculoskeletal system, excluding tumours arising in breast, prostate or rectum (R) (Anaes.) (Contrast) (Anaes.)	380.8			285.6	323.7
63304	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for infection arising in bone or musculoskeletal system, excluding infection arising in breast, prostate or rectum (R) (Anaes.) (Contrast) (Anaes.)	380.8			285.6	323.7
63307	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for osteonecrosis (R) (Anaes.) (Contrast) (Anaes.)	380.8			285.6	323.7
63322	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for derangement of hip or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63325	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for derangement of shoulder or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63328	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for derangement of knee or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63331	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for derangement of ankle or foot (or both) or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63334	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for derangement of one or both temporomandibular joints or their supporting structures (R) (Anaes.) (Contrast) (Anaes.)	336			252	285.6
63337	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for derangement of wrist or hand (or both) or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63340	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for derangement of elbow or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63361	Support list (DI)	Type C	N	MRI—scan of musculoskeletal system for Gaucher disease (R) (Anaes.) (Anaes.)	403.2			302.4	342.75
63385	Support list (DI)	Type C	N	MRI—scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63388	Support list (DI)	Type C	N	MRI—scan of cardiovascular system for tumour of the heart or a great vessel (R) (Anaes.) (Contrast) (Anaes.)	448			336	380.8
63391	Support list (DI)	Type C	N	MRI—scan of cardiovascular system for abnormality of thoracic aorta (R) (Anaes.) (Contrast) (Anaes.)	403.2			302.4	342.75
63395	Support list (DI)	Type C	N	MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:(a) dedicated right ventricular views; and(b) 3D volumetric assessment of the right ventricle; and(c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values;if the request for the scan indicates that:(d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or(e) investigative findings in relation to the patient are consistent with ARVC(R) (Contrast) (Anaes.)	855.2			641.4	767.3

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
63397	Support list (DI)	Type C	N	MRI—scan of cardiovascular system for assessment of myocardial structure and function involving: (a) dedicated right ventricular views; and(b) 3D volumetric assessment of the right ventricle; and(c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values;if the request for the scan indicates that the patient:(d) is asymptomatic; and(e) has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC)(R) (Contrast) (Anaes.)	855.2			641.4	767.3
63399	Support list (DI)	Type C	Y	MRI–scan of cardiovascular system for the assessment of myocardial structure and function, if the service is requested by a consultant physician who has assessed the patient, and the request for the scan indicates: the patient has suspected myocarditis after receiving a mRNA COVID-19 vaccine; and the patient had symptom onset within 21 days of a mRNA COVID-19 vaccine administration; and the results from the following examinations are inconclusive to form a diagnosis of myocarditis:(i)echocardiogram; and(ii) troponin; and(iii)chest X-ray. Applicable not more than once in a patient's lifetime (R) (Contrast) (Anaes.)	855.2			641.4	767.3
63401	Support list (DI)	Type C	N	MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63404	Support list (DI)	Type C	N	MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63416	Support list (DI)	Type C	N	MRA—scan of person under the age of 16 for the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63425	Support list (DI)	Type C	N	MRI—scan of person under the age of 16 for post inflammatory or post traumatic physeal fusion (R) (Anaes.)	403.2			302.4	342.75
63428	Support list (DI)	Type C	N	MRI—scan of person under the age of 16 for Gaucher disease (R) (Anaes.)	403.2			302.4	342.75
63440	Support list (DI)	Type C	N	MRI—scan of person under the age of 16 for pelvic or abdominal mass (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63443	Support list (DI)	Type C	N	MRI—scan of person under the age of 16 for mediastinal mass (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63446	Support list (DI)	Type C	N	MRI—scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63454	Support list (DI)	Type C	N	MRI – scan of the pelvis or abdomen, for a patient who is pregnant, if: (a) the pregnancy is at, or after, 18 weeks gestation; and(b) fetal central nervous system abnormality is suspected; and(c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and(d) the diagnosis is indeterminate or requires further examination; and(e) the service is requested by a specialist practising in the specialty of obstetrics (R) (Contrast) (Anaes.)	1200			900	1112.1
63461	Support list (DI)	Type C	N	MRI—scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (Anaes.)	358.4			268.8	304.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
63464	Support list (DI)	Type C	N	MRI—scan of both breasts for the detection of cancer, if a dedicated breast coil is used, the request for the scan identifies that the person is asymptomatic and is younger than 50 years of age, and the request for the scan identifies: (a) that the patient is at high risk of developing breast cancer, due to one of the following:(i) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;(ii) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, if any of the relatives has been diagnosed with bilateral breast cancer, had onset of breast cancer before the age of 40 years, had onset of ovarian cancer before the age of 50 years, has been diagnosed with breast and ovarian cancer (at the same time or at different times), has Ashkenazi Jewish ancestry or is a male relative who has been diagnosed with breast cancer;(iii) one first or second degree relative diagnosed with breast cancer at age 45 years or younger, and another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or(b) that genetic testing has identified the presence of a high risk breast cancer gene mutation (R) (Anaes.)	690			517.5	602.1
63467	Support list (DI)	Type C	N	MRI—scan of both breasts for the detection of cancer, if:(a) a dedicated breast coil is used; and(b) the person has had an abnormality detected as a result of a service mentioned in item 63464 performed in the previous 12 months (R) (Anaes.)	690			517.5	602.1
63470	Support list (DI)	Type C	N	MRI—scan of the pelvis for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan identifies that: (a) a histological diagnosis of carcinoma of the cervix has been made; and(b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63473	Support list (DI)	Type C	N	MRI—scan of the pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for the scan identifies that: (a) a histological diagnosis of carcinoma of the cervix has been made; and(b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (Contrast) (Anaes.)	627.2			470.4	539.3
63476	Support list (DI)	Type C	N	MRI—scan of the pelvis for the initial staging of rectal cancer, if: (a) a phased array body coil is used; and(b) the request for the scan identifies that the indication is for the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum) (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63482	Support list (DI)	Type C	N	MRI—scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R) (Anaes.)	403.2			302.4	342.75
63487	Support list (DI)	Type C	N	MRI—scan of both breasts, if:(a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and(ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (Anaes.)	690			517.5	602.1
63489	Support list (DI)	Type C	N	MRI—scan of one breast, performed in conjunction with a biopsy procedure on that breast and an ultrasound scan of that breast, if: (a) the request for the MRI scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and (b) the ultrasound scan is performed immediately before the MRI scan and confirms that the lesion is not amenable to biopsy guided by conventional imaging; and (c) a dedicated breast coil is used (R) (Anaes.)	1008			756	920.1
63491	Support list (DI)	Type C	N	NOTE: Benefits in Subgroup 22 are only payable for modifying items where claimed simultaneously with MRI services. Modifiers for sedation and anaesthesia may not be claimed for the same service. MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and(b) the item for the service includes in its description '(Contrast)'; and(c) the service is performed using a contrast agent	44.8			33.6	38.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
63494	Support list (DI)	Type C	N	MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and(b) the service is performed using intravenous or intra muscular sedation	44.8			33.6	38.1
63496	Support list (DI)	Type C	N	NOTE: Benefits in Subgroup 22 are only payable for modifying items where claimed simultaneously with MRI services. Modifiers for sedation and anaesthesia may not be claimed for the same service. MRI service to which item 63545 or 63546 applies if: (a) the service is performed on a person under the supervision of an eligible provider; and(b) the service is performed using an hepatobiliary specific contrast agent	250			187.5	212.5
63497	Support list (DI)	Type C	N	MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and(b) the service is performed under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic	156.8			117.6	133.3
63498	Support list (DI)	Unlisted	N	MRI service to which item 63501, 63502, 63504 or 63505 applies if: (a) the service is performed in accordance with the determination; and (b) the service is performed on a person using intravenous or intra muscular sedation	44.8			33.6	38.1
63499	Support list (DI)	Unlisted	N	MRI service to which item 63501, 63502, 63504 or 63505 applies if: (a) the service is performed in accordance with the determination; and (b) the service is performed on a person under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic.	156.8			117.6	133.3
63501	Support list (DI)	Unlisted	N	MRI – scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and(ii) the result of the scan confirms a loss of integrity of the implant. (R) Note: Benefits are payable on one occasion only in any 24 Month Period	500			375	425
63502	Support list (DI)	Unlisted	N	MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) the result of the scan does not demonstrate a loss of integrity of the implant (R) Note: Benefits are payable on one occasion only in any 24Month Period	500			375	425
63504	Support list (DI)	Unlisted	N	MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan confirms a loss of integrity of the implant (R)	500			375	425
63505	Support list (DI)	Unlisted	N	MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan does not demonstrate a loss of integrity of the implant (R)	500			375	425
63507	Support list (DI)	Type C	N	MRI—scan of head for a patient under 16 years if the service is for:(a) an unexplained seizure; or(b) an unexplained headache if significant pathology is suspected; or(c) paranasal sinus pathology that has not responded to conservative therapy (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63510	Support list (DI)	Type C	N	MRI—scan of spine following radiographic examination for a patient under 16 years if the service is for: (a) significant trauma; or(b) unexplained neck or back pain with associated neurological signs; or(c) unexplained back pain if significant pathology is suspected (R) (Contrast) (Anaes.)	448			336	380.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
63513	Support list (DI)	Type C	N	MRI—scan of knee for internal joint derangement for a patient under 16 years (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63516	Support list (DI)	Type C	N	MRI—scan of hip following radiographic examination for a patient under 16 years if any of the following is suspected: (a) septic arthritis;(b) slipped capital femoral epiphysis;(c) Perthes disease (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63519	Support list (DI)	Type C	N	MRI—scan of elbow following radiographic examination for a patient under 16 years if a significant fracture or avulsion injury, which would change the way in which the patient is managed, is suspected (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63522	Support list (DI)	Type C	N	MRI—scan of wrist following radiographic examination for a patient under 16 years if a scaphoid fracture is suspected (R) (Contrast) (Anaes.)	448			336	380.8
63531	Support list (DI)	Type C	N	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has a breast lesion; and(ii) the results of conventional imaging are inconclusive for the presence of breast cancer; and(iii) biopsy has not been possible (R) (Contrast) (Anaes.)	690			517.5	602.1
63533	Support list (DI)	Type C	N	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has been diagnosed with a breast cancer; and(ii) there is a discrepancy between the clinical assessment and the conventional imaging assessment of the extent of the malignancy; and(c) the results of breast MRI imaging may alter treatment planning (R) (Contrast) (Anaes.)	690			517.5	602.1
63541	Support list (DI)	Type C	N	Multiparametric MRI—scan of the prostate for the detection of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology: (a) if the request for the scan identifies that the patient is suspected of developing prostate cancer: (i) on the basis of a digital rectal examination; or (ii) in the circumstances mentioned in clause2.5.9A; and (b) using a standardised image acquisition protocol involving: (i) T2-weighted imaging; and (ii) diffusion-weighted imaging; and (iii) (unless contraindicated) dynamic contrast enhancement (R) Note:See explanatory note IN.5.1 forthe meaning of Clause 2.5.9 in the descriptor for this item and the claiming limitations. (Anaes.)	450			337.5	382.5
63543	Support list (DI)	Type C	N	Multiparametric MRI—scan of the prostate for the assessment of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology: (a) if the request for the scan identifies that the patient: (i) is under active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and (ii) is not undergoing, or planning to undergo, treatment for prostate cancer; and (b) using a standardised image acquisition protocol involving: (i) T2-weighted imaging; and (ii) diffusion-weighted imaging; and (iii) (unless contraindicated) dynamic contrast enhancement (R) Note: See explanatory note IN.5.2 for claiming restrictions for this item. (Anaes.)	450			337.5	382.5
63545	Support list (DI)	Type C	N	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 carcinoma; and(ii) known, suspected, or possible liver metastasis; and(b) computed tomography, or ultrasound imaging, has identified a mass lesion in patient's liver.For any particular patient—applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)	550			412.5	467.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
63546	Support list (DI)	Type C	N	MRI – multiphase scans of the liver (including delayed imaging, if performed) with a contrast agent, for diagnosis or staging, if: (a) the patient has:(i) known or suspected hepatocellular carcinoma; and(ii) chronic liver disease that has been confirmed by a specialist or consultant physician; and(b) the patient's liver function has been identified as Child Pugh class A or B; and(c) the patient has an identified hepatic lesion over 10 mm in diameter.For any particular patient—applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)	550			412.5	467.5
63547	Support list (DI)	Type C	N	MRI—scan of both breasts for the detection of cancer, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has a breast implant in situ; and(ii) anaplastic large cell lymphoma has been diagnosed(R) (Contrast) (Anaes.)	690			517.5	602.1
63551	Support list (DI)	Type C	N	MRI - scan of head for a patient 16 years or older, after a request by a medical practitioner (other than a specialist or consultant physician), for any of the following: (a) unexplained seizure(s);(b) unexplained chronic headache with suspected intracranial pathology (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63554	Support list (DI)	Type C	N	MRI - scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical radiculopathy (R) (Contrast) (Anaes.)	358.4			268.8	304.65
63557	Support list (DI)	Type C	N	MRI - scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical spinal trauma (R) (Contrast) (Anaes.)	492.8			369.6	418.9
63560	Support list (DI)	Type C	N	MRI - scan of knee following acute knee trauma, after referral by a medical practitioner (other than a specialist or consultant physician), for a patient 16 to 49 years with: (a) inability to extend the knee suggesting the possibility of acute meniscal tear; or(b) clinical findings suggesting acute anterior cruciate ligament tear (R) (Contrast) (Anaes.)	403.2			302.4	342.75
63740	Support list (DI)	Type C	N	MRI—scan to evaluate small bowel Crohn's disease if the service is provided to a patient for: (a) evaluation of disease extent at time of initial diagnosis of Crohn's disease; or(b) evaluation of exacerbation, or suspected complications, of known Crohn's disease; or(c) evaluation of known or suspected Crohn's disease in pregnancy; or(d) assessment of change to therapy in a patient with small bowel Crohn's disease (R) (Contrast)	457.2			342.9	388.65
63741	Support list (DI)	Type C	N	MRI—scan with enteroclysis for Crohn's disease if the service is related to item 63740 (R)	265.25			198.95	225.5
63743	Support list (DI)	Type C	N	MRI—scan for fistulising perianal Crohn's disease if the service is provided to a patient for:(a) evaluation of pelvic sepsis and fistulas associated with established or suspected Crohn's disease; or(b) assessment of change to therapy of pelvis sepsis and fistulas from Crohn's disease (R) (Contrast)	403.2			302.4	342.75
64990	N/A (Not hospital treatment)	Unlisted	N	A diagnostic imaging service to which an item in this table (other than this item or item 64991, 64992, 64993, 64994 or 64995) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this table applying to the service	7.2				6.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
64991	N/A (Not hospital treatment)	Unlisted	N	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64992, 64993, 64994 or 64995) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this table applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area	10.9				9.3
64992	N/A (Not hospital treatment)	Unlisted	Y	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64993, 64994 or 64995) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i)this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in: (i) a Modified Monash 3 are; or (ii) a Modified Monash 4 area	11.55				9.85
64993	N/A (Not hospital treatment)	Unlisted	Y	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64994 or 64995) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i)this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 5 area	12.25				10.45
64994	N/A (Not hospital treatment)	Unlisted	Y	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64993 or 64995) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i)this item; and (ii) the other item in this Schedule applying to the service; and (e)the service is provided at, or from, a practice location in a Modified Monash 6 area	13				11.05
64995	N/A (Not hospital treatment)	Unlisted	Y	A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64993 or 64994) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 7 area	14.25				12.15
65060	Support list (pathology)	Type C	N	Haemoglobin, erythrocyte sedimentation rate, blood viscosity - 1 or more tests	7.85			5.9	6.7
65066	Support list (pathology)	Type C	N	Examination of: (a)a blood film by special stains to demonstrate Heinz bodies, parasites or iron; or (b)a blood film by enzyme cytochemistry for neutrophil alkaline phosphatase, alpha-naphthyl acetate esterase or chloroacetate esterase; or (c)a blood film using any other special staining methods including periodic acid Schiff and Sudan Black; or (d)a urinary sediment for haemosiderin including a service described in item 65072	10.4			7.8	8.85
65070	Support list (pathology)	Type C	N	Erythrocyte count, haematocrit, haemoglobin, calculation or measurement of red cell index or indices, platelet count, leucocyte count and manual or instrument generated differential count - not being a service where haemoglobin only is requested - one or more instrument generated sets of results from a single sample; and (if performed) (a) a morphological assessment of a blood film; (b) any service in item 65060 or 65072	16.95			12.75	14.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
65072	Support list (pathology)	Type C	N	Examination for reticulocytes including a reticulocyte count by any method - 1 or more tests	10.2			7.65	8.7
65075	Support list (pathology)	Type C	N	Haemolysis or metabolic enzymes - assessment by: (a)erythrocyte autohaemolysis test; or (b)erythrocyte osmotic fragility test; or (c)sugar water test; or (d)G-6-P D (qualitative or quantitative) test; or (e)pyruvate kinase (qualitative or quantitative) test; or (f)acid haemolysis test; or (g) quantitation of muramidase in serum or urine; or (h) Donath Landsteiner antibody test; or (i) other erythrocyte metabolic enzyme tests 1 or more tests	51.95			39	44.2
65078	Support list (pathology)	Type C	N	Tests for the diagnosis of thalassaemia consisting of haemoglobin electrophoresis or chromatography and at least 2 of: (a)examination for HbH; or (b)quantitation of HbA2; or (c)quantitation of HbF; including (if performed) any service described in item 65060 or 65070	90.2			67.65	76.7
65079	Support list (pathology)	Type C	N	Tests described in item 65078 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	90.2			67.65	76.7
65081	Support list (pathology)	Type C	N	Tests for the investigation of haemoglobinopathy consisting of haemoglobin electrophoresis or chromatography and at least 1 of: (a)heat denaturation test; or (b)isopropanol precipitation test; or (c)tests for the presence of haemoglobin S; or (d)quantitation of any haemoglobin fraction (including S, C, D, E); including (if performed) any service described in item 65060, 65070 or 65078	96.6			72.45	82.15
65082	Support list (pathology)	Type C	N	Tests described in item 65081 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	96.6			72.45	82.15
65084	Support list (pathology)	Type C	N	Bone marrow trephine biopsy - histopathological examination of sections of bone marrow and examination of aspirated material (including clot sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070	165.85			124.4	141
65087	Support list (pathology)	Type C	N	Bone marrow - examination of aspirated material (including clot sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070	83.1			62.35	70.65
65090	Support list (pathology)	Type C	N	Blood grouping (including back-grouping if performed) - ABO and Rh (D antigen)	11.15			8.4	9.5
65093	Support list (pathology)	Type C	N	Blood grouping - Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system - 1 or more systems, including item 65090 (if performed)	22			16.5	18.7
65096	Support list (pathology)	Type C	N	Blood grouping (including back-grouping if performed), and examination of serum for Rh and other blood group antibodies, including: (a)identification and quantitation of any antibodies detected; and (b)(if performed) any test described in item 65060 or 65070	41			30.75	34.85
65099	Support list (pathology)	Type C	N	Compatibility tests by crossmatch - all tests performed on any1 day for up to 6 units, including: (a)direct testing of donor red cells from each unit against the serum of the patient by one or more accepted crossmatching techniques; and (b) all grouping checks of the patient and donor; and (c)examination for antibodies, and if necessary identification of any antibodies detected; and (d)(if performed) any tests described in item 65060, 65070, 65090 or 65096 (Item is subject to rule 5)	108.9			81.7	92.6
65102	Support list (pathology)	Type C	N	Compatibility tests by crossmatch - all tests performed on any1 day in excess of 6 units, including: (a) direct testing of donor red cells from each unit against serum of the patient by one or more accepted crossmatching techniques; and (b) all grouping checks of the patient and donor; and (c)examination for antibodies, and if necessary identification of any antibodies detected; and (d)(if performed) any tests described in item 65060, 65070, 65090, 65096, 65099 or 65105 (Item is subject to rule 5)	164.6			123.45	139.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
65105	Support list (pathology)	Type C	N	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day for up to 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies and, if necessary, identification of any antibodies detected; and (c) (if performed) any tests described in item 65060, 65070, 65090 or 65096 (Item is subject to rule 5)	108.9			81.7	92.6
65108	Support list (pathology)	Type C	N	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day in excess of 6 units, including: (a)all grouping checks of the patient and donor; and (b)examination for antibodies and, if necessary, identification of any antibodies detected; and (c) (if performed) any tests described in item 65060, 65070, 65090, 65096, 65099 or 65105 (Item is subject to rule 5)	164.6			123.45	139.95
65109	Support list (pathology)	Type C	N	Release of fresh frozen plasma or cryoprecipitate for the use in a patient for the correction of a coagulopathy - 1 release.	12.9			9.7	11
65110	Support list (pathology)	Type C	N	Release of compatible fresh platelets for the use in a patient for platelet support as prophylaxis to minimize bleeding or during active bleeding - 1 release.	12.9			9.7	11
65111	Support list (pathology)	Type C	N	Examination of serum for blood group antibodies (including identification and, if necessary, quantitation of any antibodies detected)	23.2			17.4	19.75
65114	Support list (pathology)	Type C	N	1 or more of the following tests: (a)direct Coombs (antiglobulin) test; (b)qualitative or quantitative test for cold agglutinins or heterophil antibodies	9.1			6.85	7.75
65117	Support list (pathology)	Type C	N	1 or more of the following tests: (a)Spectroscopic examination of blood for chemically altered haemoglobins; (b)detection of methaemalbumin (Schumm's test)	20.25			15.2	17.25
65120	Support list (pathology)	Type C	N	Prothrombin time (including INR where appropriate), activated partial thromboplastin time, thrombin time (including test for the presence of heparin), test for factor XIII deficiency (qualitative), Echis test, Stypven test, reptilase time, fibrinogen, or 1 of fibrinogen degradation products, fibrin monomer or D-dimer - 1 test	13.7			10.3	11.65
65123	Support list (pathology)	Type C	N	2 tests described in item 65120	20.35			15.3	17.3
65126	Support list (pathology)	Type C	N	3 tests described in item 65120	27.85			20.9	23.7
65129	Support list (pathology)	Type C	N	4 or more tests described in item 65120	35.5			26.65	30.2
65137	Support list (pathology)	Type C	N	Test for the presence of lupus anticoagulant not being a service associated with any service to which items 65175, 65176, 65177, 65178 and 65179 apply	25.35			19.05	21.55
65142	Support list (pathology)	Type C	N	Confirmation or clarification of an abnormal or indeterminate result from a test described in item 65175, by testing a specimen collected on a different day - 1 or more tests	25.35			19.05	21.55
65144	Support list (pathology)	Type C	N	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or other substances; or heparin, low molecular weight heparins, heparinoid or other drugs - 1 or more tests	56.55			42.45	48.1
65147	Support list (pathology)	Type C	N	Quantitation of anti-Xa activity when monitoring is required for a patient receiving a low molecular weight heparin or heparinoid - 1 test	37.9			28.45	32.25
65150	Support list (pathology)	Type C	N	Quantitation of von Willebrand factor antigen, von Willebrand factor activity (ristocetin cofactor assay), von Willebrand factor collagen binding activity, factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, circulating coagulation factor inhibitors other than by Bethesda assay - 1 test (Item is subject to rule 6)	70.9			53.2	60.3
65153	Support list (pathology)	Type C	N	2 tests described in item 65150 (Item is subject to rule 6)	141.85			106.4	120.6
65156	Support list (pathology)	Type C	N	3 or more tests described in item 65150 (Item is subject to rule 6)	212.75			159.6	180.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
65157	Support list (pathology)	Type C	N	A test described in item 65150, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	70.9			53.2	60.3
65158	Support list (pathology)	Type C	N	Tests described in item 65150, other than that described in 65157, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	70.9			53.2	60.3
65159	Support list (pathology)	Type C	N	Quantitation of circulating coagulation factor inhibitors by Bethesda assay - 1 test	70.9			53.2	60.3
65162	Support list (pathology)	Type C	N	Examination of a maternal blood film for the presence of fetal red blood cells (Kleihauer test)	10.45			7.85	8.9
65165	Support list (pathology)	Type C	N	Detection and quantitation of fetal red blood cells in the maternal circulation by detection of red cell antigens using flow cytometric methods including (if performed) any test described in item 65070 or 65162	34.45			25.85	29.3
65166	Support list (pathology)	Type C	N	A test described in item 65165 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	34.45			25.85	29.3
65171	Support list (pathology)	Type C	N	Test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency or activated protein C resistance in a first degree relative of a person who has a proven defect of any of the above - 1 or more tests	25.35			19.05	21.55
65175	Support list (pathology)	Type C	N	Test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency, lupus anticoagulant, activated protein C resistance - where the request for the test(s) specifically identifies that the patient has a history of venous thromboembolism - quantitation by 1 or more techniques - 1 test (Item is subject to Rule 6)	25.35			19.05	21.55
65176	Support list (pathology)	Type C	N	2 tests described in item 65175 (Item is subject to rule 6)	48.65			36.5	41.4
65177	Support list (pathology)	Type C	N	3 tests described in item 65175 (Item is subject to rule 6)	71.95			54	61.2
65178	Support list (pathology)	Type C	N	4 tests described in item 65175 (Item is subject to rule 6)	95.2			71.4	80.95
65179	Support list (pathology)	Type C	N	5 tests described in item 65175 (Item is subject to rule 6)	118.5			88.9	100.75
65180	Support list (pathology)	Type C	N	A test described in item 65175, if rendered by a receiving APA, where no tests in the item have been rendered by the referring APA - 1 test (Item is subject to rule6 and 18)	25.35			19.05	21.55
65181	Support list (pathology)	Type C	N	A test described in item65175, if rendered by a receiving APP, if one or more tests described in the item have been rendered by the referring APP - one test (Item is subject to rule 6 and 18)	23.3			17.5	19.85
66500	Support list (pathology)	Type C	N	Quantitation in serum, plasma, urine or other body fluid (except amniotic fluid), by any method except reagent tablet or reagent strip (with or without reflectance meter) of: acid phosphatase, alanine aminotransferase, albumin, alkaline phosphatase, ammonia, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total), bilirubin (any fractions), C-reactive protein, calcium (total or corrected for albumin), chloride, creatine kinase, creatinine, gamma glutamyl transferase, globulin, glucose, lactate dehydrogenase, lipase, magnesium, phosphate, potassium, sodium, total protein, total cholesterol, triglycerides, urate or urea - 1 test	9.7			7.3	8.25
66503	Support list (pathology)	Type C	N	2 tests described in item 66500	11.65			8.75	9.95
66506	Support list (pathology)	Type C	N	3 tests described in item 66500	13.65			10.25	11.65
66509	Support list (pathology)	Type C	N	4 tests described in item 66500	15.65			11.75	13.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66512	Support list (pathology)	Type C	N	5 or more tests described in item 66500	17.7			13.3	15.05
66517	Support list (pathology)	Type C	N	Quantitation of bile acids in blood in pregnancy. Applicable not more than 3 times in a pregnancy.	19.65			14.75	16.75
66518	Support list (pathology)	Type C	N	Investigation of cardiac or skeletal muscle damage by quantitative measurement of creatine kinase isoenzymes, troponin or myoglobin in blood - testing on 1 specimen in a 24 hour period	20.05			15.05	17.05
66519	Support list (pathology)	Type C	N	Investigation of cardiac or skeletal muscle damage by quantitative measurement of creatine kinase isoenzymes, troponin or myoglobin in blood - testing on 2 or more specimens in a 24 hour period	40.15			30.15	34.15
66522	Support list (pathology)	Type C	N	Faecal calprotectin test for the diagnosis of inflammatory bowel disease, if all the following apply: the patient is under 50 years of age; the patient has gastrointestinal symptoms suggestive of inflammatory or functional bowel disease of more than 6 weeks' duration; infectious causes have been excluded; the likelihood of malignancy has been assessed as low; no relevant clinical alarms are present	75			56.25	63.75
66523	support list (pathology)	Type C	N	Faecal calprotectin test for the diagnosis of inflammatory bowel disease, if all the following apply: the results of a service to which item66522 applies were inconclusive for the patient (that is, the results showed a faecal calprotectin level of more than 50 µg/g but not more than 100 µg/g); the patient has ongoing gastrointestinal symptoms suggestive of inflammatory or functional bowel disease; the service is requested by a specialist or consultant physician practising as a specialist gastroenterologist; the request indicates that an endoscopic examination is not initially required; no relevant clinical alarms are present	75			56.25	63.75
66536	Support list (pathology)	Type C	N	Quantitation of HDL cholesterol	11.05			8.3	9.4
66539	Support list (pathology)	Type C	N	Electrophoresis of serum for demonstration of lipoprotein subclasses, if the cholesterol is >6.5 mmol/L and triglyceride >4.0 mmol/L or in the diagnosis of types III and IV hyperlipidaemia - (Item is subject to rule 25)	30.6			22.95	26.05
66542	Support list (pathology)	Type C	N	Oral glucose tolerance test for the diagnosis of diabetes mellitus that includes: (a)administration of glucose; and (b)at least 2 measurements of blood glucose; and (c)(if performed) any test described in item 66695	18.95			14.25	16.15
66545	Support list (pathology)	Type C	N	Oral glucose challenge test in pregnancy for the detection of gestational diabetes that includes: (a)administration of glucose; and (b)1 or 2 measurements of blood glucose; and (c)(if performed) any test in item 66695	15.8			11.85	13.45
66548	Support list (pathology)	Type C	N	Oral glucose tolerance test in pregnancy for the diagnosis of gestational diabetes that includes: (a)administration of glucose; and (b)at least 3 measurements of blood glucose; and (c)any test in item 66695 (if performed)	19.9			14.95	16.95
66551	Support list (pathology)	Type C	N	Quantitation of glycated haemoglobin performed in the management of established diabetes (See para PR.2.2 of explanatory notes to this Category)	16.8			12.6	14.3
66554	Support list (pathology)	Type C	N	Quantitation of glycated haemoglobin performed in the management of pre-existing diabetes where the patient is pregnant - including a service in item 66551 (if performed) - (Item is subject to rule 25)	16.8			12.6	14.3
66557	Support list (pathology)	Type C	N	Quantitation of fructosamine performed in the management of established diabetes - each test to a maximum of 4 tests in a 12 month period	9.7			7.3	8.25
66560	Support list (pathology)	Type C	N	Microalbumin - quantitation in urine	20.1			15.1	17.1
66563	Support list (pathology)	Type C	N	Osmolality, estimation by osmometer, in serum or in urine - 1 or more tests	24.7			18.55	21

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66566	Support list (pathology)	Type C	N	Quantitation of: (a)blood gases (including pO2, oxygen saturation and pCO2) ; and (b)bicarbonate and pH; including any other measurement (eg. haemoglobin, lactate, potassium or ionised calcium) or calculation performed on the same specimen - 1 or more tests on 1 specimen	33.7			25.3	28.65
66569	Support list (pathology)	Type C	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 2 specimens performed within any 1 day	42.6			31.95	36.25
66572	Support list (pathology)	Type C	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 3 specimens performed within any 1 day	51.55			38.7	43.85
66575	Support list (pathology)	Type C	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 4 specimens performed within any 1 day	60.45			45.35	51.4
66578	Support list (pathology)	Type C	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 5 specimens performed within any 1 day	69.35			52.05	58.95
66581	Support list (pathology)	Type C	N	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 6 or more specimens performed within any 1 day	78.25			58.7	66.55
66584	Support list (pathology)	Type C	N	Quantitation of ionised calcium (except if performed as part of item 66566) - 1 test	9.7			7.3	8.25
66587	Support list (pathology)	Type C	N	Urine acidification test for the diagnosis of renal tubular acidosis including the administration of an acid load, and pH measurements on 4 or more urine specimens and at least 1 blood specimen	47.55			35.7	40.45
66590	Support list (pathology)	Type C	N	Calculus, analysis of 1 or more	30.6			22.95	26.05
66593	Support list (pathology)	Type C	N	Ferritin - quantitation, except if requested as part of iron studies	18			13.5	15.3
66596	Support list (pathology)	Type C	N	Iron studies, consisting of quantitation of: (a)serum iron; and (b)transferrin or iron binding capacity; and (c)ferritin	32.55			24.45	27.7
66605	Support list (pathology)	Type C	N	Vitamins - quantitation of vitamins B1, B2, B3, B6 or Cin blood, urine or other body fluid - 1 or more tests	30.6			22.95	26.05
66606	Support list (pathology)	Type C	N	A test described in item 66605 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18 and 25)	30.6			22.95	26.05
66607	Support list (pathology)	Type C	N	Vitamins - quantitation of vitamins A or E in blood, urine or other body fluid - 1 or more tests within a 6 month period	75.75			56.85	64.4
66610	Support list (pathology)	Unlisted	N	A test described in item 66607 if rendered by a receiving APP - 1 or more tests	75.75			56.85	64.4
66623	Support list (pathology)	Type C	N	All qualitative and quantitative tests on blood, urine or other body fluid for: (a)a drug or drugs of abuse (including illegal drugs and legally available drugs taken other than in appropriate dosage); or (b)ingested or absorbed toxic chemicals; including a service described in item 66800, 66803, 66806, 66812 or 66815 (if performed), but excluding: (c)the surveillance of sports people and athletes for performance improving substances; and (d)the monitoring of patients participating in a drug abuse treatment program	41.5			31.15	35.3
66626	Support list (pathology)	Type C	N	Detection or quantitation or both (not including the detection of nicotine and metabolites in smoking withdrawal programs) of a drug, or drugs, of abuse or a therapeutic drug, on a sample collected from a patient participating in a drug abuse treatment program; but excluding the surveillance of sports people and athletes for performance improving substances; including all tests on blood, urine or other body fluid (Item is subject to rule 25)	24.1			18.1	20.5
66629	Support list (pathology)	Type C	N	Beta-2-microglobulin - quantitation in serum, urine or other body fluids - 1 or more tests	20.1			15.1	17.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66632	Support list (pathology)	Type C	N	Caeruloplasmin, haptoglobins, or prealbumin - quantitation in serum, urine or other body fluids - 1 or more tests	20.1			15.1	17.1
66635	Support list (pathology)	Type C	N	Alpha-1-antitrypsin - quantitation in serum, urine or other body fluid - 1 or more tests	20.1			15.1	17.1
66638	Support list (pathology)	Type C	N	Isoelectric focussing or similar methods for determination of alpha-1-antitrypsin phenotype in serum - 1 or more tests	49.05			36.8	41.7
66639	Support list (pathology)	Type C	N	A test described in item 66638 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	29.2			21.9	24.85
66641	Support list (pathology)	Type C	N	Electrophoresis of serum or other body fluid to demonstrate: (a)the isoenzymes of lactate dehydrogenase; or (b)the isoenzymes of alkaline phosphatase; including the preliminary quantitation of total relevant enzyme activity - 1 or more tests	29.2			21.9	24.85
66642	Support list (pathology)	Type C	N	A test described in item 66641 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	29.2			21.9	24.85
66644	Support list (pathology)	Type C	N	C-1 esterase inhibitor - quantitation	20.15			15.15	17.15
66647	Support list (pathology)	Type C	N	C-1 esterase inhibitor - functional assay	45.1			33.85	38.35
66650	Support list (pathology)	Type C	N	Alpha-fetoprotein, CA-15.3 antigen (CA15.3), CA-125 antigen (CA125), CA-19.9 antigen (CA19.9), cancer associated serum antigen (CASA), carcinoembryonic antigen (CEA), human chorionic gonadotrophin (HCG), neuron specific enolase (NSE), thyroglobulin in serum or other body fluid, in the monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour - quantitation - 1 test (Item is subject to rule 6)	24.35			18.3	20.7
66651	Support list (pathology)	Type C	N	A test described in item 66650 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	24.35			18.3	20.7
66652	Support list (pathology)	Type C	N	A test described in item 66650 if rendered by a receiving APP - other than that described in 66651, if rendered by a receiving APP, 1 test (Item is subject to rule 6 and 18)	20.3			15.25	17.3
66653	Support list (pathology)	Type C	N	2 or more tests described in item 66650 (Item is subject to rule 6)	44.6			33.45	37.95
66655	Support list (pathology)	Type C	N	Prostate specific antigen - quantitation - 1 of this item in a 12 month period (Item is subject to rule 25)	20.15			15.15	17.15
66656	Support list (pathology)	Type C	N	Prostate specific antigen - quantitation in the monitoring of previously diagnosed prostatic disease (including a test described in item 66655)	20.15			15.15	17.15
66659	Support list (pathology)	Type C	N	Prostate specific antigen - quantitation of 2 or more fractions of PSA and any derived index including (if performed) a test described in item 66656, in the follow up of a PSA result that lies at or above the age related median but below the age related, method specific 97.5% reference limit - 1 of this item in a 12 month period (Item is subject to rule 25)	37.3			28	31.75
66660	Support list (pathology)	Type C	N	Prostate specific antigen - quantitation of 2 or more fractions of PSA and any derived index including (if performed) a test described in item 66656, in the follow up of a PSA result that lies at or above the age related, method specific 97.5% reference limit, but below a value of 10 ug/L - 4 of this item in a 12 month period. (Item is subject to rule 25)	37.3			28	31.75
66662	Support list (pathology)	Type C	N	Quantitation of hormone receptors on proven primary breast or ovarian carcinoma or a metastasis from a breast or ovarian carcinoma or a subsequent lesion in the breast - 1 or more tests	79.95			60	68
66663	Support list (pathology)	Type C	N	A test described in item 66662 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	79.95			60	68

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66665	Support list (pathology)	Type C	N	Lead quantitation in blood or urine (other than for occupational health screening purposes) to a maximum of 3 tests in a 6 month period - each test	30.6			22.95	26.05
66666	Support list (pathology)	Type C	N	A test described in item 66665 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	30.6			22.95	26.05
66667	Support list (pathology)	Type C	N	Quantitation of serum zinc in a patient receiving intravenous alimentation - each test	30.6			22.95	26.05
66671	Support list (pathology)	Type C	N	Quantitation of serum aluminium in a patient in a renal dialysis program - each test	36.9			27.7	31.4
66674	Support list (pathology)	Type C	N	Quantitation of: (a)faecal fat; or (b)breath hydrogen in response to loading with disaccharides; 1 or more tests within a 28 day period	39.95			30	34
66677	Support list (pathology)	Type C	N	Test for tryptic activity in faeces in the investigation of diarrhoea of longer than 4 weeks duration in children under 6 years old	11.15			8.4	9.5
66680	Support list (pathology)	Type C	N	Quantitation of disaccharidases and other enzymes in intestinal tissue - 1 or more tests	74.45			55.85	63.3
66683	Support list (pathology)	Type C	N	Enzymes - quantitation in solid tissue or tissues other than blood elements or intestinal tissue - 1 or more tests	74.45			55.85	63.3
66686	Support list (pathology)	Type C	N	Performance of 1 or more of the following procedures: (a)growth hormone suppression by glucose loading; (b)growth hormone stimulation by exercise; (c)dexamethasone suppression test; (d)sweat collection by iontophoresis for chloride analysis; (e)pharmacological stimulation of growth hormone	50.65			38	43.1
66695	Support list (pathology)	Type C	N	Quantitation in blood or urine of hormones and hormone binding proteins - ACTH, aldosterone, androstenedione, C-peptide, calcitonin, cortisol, DHEAS, 11-deoxycortisol, dihydrotestosterone, FSH, gastrin, glucagon, growth hormone, hydroxyprogesterone, insulin, LH, oestradiol, oestrone, progesterone, prolactin, PTH, renin, sex hormone binding globulin, somatomedin C(IGF-1), free or total testosterone, urine steroid fraction or fractions, vasoactive intestinal peptide,- 1 test (Item is subject to rule 6)	30.5			22.9	25.95
66696	Support list (pathology)	Type C	N	A test described in item 66695, if rendered by a receiving APP - where no tests in the item have been rendered by the referring APP (Item is subject to rule 6 and 18)	30.5			22.9	25.95
66697	Support list (pathology)	Type C	N	Tests described in item 66695, other than that described in 66696, if rendered by a receiving APP - each test to a maximum of 4 tests (Item is subject to rule 6 and 18)	13.2			9.9	11.25
66698	Support list (pathology)	Type C	N	2 tests described in item 66695 (Item is subject to rule 6)	43.7			32.8	37.15
66701	Support list (pathology)	Type C	N	3 tests described in item 66695 (Item is subject to rule 6)	56.9			42.7	48.4
66704	Support list (pathology)	Type C	N	4 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	70.15			52.65	59.65
66707	Support list (pathology)	Type C	N	5 or more tests described in item 66695 (Item is subject to rule 6)	83.35			62.55	70.85
66711	Support list (pathology)	Type C	N	Quantitation in saliva of cortisol in: (a)the investigation of Cushing's syndrome; or (b)the management of children with congenital adrenal hyperplasia (Item is subject to rule 6)	30.15			22.65	25.65
66712	Support list (pathology)	Type C	N	Two tests described in item 66711 (Item is subject to rule 6)	43.05			32.3	36.6
66714	Support list (pathology)	Type C	N	A test described in item 66711, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP (Item is subject to rule 6 and 18)	30.15			22.65	25.65
66715	Support list (pathology)	Type C	N	Tests described in item 66711, other than that described in 66714, if rendered by a receiving APP, each test to a maximum of 1 test (Item is subject to rule 6 and 18)	12.85			9.65	10.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66716	Support list (pathology)	Type C	N	TSH quantitation	25.05			18.8	21.3
66719	Support list (pathology)	Type C	N	Thyroid function tests (comprising the service described in item 66716 and either or bothof a test for free thyroxine and a test for free T3) for a patient, if: (a)the patient has a level of TSH that is outside the normal reference range for the particular method of assay used to determine the level; or (b)the request from the requesting medical practitioner indicates that the tests are performed: (i)for the purpose of monitoring thyroid disease in the patient; or (ii)to investigate the sick euthyroid syndrome if the patient is an admitted patient; or (iii)to investigate dementia or psychiatric illness of the patient; or (iv)to investigate amenorrhoea or infertility of the patient; or (c)the request from the requesting medical practitioner indicates that themedical practitionersuspects the patient has a pituitary dysfunction; or (d)the request from the requesting medical practitioner indicates that thepatient is on drugs that interfere with thyroid hormone metabolism or function	34.8			26.1	29.6
66722	Support list (pathology)	Type C	N	TSH quantitation described in item 66716 and 1 test described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	37.9			28.45	32.25
66723	Support list (pathology)	Type C	N	Tests described in item 66722, that is, TSH quantitation and 1 test described in 66695, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	37.9			28.45	32.25
66724	Support list (pathology)	Type C	N	Tests described in item 66722, if rendered by a receiving APP, other than that described in 66723. It is to include a quantitation of TSH - each test to a maximum of 4 tests described in item 66695 (Item is subject to rule 6 and 18)	13.15			9.9	11.2
66725	Support list (pathology)	Type C	N	TSH quantitation described in item 66716 and 2 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 tests specified on the request form or performs 3 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	51.05			38.3	43.4
66728	Support list (pathology)	Type C	N	TSH quantitation described in item 66716 and 3 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	64.2			48.15	54.6
66731	Support list (pathology)	Type C	N	TSH quantitation described in item 66716 and 4 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 tests specified on the request form or performs 5 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	77.4			58.05	65.8
66734	Support list (pathology)	Type C	N	TSH quantitation described in item 66716 and 5 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs 6 or more tests specified on the request form) (Item is subject to rule 6)	90.55			67.95	77
66743	Support list (pathology)	Type C	N	Quantitation of alpha-fetoprotein in serum or other body fluids during pregnancy except if requested as part of items 66750 or 66751	20.1			15.1	17.1
66749	Support list (pathology)	Type C	N	Amniotic fluid, spectrophotometric examination of, and quantitation of: (a)lecithin/sphingomyelin ratio; or (b)palmitic acid, phosphatidylglycerol or lamellar body phospholipid; or (c)bilirubin, including correction for haemoglobin 1 or more tests	32.95			24.75	28.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66750	Support list (pathology)	Type C	N	Quantitation, in pregnancy, of any2 of the following to detect foetal abnormality- total human chorionic gonadotrophin (total HCG), free alpha human chorionic gonadotrophin (free alpha HCG), free beta human chorionic gonadotrophin (free beta HCG), pregnancy associated plasma protein A (PAPP-A), unconjugated oestriol (uE3), alpha-fetoprotein (AFP) - including (if performed) a service described initem 73527or 73529 - Applicable not more than once in a pregnancy	39.75			29.85	33.8
66751	Support list (pathology)	Type C	N	Quantitation, in pregnancy, of any three or more tests described in 66750 (Item is subject to rule 25)	55.25			41.45	47
66752	Support list (pathology)	Type C	N	Quantitation of acetoacetate, beta-hydroxybutyrate, citrate, oxalate, total free fatty acids, cysteine, homocysteine, cystine, lactate, pyruvate or other amino acids and hydroxyproline (except if performed as part of item 66773 or 66776) - 1 test	24.7			18.55	21
66755	Support list (pathology)	Type C	N	2 or more tests described in item 66752	38.85			29.15	33.05
66756	Support list (pathology)	Type C	N	Quantitation of 10 or more amino acids for the diagnosis of inborn errors of metabolism - up to 4 tests in a 12 month period on specimens of plasma, CSF and urine.	98.3			73.75	83.6
66757	Support list (pathology)	Type C	N	Quantitation of 10 or more amino acids for monitoring of previously diagnosed inborn errors of metabolism in 1 tissue type.	98.3			73.75	83.6
66758	Support list (pathology)	Type C	N	Quantitation of angiotensin converting enzyme, or cholinesterase - 1 or more tests	24.7			18.55	21
66761	Support list (pathology)	Type C	N	Test for reducing substances in faeces by any method (except reagent strip or dipstick)	13.15			9.9	11.2
66764	Support list (pathology)	Type C	N	Examination for faecal occult blood (including tests for haemoglobin and its derivatives in the faeces except by reagent strip or dip stick methods) with a maximum of 3 examinations on specimens collected on separate days in a 28 day period	8.9			6.7	7.6
66767	Support list (pathology)	Type C	N	2 examinations described in item 66764 performed on separately collected and identified specimens	17.85			13.4	15.2
66770	Support list (pathology)	Type C	N	3 examinations described in item 66764 performed on separately collected and identified specimens	26.7			20.05	22.7
66773	Support list (pathology)	Type C	N	Quantitation of products of collagen breakdown or formation for the monitoring of patients with proven low bone mineral density, and if performed, a service described in item 66752 - 1 or more tests (Low bone densitometry is defined in the explanatory notes to Category 2 - Diagnostic Procedures and Investigations of the Medicare Benefits Schedule)	24.65			18.5	21
66776	Support list (pathology)	Type C	N	Quantitation of products of collagen breakdown or formation for the monitoring of patients with metabolic bone disease or Paget's disease of bone, and if performed, a service described in item 66752 - 1 or more tests	24.65			18.5	21
66779	Support list (pathology)	Type C	N	Adrenaline, noradrenaline, dopamine, histamine, hydroxyindoleacetic acid (5HIAA), hydroxymethoxymandelic acid (HMMA), homovanillic acid (HVA), metanephrines, methoxyhydroxyphenylethylene glycol (MHPG), phenylacetic acid (PAA) or serotoninquantitation - 1 or more tests	39.95			30	34
66780	Support list (pathology)	Type C	N	A test described in item 66779 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	39.95			30	34
66782	Support list (pathology)	Type C	N	Porphyrins or porphyrins precursors - detection in plasma, red cells, urine or faeces - 1 or more tests	13.15			9.9	11.2
66783	Support list (pathology)	Type C	N	A test described in item 66782 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	13.15			9.9	11.2
66785	Support list (pathology)	Type C	N	Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 1 test (Item is subject to rule 6)	39.95			30	34

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66788	Support list (pathology)	Type C	N	Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 2 or more tests (Item is subject to rule 6)	65.85			49.4	56
66789	Support list (pathology)	Type C	N	A test described in item 66785 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	39.95			30	34
66790	Support list (pathology)	Type C	N	A test described in item 66785 other than that described in 66789, if rendered by a receiving APP - to a maximum of 1 test (Item is subject to rule 6 and 18)	25.9			19.45	22.05
66791	Support list (pathology)	Type C	N	Porphyrin biosynthetic enzymes - measurement of activity in blood cells or other tissues - 1 or more tests	74.45			55.85	63.3
66792	Support list (pathology)	Type C	N	A test described in item 66791 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	74.45			55.85	63.3
66800	Support list (pathology)	Type C	N	Quantitation in blood, urine or other body fluid by any method (except reagent tablet or reagent strip) of any of the following being used therapeutically by the patient from whom the specimen was taken: amikacin, carbamazepine, digoxin, disopyramide, ethanol, ethosuximide, gentamicin, lithium, lignocaine, netilmicin, paracetamol, phenobarbitone, primidone, phenytoin, procainamide, quinidine, salicylate, theophylline, tobramycin, valproate or vancomycin - 1 test (Item to be subject to rule 6)	18.15			13.65	15.45
66803	Support list (pathology)	Type C	N	2 tests described in item 66800 (Item is subject to rule 6)	30.5			22.9	25.95
66804	Support list (pathology)	Type C	N	A test described in item 66800 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	18.15			13.65	15.45
66805	Support list (pathology)	Type C	N	A test described in item 66800 other than that described in 66804, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	12.35			9.3	10.5
66806	Support list (pathology)	Type C	N	3 tests described in item 66800 (Item is subject to rule 6)	41.85			31.4	35.6
66812	Support list (pathology)	Type C	N	Quantitation, not elsewhere described in this Table by any method or methods, in blood, urine or other body fluid, of a drug being used therapeutically by the patient from whom the specimen was taken - 1 test (This fee applies where 1 laboratory performs the only test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	34.8			26.1	29.6
66815	Support list (pathology)	Type C	N	2 tests described in item 66812 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	59.55			44.7	50.65
66816	Support list (pathology)	Type C	N	A test described in item 66812 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	34.8			26.1	29.6
66817	Support list (pathology)	Type C	N	A test described in item 66812, other than that described in 66816, if rendered by a receiving APP - to a maximum of 1 test (Item is subject to rule 6 and 18)	24.75			18.6	21.05
66819	Support list (pathology)	Type C	N	Quantitation of copper, manganese, selenium, or zinc (except if item 66667 applies), in blood, urine or other body fluid - 1 test. (Item is subject to rule 6, 22 and 25)	30.6			22.95	26.05
66820	Support list (pathology)	Type C	N	A test described in item 66819 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6, 18, 22 and 25)	30.6			22.95	26.05
66821	Support list (pathology)	Type C	N	A test described in item 66819 other than that described in 66820 if rendered by a receiving APP to a maximum of 1 test (Item is subject to rule 6, 18,22 and 25)	21.8			16.35	18.55
66822	Support list (pathology)	Type C	N	Quantitation of copper, manganese, selenium, or zinc (except if item 66667 applies), in blood, urine or other body fluid - 2 or more tests. (Item is subject to rule 6, 22 and 25)	52.45			39.35	44.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66825	Support list (pathology)	Type C	N	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel, or strontium, in blood, urine or other body fluid or tissue - 1 test. To a maximum of 3 of this item in a 6 month period (Item is subject to rule 6, 22 and 25)	30.6			22.95	26.05
66826	Support list (pathology)	Type C	N	A test described in item 66825 if rendered by a receiving APP where no tests have been rendered by the referring APP - 1 test (Item is subject to rules 6, 18, 22 and 25)	30.6			22.95	26.05
66827	Support list (pathology)	Type C	N	A test described in item 66825, other than that described in 66826, if rendered by a receiving APP to a maximum of 1 test (Item is subject to rules 6, 18, 22 and 25)	21.8			16.35	18.55
66828	Support list (pathology)	Type C	N	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel, or strontium, in blood, urine or other body fluid or tissue - 2 or more tests. To a maximum of 3 of this item in a 6 month period (Item is subject to rule 6, 22 and 25)	52.45			39.35	44.6
66830	Support list (pathology)	Type C	N	Quantitation of BNP or NT-proBNP for the diagnosis of heart failure in patients presenting with dyspnoea to a hospital Emergency Department (Item is subject to rule 25)	58.5			43.9	49.75
66831	Support list (pathology)	Type C	N	Quantitation of copper or iron in liver tissue biopsy	30.95			23.25	26.35
66832	Support list (pathology)	Type C	N	A test described in item 66831 if rendered by a receiving APP (Item is subject to rule 18A and 22)	30.95			23.25	26.35
66833	Support list (pathology)	Type C	N	25-hydroxyvitamin D, quantification in serum, for the investigation of a patient who: (a)has signs or symptoms of osteoporosis or osteomalacia; or (b)has increased alkaline phosphatase and otherwise normal liver function tests; or (c)has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; or (d)is suffering from malabsorption (for example, because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease, or has had bariatric surgery); or (e) has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; or (f)is taking medication known to decrease 25OH-D levels (for example, anticonvulsants); or (g)has chronic renal failure or is a renal transplant recipient; or (h)is less than 16 years of age and has signs or symptoms of rickets; or (i)is an infant whose mother has established vitamin D deficiency; or (j)is a exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item; or (k)has a sibling who is less than 16 years of age and has vitamin D deficiency	30.05			22.55	25.55
66834	Support list (pathology)	Type C	N	A test described in item 66833 if rendered by a receiving APP (Item is subject to Rule 18)	30.05			22.55	25.55
66835	Support list (pathology)	Type C	N	1, 25-dihydroxyvitamin D - quantification in serum, if the request for the test is made by, or on advice of, the specialist or consultant physician managing the treatment of the patient	39.05			29.3	33.2
66836	Support list (pathology)	Type C	N	1, 25-dihydroxyvitamin D-quantification in serum, if: (a)the patient has hypercalcaemia; and (b)the request for the test is made by a general practitioner managing the treatment of the patient	39.05			29.3	33.2
66837	Support list (pathology)	Type C	N	A test described in item 66835 or 66836 if rendered by a receiving APP (Item is subject to Rule 18)	39.05			29.3	33.2
66838	Support list (pathology)	Type C	N	Serum vitamin B12 test (Item is subject to Rule 25)	23.6			17.7	20.1
66839	Support list (pathology)	Type C	N	Quantification of vitamin B12 markers such as holoTranscobalamin or methylmalonic acid, where initial serum vitamin B12 result is low or equivocal	42.95			32.25	36.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
66840	Support list (pathology)	Type C	N	Serum folate test and, if required, red cell folate test for a patient at risk of folate deficiency, including patients with malabsorption conditions, macrocytic anaemia or coeliac disease	23.6			17.7	20.1
66841	Support list (pathology)	Type C	N	Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patients at high risk.(Item is subject to rule 25)	16.8			12.6	14.3
66900	Support list (pathology)	Type C	N	CARBON-LABELLED UREA BREATH TEST using oral C-13 or C-14 urea, including the measurement of exhaled 13CO2 or 14CO2 (except if item 12533 applies) for either:- (a)the confirmation of Helicobacter pylori colonisation OR (b)the monitoring of the success of eradication of Helicobacter pylori.	77.65			58.25	66.05
69300	Support list (pathology)	Type C	N	Microscopy of wet film material other than blood, from 1 or more sites, obtained directly from a patient (not cultures) including: (a)differential cell count (if performed); or (b)examination for dermatophytes; or (c)dark ground illumination; or (d)stained preparation or preparations using any relevant stain or stains; 1 or more tests	12.5			9.4	10.65
69303	Support list (pathology)	Type C	N	Culture and (if performed) microscopy to detect pathogenic micro-organisms from nasal swabs, throat swabs, eye swabs and ear swabs (excluding swabs taken for epidemiological surveillance), including (if performed): (a)pathogen identification and antibiotic susceptibility testing; or (b)a service described in item 69300; specimens from 1 or more sites	22			16.5	18.7
69306	Support list (pathology)	Type C	N	Microscopy and culture to detect pathogenic micro-organisms from skin or other superficial sites, including (if performed): (a)pathogen identification and antibiotic susceptibility testing; or (b)a service described in items 69300, 69303, 69312, 69318; 1 or more tests on 1 or more specimens	33.75			25.35	28.7
69309	Support list (pathology)	Type C	N	Microscopy and culture to detect dermatophytes and other fungi causing cutaneous disease from skin scrapings, skin biopsies, hair and nails (excluding swab specimens) and including (if performed): (a)the detection of antigens not elsewhere specified in this Schedule; or (b)a service described in items 69300, 69303, 69306, 69312, 69318; 1 or more tests on 1 or more specimens	48.15			36.15	40.95
69312	Support list (pathology)	Type C	N	Microscopy and culture to detect pathogenic micro-organisms from urethra, vagina, cervix or rectum (except for faecal pathogens), including (if performed): (a)pathogen identification and antibiotic susceptibility testing; or (b) a service described in items 69300, 69303, 69306 and 69318; 1 or more tests on 1 or more specimens	33.75			25.35	28.7
69316	Support list (pathology)	Type C	N	Detection of Chlamydia trachomatis by any method - 1 test (Item is subject to rule 26)	28.65			21.5	24.4
69317	Support list (pathology)	Type C	N	1 test described in item 69494 and a test described in 69316.(Item is subject to rule 26)	35.85			26.9	30.5
69318	Support list (pathology)	Type C	N	Microscopy and culture to detect pathogenic micro-organisms from specimens of sputum (except when part of items 69324, 69327 and 69330), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b)a service described in items 69300, 69303, 69306 and 69312; 1 or more tests on 1 or more specimens	33.75			25.35	28.7
69319	Support list (pathology)	Type C	N	2 tests described in item 69494 and a test described in 69316. (Item is subject to rule 26)	42.95			32.25	36.55
69321	Support list (pathology)	Type C	N	Microscopy and culture of post-operative wounds, aspirates of body cavities, synovial fluid, CSF or operative or biopsy specimens, for the presence of pathogenic micro-organisms involving aerobic and anaerobic cultures and the use of different culture media, and including (if performed): (a)pathogen identification and antibiotic susceptibility testing; or (b)a service described in item 69300, 69303, 69306, 69312 or 69318; specimens from 1 or more sites	48.15			36.15	40.95

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
69324	Support list (pathology)	Type C	N	Microscopy (with appropriate stains) and culture for mycobacteria - 1 specimen of sputum, urine, or other body fluid or 1 operative or biopsy specimen, including (if performed): (a)microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b)pathogen identification and antibiotic susceptibility testing; including a service described in item 69300	43			32.25	36.55
69325	Support list (pathology)	Type C	N	A test described in item 69324 if rendered by a receiving APP (Item is subject to rule 18)	43			32.25	36.55
69327	Support list (pathology)	Type C	N	Microscopy (with appropriate stains) and culture for mycobacteria - 2 specimens of sputum, urine, or other body fluid or 2 operative or biopsy specimens, including (if performed): (a)microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b)pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300	85			63.75	72.25
69328	Support list (pathology)	Type C	N	A test described in item 69327 if rendered by a receiving APP (Item is subject to rule 18)	85			63.75	72.25
69330	Support list (pathology)	Type C	N	Microscopy (with appropriate stains) and culture for mycobacteria - 3 specimens of sputum, urine, or other body fluid or 3 operative or biopsy specimens, including (if performed): (a)microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b)pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300	128			96	108.8
69331	Support list (pathology)	Type C	N	A test described in item 69330 if rendered by a receiving APP (Item is subject to rule 18)	128			96	108.8
69333	Support list (pathology)	Type C	N	Urine examination (including serial examinations) by any means other than simple culture by dip slide, including: (a)cell count; and (b)culture; and (c)colony count; and (d)(if performed) stained preparations; and (e)(if performed) identification of cultured pathogens; and (f)(if performed) antibiotic susceptibility testing; and (g)(if performed) examination for pH, specific gravity, blood, protein, urobilinogen, sugar, acetone or bile salts	20.55			15.45	17.5
69336	Support list (pathology)	Type C	N	Microscopy of faeces for ova, cysts and parasites that must include a concentration technique, and the use of fixed stains or antigen detection for cryptosporidia and giardia - including (if performed) a service described in item 69300 - 1 of this item in any 7 day period	33.45			25.1	28.45
69339	Support list (pathology)	Type C	N	Microscopy of faeces for ova, cysts and parasites using concentration techniques examined subsequent to item 69336 on a separately collected and identified specimen collected within 7 days of the examination described in 69336 - 1 examination in any 7 day period	19.1			14.35	16.25
69345	Support list (pathology)	Type C	N	Culture and (if performed) microscopy without concentration techniques of faeces for faecal pathogens, using at least 2 selective or enrichment media and culture in at least 2 different atmospheres including (if performed): (a)pathogen identification and antibiotic susceptibility testing; and (b)the detection of clostridial toxins; and (c)a service described in item 69300; - 1 examination in any 7 day period	52.9			39.7	45
69354	Support list (pathology)	Type C	N	Blood culture for pathogenic micro-organisms (other than viruses), including sub-cultures and (if performed): (a)identification of any cultured pathogen;and (b)necessary antibiotic susceptibility testing; to a maximum of 3 sets of cultures - 1 set of cultures	30.75			23.1	26.15
69357	Support list (pathology)	Type C	N	2 sets of cultures described in item 69354	61.45			46.1	52.25
69360	Support list (pathology)	Type C	N	3 sets of cultures described in item 69354	92.2			69.15	78.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
69363	Support list (pathology)	Type C	N	Detection of Clostridium difficile or Clostridium difficile toxin (except if a service described in item 69345 has been performed) - one or more tests	28.65			21.5	24.4
69378	Support list (pathology)	Unlisted	N	Quantitation of HIV viral RNA load in plasma or serum in the monitoring of a HIV sero-positive patient not on antiretroviral therapy - 1 or more tests	180.25			135.2	153.25
69379	Support list (pathology)	Type C	N	A test described in item 69378 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	180.25			135.2	153.25
69380	Support list (pathology)	Unlisted	N	Genotypic testing for HIV antiretroviral resistance in a patient with confirmed HIV infection if the patient's viral load is greater than 1,000 copies per ml at any of the following times: (a)at presentation; or (b)before antiretroviral therapy: or (c)when treatment with combination antiretroviral agents fails; maximum of 2 tests in a 12 month period	770.3			577.75	682.4
69381	Support list (pathology)	Unlisted	N	Quantitation of HIV viral RNA load in plasma or serum in the monitoring of antiretroviral therapy in a HIV sero-positive patient - 1 or more tests on 1 or more specimens	180.25			135.2	153.25
69382	Support list (pathology)	Unlisted	N	Quantitation of HIV viral RNA load in cerebrospinal fluid in a HIV sero-positive patient - 1 or more tests on 1 or more specimens	180.25			135.2	153.25
69383	Support list (pathology)	Type C	N	A test described in item 69381 if rendered by a receiving APP - 1 or more tests on 1 or more specimens (Item is subject to rule 18)	180.25			135.2	153.25
69384	Support list (pathology)	Type C	N	Quantitation of 1 antibody to microbial antigens not elsewhere described in the Schedule - 1 test (This fee applies where a laboratory performs the only antibody test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	15.65			11.75	13.35
69387	Support list (pathology)	Type C	N	2 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 estimations specified on the request form or performs 2 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)	29			21.75	24.65
69390	Support list (pathology)	Type C	N	3 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 estimations specified on the request form or performs 3 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)	42.35			31.8	36
69393	Support list (pathology)	Type C	N	4 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 estimations specified on the request form or performs 4 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)	55.7			41.8	47.35
69396	Support list (pathology)	Type C	N	5 or more tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 estimations specified on the request form or performs 5 of the antibody tests specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)	69.1			51.85	58.75
69400	Support list (pathology)	Type C	N	A test described in item 69384, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rules 6 and 18)	15.65			11.75	13.35
69401	Support list (pathology)	Type C	N	A test described in item 69384, other than that described in 69400, if rendered by a receiving APP - each test to a maximum of 4 tests (Item is subject to rule 6, 18 and 18A)	13.35			10.05	11.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
69405	Support list (pathology)	Type C	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of 1 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	15.65			11.75	13.35
69408	Support list (pathology)	Type C	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of 2 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	29			21.75	24.65
69411	Support list (pathology)	Type C	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of 3 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	42.35			31.8	36
69413	Support list (pathology)	Type C	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of 4 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	55.7			41.8	47.35
69415	Support list (pathology)	Type C	N	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of all 5 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	69.1			51.85	58.75
69445	Support list (pathology)	Type C	N	Detection of Hepatitis C viral RNA in a patient undertaking antiviral therapy for chronic HCV hepatitis (including a service described in item 69499) - 1 test. To a maximum of 4 of this item in a 12 month period (Item is subject to rule 25)	92.2			69.15	78.4
69451	Support list (pathology)	Type C	N	A test described in item 69445 if rendered by a receiving APP - 1 test. (Item is subject to rule 18 and 25)	92.2			69.15	78.4
69471	Support list (pathology)	Type C	N	Test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in the following people: (a) a person who has been exposed to a confirmed case of active tuberculosis; (b) a person who is infected with human immunodeficiency virus; (c) a person who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy; (d) a person who is to commence, or has commenced, renal dialysis; (e) a person with silicosis; (f) a person who is, or is about to become, immunosuppressed because of a disease, or a medical treatment, not mentioned in paragraphs(a) to (e)	34.9			26.2	29.7
69472	Support list (pathology)	Type C	N	Detection of antibodies to Epstein Barr Virus using specific serology - 1 test	15.65			11.75	13.35
69474	Support list (pathology)	Type C	N	Detection of antibodies to Epstein Barr Virus using specific serology - 2 or more tests	28.65			21.5	24.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
69475	Support list (pathology)	Type C	N	One test for hepatitis antigen or antibodies to determine immune status or viral carriage following exposure or vaccination to Hepatitis A, Hepatitis B, Hepatitis C or Hepatitis D (Item subject to rule 11)	15.65			11.75	13.35
69478	Support list (pathology)	Type C	N	2 tests described in 69475 (Item subject to rule 11)	29.25			21.95	24.9
69479	Support list (pathology)	Type C	N	Detection of a SARS-CoV-2 nucleic acid 1 or more tests if: (a) the person is a private patient in a recognised hospital and the fee charged for the service does not exceed the schedule fee; or (b) the person receives a bulk-billed service from a prescribed laboratory as described in 4.1 of the Pathology Services Table	42.5			31.9	36.15
69480	Support list (pathology)	Type C	N	Detection of a SARS-CoV-2 nucleic acid 1 or more tests if: (a) the person is a private patient in a hospital other than a recognised hospital and the fee charged for the service does not exceed the schedule fee; or (b) the person receives a bulk-billed service not covered by item 69479	85			63.75	72.25
69481	Support list (pathology)	Type C	N	Investigation of infectious causes of acute or chronic hepatitis - 3 tests for hepatitis antibodies or antigens, (Item subject to rule 11)	40.55			30.45	34.5
69482	Support list (pathology)	Type C	N	Quantitation of Hepatitis B viral DNA in patients who are Hepatitis B surface antigen positive and have chronic hepatitis B, but are not receiving antiviral therapy - 1 test (Item is subject to rule 25)	152.1			114.1	129.3
69483	Support list (pathology)	Type C	N	Quantitation of Hepatitis B viral DNA in patients who are Hepatitis B surface antigen positive and who have chronic hepatitis B and are receiving antiviral therapy - 1 test (Item is subject to rule 25)	152.1			114.1	129.3
69484	Support list (pathology)	Type C	N	Supplementary testing for Hepatitis B surface antigen or Hepatitis C antibody using a different assay on the specimen which yielded a reactive result on initial testing (Item is subject to rule 18)	17.1			12.85	14.55
69488	Support list (pathology)	Type C	N	Quantitation of HCV RNA load in plasma or serum in: (a) the pre-treatment evaluation,of a patient with chronic HCV hepatitis, for antiviral therapy;or (b) the assessment of efficacy of antiviral therapy for such a patient (including a service in item 69499 or 69445) (Item is subject to rule 18 and 25)	180.25			135.2	153.25
69489	Support list (pathology)	Type C	N	A test described in item 69488 if rendered by a receiving APP (Item is subject to rule 18 and 25)	180.25			135.2	153.25
69491	Support list (pathology)	Type C	N	Nucleic acid amplification and determination of Hepatitis C virus (HCV) genotype if the patient is HCV RNA positive and is being evaluated for antiviral therapy of chronic HCV hepatitis. To a maximum of 1 of this item in a 12 month period	204.8			153.6	174.1
69492	Support list (pathology)	Type C	N	A test described in item 69491 if rendered by a receiving APP - 1 test(Item is subject to rule 18 and 25)	204.8			153.6	174.1
69494	Support list (pathology)	Type C	N	Detection of a virus or microbial antigen or microbial nucleic acid (not elsewhere specified) 1 test (Item is subject to rule 6 and 26)	28.65			21.5	24.4
69495	Support list (pathology)	Type C	N	2 tests described in 69494 (Item is subject to rule 6 and 26)	35.85			26.9	30.5
69496	Support list (pathology)	Type C	N	3 or more tests described in 69494 (Item is subject to rule 6 and 26)	43.05			32.3	36.6
69497	Support list (pathology)	Type C	N	A test described in item 69494, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6, 18 and 26)	28.65			21.5	24.4
69498	Support list (pathology)	Type C	N	A test described in item 69494, other than that described in 69497, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6, 18 and 26)	7.2			5.4	6.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
69499	Support list (pathology)	Type C	N	Detection of Hepatitis C viral RNA if at least 1 of the following criteria is satisfied: (a)the patient is Hepatitis C seropositive; (b)the patient's serological status is uncertain after testing; (c)the test is performed for the purpose of: (i)determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; or (ii)the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient; To a maximum of 1 of this item in a 12 month period (Item is subject to rule 19 and 25)	92.2			69.15	78.4
69500	Support list (pathology)	Type C	N	A test described in item 69499 if rendered by a receiving APP - 1 test (Item is subject to rule 18,19 and 25)	92.2			69.15	78.4
71057	Support list (pathology)	Type C	N	Electrophoresis, quantitative and qualitative, of serum, urine or other body fluid all collected within a 28 day period, to demonstrate: (a)protein classes; or (b)presence and amount of paraprotein; including the preliminary quantitation of total protein, albumin and globulin - 1 specimen type	32.9			24.7	28
71058	Support list (pathology)	Type C	N	Examination as described in item 71057 of 2 or more specimen types	50.5			37.9	42.95
71059	Support list (pathology)	Type C	N	Immunofixation or immunoelectrophoresis or isoelectric focusing of: (a)urine for detection of Bence Jones proteins; or (b)serum, plasma or other body fluid; and characterisation of a paraprotein or cryoglobulin- examination of 1 specimen type (eg. serum, urine or CSF)	35.65			26.75	30.35
71060	Support list (pathology)	Type C	N	Examination as described in item 71059 of 2 or more specimen types	44.05			33.05	37.45
71062	Support list (pathology)	Type C	N	Electrophoresis and immunofixation or immunoelectrophoresis or isoelectric focussing of CSF for the detection of oligoclonal bands and including if required electrophoresis of the patient's serum for comparison purposes - 1 or more tests	44.05			33.05	37.45
71064	Support list (pathology)	Type C	N	Detection and quantitation of cryoglobulins or cryofibrinogen - 1 or more tests	20.75			15.6	17.65
71066	Support list (pathology)	Type C	N	Quantitation of total immunoglobulin A by any method in serum, urine or other body fluid - 1 test	14.55			10.95	12.4
71068	Support list (pathology)	Type C	N	Quantitation of total immunoglobulin G by any method in serum, urine or other body fluid - 1 test	14.55			10.95	12.4
71069	Support list (pathology)	Type C	N	2 tests described in items 71066, 71068, 71072 or 71074	22.75			17.1	19.35
71071	Support list (pathology)	Type C	N	3 or more tests described in items 71066, 71068, 71072 or 71074	30.95			23.25	26.35
71072	Support list (pathology)	Type C	N	Quantitation of total immunoglobulin M by any method in serum, urine or other body fluid - 1 test	14.55			10.95	12.4
71073	Support list (pathology)	Type C	N	Quantitation of all 4 immunoglobulin G subclasses	106.15			79.65	90.25
71074	Support list (pathology)	Type C	N	Quantitation of total immunoglobulin D by any method in serum, urine or other body fluid - 1 test	14.55			10.95	12.4
71075	Support list (pathology)	Type C	N	Quantitation of immunoglobulin E (total), 1 test. (Item is subject to rule 25)	23			17.25	19.55
71076	Support list (pathology)	Type C	N	A test described in item 71073 if rendered by a receiving APP - 1 test (Item is subject to rule 18)	106.15			79.65	90.25
71077	Support list (pathology)	Type C	N	Quantitation of immunoglobulin E (total) in the follow up of a patient with proven immunoglobulin-E-secreting myeloma, proven congenital immunodeficiency or proven allergic bronchopulmonary aspergillosis, 1 test. (Item is subject to rule 25)	27.05			20.3	23
71079	Support list (pathology)	Type C	N	Detection of specific immunoglobulin E antibodies to single or multiple potential allergens, 1 test (Item is subject to rule 25)	26.8			20.1	22.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
71081	Support list (pathology)	Type C	N	Quantitation of total haemolytic complement	40.55			30.45	34.5
71083	Support list (pathology)	Type C	N	Quantitation of complement components C3 and C4 or properdin factor B - 1 test	20.15			15.15	17.15
71085	Support list (pathology)	Type C	N	2 tests described in item 71083	28.95			21.75	24.65
71087	Support list (pathology)	Type C	N	3 or more tests described in item 71083	37.7			28.3	32.05
71089	Support list (pathology)	Type C	N	Quantitation of complement components or breakdown products of complement proteins not elsewhere described in an item in this Schedule - 1 test (Item is subject to rule 6)	29.15			21.9	24.8
71090	Support list (pathology)	Type C	N	A test described in item 71089, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	29.15			21.9	24.8
71091	Support list (pathology)	Type C	N	2 tests described in item 71089 (Item is subject to rule 6)	52.85			39.65	44.95
71092	Support list (pathology)	Type C	N	Tests described in item 71089, other than that described in 71090, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)	23.7			17.8	20.15
71093	Support list (pathology)	Type C	N	3 or more tests described in item 71089 (Item is subject to rule 6)	76.45			57.35	65
71095	Support list (pathology)	Type C	N	Quantitation of serum or plasma eosinophil cationic protein, or both, to a maximum of 3 assays in 1 year, for monitoring the response to therapy in corticosteroid treated asthma, in a child aged less than 12 years	40.55			30.45	34.5
71096	Support list (pathology)	Type C	N	A test described in item 71095 if rendered by a receiving APP. (Item is subject to rule 18)	40.55			30.45	34.5
71097	Support list (pathology)	Type C	N	Antinuclear antibodies - detection in serum or other body fluids, including quantitation if required	24.45			18.35	20.8
71099	Support list (pathology)	Type C	N	Double-stranded DNA antibodies - quantitation by 1 or more methods other than the Crithidia method	26.5			19.9	22.55
71101	Support list (pathology)	Type C	N	Antibodies to 1 or more extractable nuclear antigens - detection in serum or other body fluids	17.4			13.05	14.8
71103	Support list (pathology)	Type C	N	Characterisation of an antibody detected in a service described in item 71101 (including that service)	52.05			39.05	44.25
71106	Support list (pathology)	Type C	N	Rheumatoid factor - detection by any technique in serum or other body fluids, including quantitation if required	11.3			8.5	9.65
71119	Support list (pathology)	Type C	N	Antibodies to tissue antigens not elsewhere specified in this Table - detection, including quantitation if required, of 1 antibody	17.35			13.05	14.75
71121	Support list (pathology)	Type C	N	Detection of 2 antibodies specified in item 71119	20.8			15.6	17.7
71123	Support list (pathology)	Type C	N	Detection of 3 antibodies specified in item 71119	24.25			18.2	20.65
71125	Support list (pathology)	Type C	N	Detection of 4 or more antibodies specified in item 71119	27.65			20.75	23.55
71127	Support list (pathology)	Type C	N	Functional tests for lymphocytes - quantitation other than by microscopy of: (a)proliferation induced by 1 or more mitogens; or (b)proliferation induced by 1 or more antigens; or (c)estimation of 1 or more mixed lymphocyte reactions; including a test described in item 65066 or 65070 (if performed), 1 of this item to a maximum of 2 in a 12 month period	176.35			132.3	149.9
71129	Support list (pathology)	Type C	N	2 tests described in item 71127	217.85			163.4	185.2

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
71131	Support list (pathology)	Type C	N	3 or more tests described in item 71127	259.35			194.55	220.45
71133	Support list (pathology)	Type C	N	Investigation of recurrent infection by qualitative assessment for the presence of defects in oxidative pathways in neutrophils by the nitroblue tetrazolium (NBT) reduction test	10.4			7.8	8.85
71134	Support list (pathology)	Type C	N	Investigation of recurrent infection by quantitative assessment of oxidative pathways by flow cytometric techniques, including a test described in 71133 (if performed)	104.05			78.05	88.45
71135	Support list (pathology)	Type C	N	Quantitation of neutrophil function, comprising at least 2 of the following: (a)chemotaxis; (b)phagocytosis; (c)oxidative metabolism; (d)bactericidal activity; including any test described in items 65066, 65070, 71133 or 71134 (if performed), 1 of this item to a maximum of 2 in a 12 month period	207.95			156	176.8
71137	Support list (pathology)	Type C	N	Quantitation of cell-mediated immunity by multiple antigen delayed type hypersensitivity intradermal skin testing using a minimum of 7 antigens, 1 of this item to a maximum of 2 in a 12 month period	30.25			22.7	25.75
71139	Support list (pathology)	Type C	N	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations, including a total lymphocyte count or total leucocyte count by any method, on 1 or more specimens of blood, CSF or serous fluid	104.05			78.05	88.45
71141	Support list (pathology)	Type C	N	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations on 1 or more disaggregated tissue specimens	197.35			148.05	167.75
71143	Support list (pathology)	Type C	N	Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis(but not monitoring) of an immunological or haematological malignancy, including a service described in 1 or both of items 71139 and 71141 (if performed), on a specimen of blood, CSF, serous fluid or disaggregated tissue	260			195	221
71145	Support list (pathology)	Type C	N	Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis (but not monitoring) of an immunological or haematological malignancy, including a service described in 1 or more of items 71139, 71141 and 71143 (if performed), on 2 or more specimens of disaggregated tissues or 1 specimen of disaggregated tissue and 1 or more specimens of blood, CSF or serous fluid	424.5			318.4	360.85
71146	Support list (pathology)	Type C	N	Enumeration of CD34+ cells, only for the purposes of autologous or directed allogeneic haemopoietic stem cell transplantation, including a total white cell count on the pherisis collection	104.05			78.05	88.45
71147	Support list (pathology)	Type C	N	HLA-B27 typing (Item is subject to rule 27)	40.55			30.45	34.5
71148	Support list (pathology)	Type C	N	A test described in item 71147 if rendered by a receiving APP. (Item is subject to rule 18 and 27)	40.55			30.45	34.5
71149	Support list (pathology)	Type C	N	Complete tissue typing for 4 HLA-A and HLA-B Class I antigens (including any separation of leucocytes), including (if performed) a service described in item 71147	108.25			81.2	92.05
71151	Support list (pathology)	Type C	N	Tissue typing for HLA-DR, HLA-DP and HLA-DQ Class II antigens (including any separation of leucocytes) - phenotyping or genotyping of 2 or more antigens	118.85			89.15	101.05
71153	Support list (pathology)	Type C	N	Investigations in the assessment or diagnosis of systemic inflammatory disease or vasculitis - antineutrophil cytoplasmic antibody immunofluorescence (ANCA test), antineutrophil proteinase 3 antibody (PR-3 ANCA test), antimyeloperoxidase antibody (MPO ANCA test) or antiglomerular basement membrane antibody (GBM test) - detection of 1 antibody (Item is subject to rule 6 and 23)	34.55			25.95	29.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
71154	Support list (pathology)	Type C	N	A test described in item 71153, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test. (Item is subject to rule 6, 18 and 23)	34.55			25.95	29.4
71155	Support list (pathology)	Type C	N	Detection of 2 antibodies described in item 71153 (Item is subject to rule 6 and 23)	47.45			35.6	40.35
71156	Support list (pathology)	Type C	N	Tests described in item 71153, other than that described in 71154, if rendered by a receiving APP - each test to a maximum of 3 tests (Item is subject to rule 6, 18 and 23)	12.85			9.65	10.95
71157	Support list (pathology)	Type C	N	Detection of 3 antibodies described in item 71153 (Item is subject to rule 6 and 23)	60.3			45.25	51.3
71159	Support list (pathology)	Type C	N	Detection of 4 or more antibodies described in item 71153 (Item is subject to rule 6 and 23)	73.15			54.9	62.2
71163	Support list (pathology)	Type C	N	Detection of one of the following antibodies (of 1 or more class or isotype) in the assessment or diagnosis of coeliac disease or other gluten hypersensitivity syndromes and including a service described in item 71066 (if performed): a)Antibodies to gliadin; or b)Antibodies to endomysium; or c)Antibodies to tissue transglutaminase; - 1 test	24.75			18.6	21.05
71164	Support list (pathology)	Type C	N	Two or more tests described in 71163 and including a service described in 71066 (if performed)	39.9			29.95	33.95
71165	Support list (pathology)	Type C	N	Antibodies to tissue antigens (acetylcholine receptor, adrenal cortex, heart, histone, insulin, insulin receptor, intrinsic factor, islet cell, lymphocyte, neuron, ovary, parathyroid, platelet, salivary gland, skeletal muscle, skin basement membrane and intercellular substance, thyroglobulin, thyroid microsome or thyroid stimulating hormone receptor) - detection, including quantitation if required, of 1 antibody (Item is subject to rule 6)	34.55			25.95	29.4
71166	Support list (pathology)	Type C	N	Detection of 2 antibodies described in item 71165 (Item is subject to rule 6)	47.45			35.6	40.35
71167	Support list (pathology)	Type C	N	Detection of 3 antibodies described in item 71165 (Item is subject to rule 6)	60.3			45.25	51.3
71168	Support list (pathology)	Type C	N	Detection of 4 or more antibodies described in item 71165 (Item is subject to rule 6)	73.15			54.9	62.2
71169	Support list (pathology)	Type C	N	A test described in item 71165, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)	34.55			25.95	29.4
71170	Support list (pathology)	Type C	N	Tests described in item 71165, other than that described in 71169, if rendered by a receiving APP - each test to a maximum of 3 tests (Item is subject to rule 6 and 18)	12.85			9.65	10.95
71175	Support list (pathology)	Type C	N	A test, requested by a specialist or consultant physician, to diagnose neuromyelitis optica spectrum disorder (NMOSD) or myelin oligodendrocyte glycoprotein antibody-related demyelination (MARD), by the detection of one or more antibodies, for a patient: suspected of having NMOSD or MARD; and with any of the following: recurrent, bilateral or severe optic neuritis; recurrent longitudinal extensive transverse myelitis (LETM); area postrema syndrome (unexplained hiccups, nausea or vomiting); acute brainstem syndrome; symptomatic narcolepsy or acute diencephalic clinical syndrome with typical NMOSD magnetic resonance imaging lesions; symptomatic cerebral syndrome with typical NMOSD magnetic resonance imaging lesions; monophasic neuromyelitis optica (no recurrence, and simultaneous or closely related optic neuritis and LETM within 30 days of each other); acute disseminated encephalomyelitis; aseptic meningitis and encephalomyelitis; poor recovery from multiple sclerosis relapses Applicable not more than 4 times in 12 months	50			37.5	42.5
71180	Support list (pathology)	Type C	N	Antibody to cardiolipin or beta-2 glycoprotein I - detection, including quantitation if required; one antibody specificity (IgG or IgM)	34.55			25.95	29.4

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
71183	Support list (pathology)	Type C	N	Detection of two antibodies described in item 71180	47.45			35.6	40.35
71186	Support list (pathology)	Type C	N	Detection of three or more antibodies described in item 71180	60.3			45.25	51.3
71189	Support list (pathology)	Type C	N	Detection of specific IgG antibodies to 1 or more respiratory disease allergens not elsewhere specified.	15.5			11.65	13.2
71192	Support list (pathology)	Type C	N	2 items described in item 71189.	28.35			21.3	24.1
71195	Support list (pathology)	Type C	N	3 or more items described in item 71189.	40.05			30.05	34.05
71198	Support list (pathology)	Type C	N	Estimation of serum tryptase for the evaluation of unexplained acute hypotension or suspected anaphylactic event, assessment of risk in stinging insect anaphylaxis, exclusion of mastocytosis, monitoring of known mastocytosis.	40.55			30.45	34.5
71200	Support list (pathology)	Type C	N	Detection and quantitation, if present, of free kappa and lambda light chains in serum for the diagnosis or monitoring of amyloidosis, myeloma or plasma cell dyscrasias.	59.6			44.7	50.7
71203	Support list (pathology)	Type C	N	Determination of HLAB5701 status by flow cytometry or cytotoxity assay prior to the initiation of Abacavir therapy including item 73323 if performed.	40.55			30.45	34.5
72813	Support list (pathology)	Type C	N	Examination of complexity level 2 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)	71.5			53.65	60.8
72814	Support list (pathology)	Type C	N	Immunohistochemical examination by immunoperoxidase or other labelled antibody techniques using the programmed cell death ligand 1 (PD-L1) antibody of tumour material from a patient diagnosed with non-small cell lung cancer.	74.5			55.9	63.35
72816	Support list (pathology)	Type C	N	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 13)	86.35			64.8	73.4
72817	Support list (pathology)	Type C	N	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 13)	96.8			72.6	82.3
72818	Support list (pathology)	Type C	N	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 or more separately identified specimens (Item is subject to rule 13)	107.05			80.3	91
72823	Support list (pathology)	Type C	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 13)	97.15			72.9	82.6
72824	Support list (pathology)	Type C	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 13)	141.35			106.05	120.15
72825	Support list (pathology)	Type C	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 to 7 separately identified specimens (Item is subject to rule 13)	180.25			135.2	153.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
72826	Support list (pathology)	Type C	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 8 to 11 separately identified specimens (Item is subject to rule 13)	194.6			145.95	165.45
72827	Support list (pathology)	Type C	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 12 to 17 separately identified specimens (Item is subject to Rule 13)	208.95			156.75	177.65
72828	Support list (pathology)	Type C	N	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions -18 or more separately identified specimens (Item is subject to Rule 13)	223.3			167.5	189.85
72830	Support list (pathology)	Type C	N	Examination of complexity level 5 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)	274.15			205.65	233.05
72836	Support list (pathology)	Type C	N	Examination of complexity level 6 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)	417.2			312.9	354.65
72838	Support list (pathology)	Type C	N	Examination of complexicity level 7 biopsy material with multiple tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens. (Item is subject to rule 13)	466.85			350.15	396.85
72844	Support list (pathology)	Type C	N	Enzyme histochemistry of skeletal muscle for investigation of primary degenerative or metabolic muscle diseases or of muscle abnormalities secondary to disease of the central or peripheral nervous system - 1 or more tests	30.75			23.1	26.15
72846	Support list (pathology)	Type C	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies except those listed in 72848 (Item is subject to rule 13)	59.6			44.7	50.7
72847	Support list (pathology)	Type C	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4-6 antibodies (Item is subject to rule 13)	89.4			67.05	76
72848	Support list (pathology)	Type C	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 of the following antibodies - oestrogen, progesterone and c-erb-B2 (HER2) (Item is subject to rule 13)	74.5			55.9	63.35
72849	Support list (pathology)	Type C	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 7-10 antibodies (Item is subject to rule 13)	104.3			78.25	88.7
72850	Support list (pathology)	Type C	N	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 11 or more antibodies (Item is subject to rule 13)	119.2			89.4	101.35
72851	Support list (pathology)	Type C	N	Electron microscopic examination of biopsy material - 1 separately identified specimen (Item is subject to rule 13)	565			423.75	480.25
72852	Support list (pathology)	Type C	N	Electron microscopic examination of biopsy material - 2 or more separately identified specimens (Item is subject to rule 13)	753			564.75	665.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
72855	Support list (pathology)	Type C	N	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 1 separately identified specimen (Item is subject to rule 13)	184.35			138.3	156.7
72856	Support list (pathology)	Type C	N	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 2 to 4 separately identified specimens (Item is subject to rule 13)	245.8			184.35	208.95
72857	Support list (pathology)	Type C	N	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 5 or more separately identified specimens (Item is subject to rule 13)	286.75			215.1	243.75
72858	Support list (pathology)	Unlisted	N	A second opinion, provided in a written report, where the opinion and report together require no more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management.	180			135	153
72859	Support list (pathology)	Unlisted	N	A second opinion, provided in a written report, where the opinion and report together require more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management.	370			277.5	314.5
72860	Support list (pathology)	Unlisted	N	Retrieval and review of one or more archived formalin fixed paraffin embedded blocks to determine the appropriate samples for the purpose of conducting genetic testing, other than: (a) a service associated with a service to which item72858 or 72859 applies; or (b) a service associated with, and rendered in the same patient episode as, a service to which an item in Group P5, P6, P10 or P11 applies Applicable not more than once in a patient episode	85			63.75	72.25
73043	Support list (pathology)	Type C	N	Cytology (including serial examinations) of nipple discharge or smears from skin, lip, mouth, nose or anus for detection of precancerous or cancerous changes1 or more tests	22.85			17.15	19.45
73045	Support list (pathology)	Type C	N	Cytology (including serial examinations) for malignancy (other than an examination mentioned in item 73076); and including any Group P5 service, if performed on: (a)specimens resulting from washings or brushings from sites not specified in item 73043; or (b)a single specimen of sputum or urine; or (c)1 or more specimens of other body fluids; 1 or more tests	48.6			36.45	41.35
73047	Support list (pathology)	Type C	N	Cytology of a series of 3 sputum or urine specimens for malignant cells	94.7			71.05	80.5
73049	Support list (pathology)	Type C	N	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues - 1 identified site	68.15			51.15	57.95
73051	Support list (pathology)	Type C	N	Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue or tissues if a recognized pathologist: (a)performs the aspiration; or (b)attends the aspiration and performs cytological examination during the attendance	170.35			127.8	144.8
73059	Support list (pathology)	Type C	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies except those listed in 73061 (Item is subject to rule 13)	43			32.25	36.55
73060	Support list (pathology)	Type C	N	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 immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4 to 6antibodies (Item is subject to rule 13)	57.35			43.05	48.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73061	Support list (pathology)	Type C	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 of the following antibodies - oestrogen, progesterone and c-erb-B2 (HER2) (Item is subject to rule 13)	51.2			38.4	43.55
73062	Support list (pathology)	Type C	N	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues - 2 or more separately identified sites.	89			66.75	75.65
73063	Support list (pathology)	Type C	N	Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue or tissues if an employee of an approved pathology authority attends the aspiration for confirmation of sample adequacy	99.35			74.55	84.45
73064	Support list (pathology)	Type C	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 7 to 10 antibodies (Item is subject to rule 13)	71.7			53.8	60.95
73065	Support list (pathology)	Type C	N	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 11 or more antibodies (Item is subject to rule 13)	86			64.5	73.1
73066	Support list (pathology)	Unlisted	N	Cytology of material obtained directly from a patient at 2 or more separately identified sites by fine needle aspiration of solid tissue or tissues if a recognized pathologist: (a)performs the aspiration; or (b) attends the aspiration and performs cytological examination during the attendance	221.45			166.1	188.25
73067	Support list (pathology)	Unlisted	N	Cytology of material obtained directly from a patient at 2 or more separately identified sites by fine needle aspiration of solid tissue or tissues if an employee of an approved pathology authority attends the aspiration for confirmation of sample adequacy	129.15			96.9	109.8
73070	Support list (pathology)	Type C	N	73070 A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre-cancer or cancer: (a) performed on a liquid based cervical specimen; and (b) for an asymptomatic patient who is at least 24 years and 9 months of age For any particular patient, once only in a 57 month period	35			26.25	29.75
73071	Support list (pathology)	Type C	N	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) for an asymptomatic patient who is at least 30 years of age For any particular patient, once only in a 7 year period	35			26.25	29.75
73072	Support list (pathology)	Type C	N	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 appears to have a higher risk of cervical pre-cancer or cancer; or (b) for the follow-up management of a patient with a previously detected oncogenic human papillomavirus infection or cervical pre-cancer or cancer; or (c) for the investigation of a patient with symptoms suggestive of cervical cancer; or (d) for the follow-up management of a patient after treatment of high grade squamous intraepithelial lesions or adenocarcinoma in situ of the cervix; or (e) for the follow-up management of a patient with glandular abnormalities; or (f) for the follow-up management of a patient exposed to diethylstilboestrol in utero	35			26.25	29.75

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73073	Support list (pathology)	Type C	N	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 human papillomavirus infection or cervical pre-cancer or cancer that was detected by a test to which item73071 applies For any particular patient, once only in a 21 month period	35			26.25	29.75
73074	Support list (pathology)	Type C	N	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 total hysterectomy	35			26.25	29.75
73075	Support list (pathology)	Type C	N	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 (b) the specimen collected for the previous test is unsatisfactory	35			26.25	29.75
73076	Support list (pathology)	Type C	N	Cytology of a liquid-based cervical or vaginal vault specimen, where the stained cells are examined microscopically or by automated image analysis by or on behalf of a pathologist, if: (a) the cytology is associated with the detection of oncogenic human papillomavirus infection by: (i) a test to which item73070, 73071, 73073, 73074 or 73075 applies; or (ii) a test to which item73072 applies for a patient mentioned in paragraph(a) or (b) of that item; or (b) the cytology is associated with a test to which item73072 applies for a patient mentioned in paragraph(c), (d), (e) or (f) of that item; or (c) the cytology is associated with a test to which item73074 applies; or (d) the test is a repeat of a test to which this item applies, if the specimen collected for the previous test is unsatisfactory; or (e) the cytology is for the follow-up management of a patient treated for endometrial adenocarcinoma	46			34.5	39.1
73287	Support list (pathology)	Type C	N	The study of the whole of every chromosome by cytogenetic or other techniques, performed on 1 or more of any tissue or fluid except blood (including a service mentioned in item 73293, if performed) - 1 or more tests	394.55			295.95	335.4
73289	Support list (pathology)	Type C	N	The study of the whole of every chromosome by cytogenetic or other techniques, performed on blood (including a service mentioned in item 73293, if performed) - 1 or more tests	358.95			269.25	305.15
73290	Support list (pathology)	Type C	N	The study of the whole of each chromosome by cytogenetic or other techniques, performed on blood or bone marrow, in the diagnosis and monitoringof haematological malignancy (including a service in items 73287 or 73289, if performed). - 1 or more tests.	394.55			295.95	335.4
73291	Support list (pathology)	Type C	N	Analysis of one or more chromosome regions for specific constitutional genetic abnormalities of blood or fresh tissue in a)diagnostic studies of a person with developmental delay, intellectual disability, autism, or at least two congenital abnormalities, in whom cytogenetic studies (item 73287 or 73289) are either normal or have not been performed; or b)studies of a relative for an abnormality previously identified in such an affected person. - 1 or more tests.	230.95			173.25	196.35
73292	Support list (pathology)	Type C	N	Analysis of chromosomes by genome-wide micro-array including targeted assessment of specific regions for constitutional genetic abnormalities in diagnostic studies of a person with developmental delay, intellectual disability, autism, or at least two congenital abnormalities (including a service in items 73287, 73289 or 73291, if performed) - 1 or more tests.	589.9			442.45	502
73293	Support list (pathology)	Type C	N	Analysis of one or more regions on all chromosomes for specific constitutional genetic abnormalities of fresh tissue in diagnostic studies of the products of conception, including exclusion of maternal cell contamination. - 1 or more tests.	230.95			173.25	196.35
73294	Support list (pathology)	Type C	N	Analysis of the PMP22 gene for constitutional genetic abnormalities causing peripheral neuropathy, either as: a)diagnostic studies of an affected person; or b)studies of a relative for an abnormality previously identified in an affected person - 1 or more tests.	230.95			173.25	196.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73295	Support list (pathology)	Type C	N	Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, in a patient with advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible, requested by a specialist or consultant physician, to determine eligibility for olaparib under the Pharmaceutical Benefits Scheme (PBS) Maximum of one test per patient's lifetime	1200			900	1112.1
73296	Support list (pathology)	Type C	N	Characterisation of germline gene variants: (a) including copy number variation in: (i) BRCA1 genes; and (ii) BRCA2 genes; and (iii) one or more of the genes STK11, PTEN, CDH1, PALB2 and TP53; and (b) in a patient: (i) with breast, ovarian, fallopian tube or primary peritoneal cancer; and (ii) for whom clinical and family history criteria (as assessed, by the specialist or consultant physician who requests the service, using a quantitative algorithm) place the patient at greater than 10% risk of having a pathogenic or likely pathogenic gene variation identified in one or more of the genes specified in subparagraphs(a)(i), (ii) and (iii); requested by a specialist or consultant physician	1200			900	1112.1
73297	Support list (pathology)	Type C	N	Characterisation of germline gene variants, including copy number variation: in one or more of the following genes: BRCA1; BRCA2; STK11; PTEN; CDH1; PALB2; TP53; and in a patient who: is a biological relative of a patient who has had a pathogenic or likely pathogenic gene variant identified in one or more of the genes mentioned in paragraph(a); and has not previously received a service to which item73295, 73296 or 73302 applies; requested by a specialist or consultant physician	400			300	340
73298	Support list (pathology)	Type C	N	Characterisation of germline gene variants in the following genes: (a) COL4A3; and (b) COL4A4; and (c) COL4A5; in a patient for whom clinical and relevant family history criteria have been assessed by a specialist or consultant physician, who requests the service to be strongly suggestive of Alport syndrome.	1200			900	1112.1
73299	Support list (pathology)	Type C	N	Characterisation of germline gene variants: (a) in the following genes: (i) COL4A3; and (ii) COL4A4; and (iii) COL4A5; (b) in a patient who: (i) is a first degree biological relative of a patient who has had a pathogenic mutation identified in one or more of the genes mentioned insubparagraphs(a)(i), (ii) and (iii); and (ii) has not previously received a service which item 73298 applies; requested by a specialist or consultant physician.	400			300	340
73300	Support list (pathology)	Type C	N	Detection of mutation of the FMR1 gene where: (a) the patient exhibits intellectual disability, ataxia, neurodegeneration, or premature ovarian failure consistent with an FMRI mutation; or (b) the patient has a relative with a FMR1 mutation 1 or more tests	101.3			76	86.15
73301	Support list (pathology)	Unlisted	N	A test of tumour tissue from a patient with advanced (FIGO III-IV), high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer, requested by a specialist or consultant physician, to determine eligibility relating to BRCA status for access to olaparib under the Pharmaceutical Benefits Scheme (PBS). Applicable once per primary tumour diagnosis	1200			900	1112.1
73302	Support list (pathology)	Unlisted	N	Characterisation of germline gene variants including copy number variants, in BRCA1 or BRCA2 genes, in a patient who has had a pathogenic or likely pathogenic variant identified in either gene by tumour testing and who has not previously received a service to which items 73295, 73296 or 73297 applies, requested by a specialist or consultant physician. Applicable once per primary tumour diagnosis	400			300	340
73305	Support list (pathology)	Type C	N	Detection of mutation of the FMR1 gene by Southern Blot analysis where the results in item 73300 are inconclusive	202.65			152	172.3
73308	Support list (pathology)	Type C	N	Characterisation of the genotype of a patient for Factor V Leiden gene mutation, or detection of the other relevant mutations in the investigation of proven venous thrombosis or pulmonary embolism - 1 or more tests	36.45			27.35	31

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73309	Support list (pathology)	Type C	N	A test described in item 73308, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	36.45			27.35	31
73311	Support list (pathology)	Type C	N	Characterisation of the genotype of a person who is a first degree relative of a person who has proven to have 1 or more abnormal genotypes under item 73308 - 1 or more tests	36.45			27.35	31
73312	Support list (pathology)	Type C	N	A test described in item 73311, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	36.45			27.35	31
73314	Support list (pathology)	Type C	N	Characterisation of gene rearrangement or the identification of mutations within a known gene rearrangement, in the diagnosis and monitoring of patients with laboratory evidence of: (a)acute myeloid leukaemia; or (b)acute promyelocytic leukaemia; or (c)acute lymphoid leukaemia; or (d)chronic myeloid leukaemia;	230.95			173.25	196.35
73315	Support list (pathology)	Type C	N	A test described in item 73314, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)	230.95			173.25	196.35
73317	Support list (pathology)	Type C	N	Detection of the C282Y genetic mutation of the HFE gene and, if performed, detection of other mutations for haemochromatosis where: (a)the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or (b)the patient has a first degree relative with haemochromatosis; or (c)the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis (Item is subject to rule 20)	36.45			27.35	31
73318	Support list (pathology)	Type C	N	A test described in item 73317, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18 and 20)	36.45			27.35	31
73320	Support list (pathology)	Type C	N	Detection of HLA-B27 by nucleic acid amplification includes a service described in 71147 unless the service in item 73320 is rendered as a pathologist determinable service. (Item is subject to rule 27)	40.55			30.45	34.5
73321	Support list (pathology)	Type C	N	A test described in item 73320, if rendered by a receiving APP - 1 or more tests. (Item is subject to rule 18 and 27)	40.55			30.45	34.5
73323	Support list (pathology)	Type C	N	Determination of HLAB5701 status by molecular techniques prior to the initiation of Abacavir therapy including item 71203 if performed.	40.55			30.45	34.5
73324	Support list (pathology)	Type C	N	A test described in item 73323 if rendered by a receiving APP 1 or more tests (Item is subject to Rule 18)	40.95			30.75	34.85
73325	Support list (pathology)	Unlisted	N	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 and laboratory evidence of: a)polycythaemia vera; or b)essential thrombocythaemia; 1 or more tests	74.5			55.9	63.35
73326	Support list (pathology)	Unlisted	N	Characterisation of the gene rearrangement FIP1L1-PDGFRA in the diagnostic work-up and management of a patient with laboratory evidence of: a)mast cell disease; or b)idiopathic hypereosinophilic syndrome; or c)chronic eosinophilic leukaemia;. 1 or more tests	230.95			173.25	196.35
73327	Support list (pathology)	Unlisted	N	Detection of genetic polymorphisms in the Thiopurine S-methyltransferase gene for the prevention of dose-related toxicity during treatment with thiopurine drugs; including (if performed) any service described in item 65075. 1 or more tests	51.95			39	44.2
73332	Support list (pathology)	Type C	N	An in situ hybridization (ISH) test of tumour tissue from a patient with breast cancer requested by, or on the advice of, a specialist or consultant physician who manages the treatment of the patient to determine if the requirements relating to human epidermal growth factor receptor 2 (HER2) gene amplification for access to trastuzumab under the Pharmaceutical Benefits Scheme (PBS) or the Herceptin Program are fulfilled.	315.4			236.55	268.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73333	Support list (pathology)	Type C	N	Detection of germline mutations of the von Hippel-Lindau (VHL) gene: (a)in a patient who has a clinical diagnosis of VHL syndrome and: (i)a family history of VHL syndrome and one of the following: (A) haemangioblastoma (retinal or central nervous system); (B) phaeochromocytoma; (C) renal cell carcinoma; or (i)2 or more haemangioblastomas; or (ii)one haemangioblastoma and a tumour or a cyst of: (A) the adrenal gland; or (B) the kidney; or (C)the pancreas; or (D) the epididymis; or (E) a broad ligament (other than epididymal and single renal cysts, which are common in the general population); or (a)in a patient presenting with one or more of the following clinical features suggestive of VHL syndrome: (i)haemangioblastomas of the brain, spinal cord, or retina; (ii)phaeochromocytoma; (iii)functional extra-adrenal paraganglioma	600			450	512.1
73334	Support list (pathology)	Type C	N	Detection of germline mutations of the von Hippel-Lindau (VHL) gene in biological relatives of a patient with a known mutation in the VHL gene	340			255	289
73335	Support list (pathology)	Type C	N	Detection of somatic mutations of the von Hippel-Lindau (VHL) gene in a patient with: (a)2 or more tumours comprising: (i)2 or more haemangioblastomas, or (ii)one haemangioblastoma and a tumour of: (A)the adrenal gland; or (B)the kidney; or (C)the pancreas; or (D)the epididymis; and (b)no germline mutations of the VHL gene identified by genetic testing	470			352.5	399.5
73336	Support list (pathology)	Type C	N	A test of tumour tissue from a patient withstage III or stage IV metastatic cutaneous melanoma, requested by, or on behalf of, a specialist or consultant physician, to determine if the requirements relating to BRAF V600 mutation status for access to dabrafenib,vemurafenib or encorafenibunder the Pharmaceutical Benefits Scheme are fulfilled.	230.95			173.25	196.35
73337	Support list (pathology)	Type C	N	A test of tumour tissue from a patient diagnosed with non-small cell lung cancer, shown to have non-squamous histology or histology not otherwise specified, requested by, or on behalf of, a specialist or consultant physician, to determine: if the requirements relating to epidermal growth factor receptor (EGFR) gene status for access to an EGFR tyrosine kinase inhibitor under the Pharmaceutical Benefits Scheme are fulfilled; or if the requirements relating to EGFR status for access to pembrolizumab under the Pharmaceutical Benefits Scheme are fulfilled.	397.35			298.05	337.75
73338	Support list (pathology)	Type C	N	A test of tumour tissue from a patient with metastatic colorectal cancer (stage IV), requested by a specialist or consultant physician, to determine if the requirements relating to rat sarcoma oncogene (RAS) gene mutation status for access to cetuximab or panitumumab under the Pharmaceutical Benefits Scheme (PBS) are fulfilled, if: (a) the test is conducted for all clinically relevant mutations on KRAS exons 2, 3 and 4 and NRAS exons 2, 3, and 4; or (b) a RAS mutation is found.	362.6			271.95	308.25
73339	Support list (pathology)	Type C	N	Detection of germline mutations in the RET gene in patients with a suspected clinical diagnosis of multiple endocrine neoplasia type 2 (MEN2) requested by a specialist or consultant physician who manages the treatment of the patient. One test.(Item issubject to rule 25)	400			300	340
73340	Support list (pathology)	Type C	N	Detection of a known mutation in the RET gene in an asymptomatic relative of a patient with a documented pathogenic germline RET mutation requested by a specialist or consultant physician who manages the treatment of the patient. One test.(Item is subject to rule 25)	200			150	170

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73341	Support list (pathology)	Type C	N	Fluorescence in situ hybridisation (FISH) test of tumour tissue from a patient with locally advanced or metastatic non-small cell lung cancer, which is of non-squamous histology or histology not otherwise specified, with documented evidence of anaplastic lymphoma kinase (ALK) immunoreactivity by immunohistochemical (IHC) examination giving a staining intensity score > 0, and with documented absence of activating mutations of the epidermal growth factor receptor (EGFR) gene, requested by a specialist or consultant physician, to determine: if requirements relating to ALK gene rearrangement status for access to an anaplastic lymphoma kinase inhibitor under the Pharmaceutical Benefits Scheme are fulfilled; or if requirements relating to ALK status for access to pembrolizumab under the Pharmaceutical Benefits Scheme are fulfilled.	400			300	340
73342	Support list (pathology)	Type C	N	An in situ hybridisation (ISH) test of tumour tissue from a patient with metastatic adenocarcinoma of the stomach or gastro-oesophageal junction, with documented evidence of human epidermal growth factor receptor 2 (HER2) overexpression by immunohistochemical (IHC) examination giving a staining intensity score of 2+ or 3+ on the same tumour tissue sample, requested by, or on the advice of, a specialist or consultant physician who manages the treatment of the patient to determine if the requirements relating to HER2 gene amplification for access to trastuzumab under the Pharmaceutical Benefits Scheme are fulfilled.	315.4			236.55	268.1
73343	Support list (pathology)	Type C	N	Detection of 17p chromosomal deletions by fluorescence in situ hybridisation or genome wide micro-array, in a patient with relapsed or refractory chronic lymphocytic leukaemia or small lymphocytic lymphoma, on a peripheral blood or bone marrow sample, requested by a specialist or consultant physician, to determine if the requirements for access to idelalisib, ibrutinib, venetoclax or acalabrutinib on the Pharmaceutical Benefits Scheme are fulfilled. For any particular patient, applicable not more than once in 12 months.	589.9			442.45	502
73344	Support list (pathology)	Type C	N	Fluorescence in situ hybridization (FISH) test of tumour tissue from a patient with locally advanced or metastatic non-small-cell lung cancer, which is of non-squamous histology or histology not otherwise specified, with documented evidence of ROS proto-oncogene 1 (ROS1) immunoreactivity by immunohistochemical (IHC) examination giving a staining intensity score of 2+ or 3+; and with documented absence of both activating mutations of the epidermal growth factor receptor (EGFR) gene and anaplastic lymphoma kinase (ALK) immunoreactivity by IHC, requested by a specialist or consultant physician, to determine: if requirements relating to ROS1 gene arrangement status for access to crizotinib or entrectinib under the Pharmaceutical Benefits Scheme are fulfilled; or if requirements relating to ROS1 status for access to pembrolizumab under the Pharmaceutical Benefits Scheme are fulfilled.	400			300	340
73345	Support list (pathology)	Type C	N	Testing of a patient for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of investigating, making or excluding a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73347, 73348, or 73349 applies. The patient must have clinical or laboratory findings suggesting there is a high probability suggestive of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder.	500			375	425

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73346	Support list (pathology)	Type C	N	Testing of a pregnant patient whose carrier status for pathogenic cystic fibrosis transmembrane conductance regulator variants, as well as their reproductive partner carrier status is unknown, for the purpose of determining whether pathogenic cystic fibrosis transmembrane conductance regulator variants are present in the fetus, in order to make or exclude a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder in the fetus when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73350 applies. The fetus must have ultrasonic findings of echogenic gut, with unknown familial cystic fibrosis transmembrane conductance regulator variants.	500			375	425
73347	Support list (pathology)	Type C	N	Testing of a prospective parent for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining the risk of their fetus having pathogenic cystic fibrosis transmembrane conductance regulator variants. This is indicated when the fetus has ultrasonic evidence of echogenic gut when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73345, 73348, or 73349 applies.	500			375	425
73348	Support list (pathology)	Type C	N	Testing of a patient with a laboratory-established family history of pathogenic cystic fibrosis transmembrane conductance regulator variants, for the purpose of determining whether the patient is an asymptomatic genetic carrier of the pathogenic cystic fibrosis transmembrane conductance regulator variants that have been laboratory established in the family history, not being a service associated with a service to which item 73345, 73347, or 73349 applies. The patient must have a positive family history, confirmed by laboratory findings of pathogenic cystic fibrosis transmembrane conductance regulator variants, with a personal risk of being a heterozygous genetic carrier of at least 6%. (This includes family relatedness of: parents, children, full-siblings, half-siblings, grand-parents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed, but excludes relatedness of second cousins or more distant relationships).	250			187.5	212.5
73349	Support list (pathology)	Type C	N	Testing of a patient for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining the reproductive risk of the patient with their reproductive partner because their reproductive partner is already known to have pathogenic cystic fibrosis transmembrane conductance regulator variants requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73345, 73347, or 73348 applies.	500			375	425
73350	Support list (pathology)	Type C	N	Testing of a pregnant patient, where one or both prospective parents are known to be a genetic carrier of pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining whether pathogenic cystic fibrosis transmembrane conductance regulator variants are present in the fetus in order to make or exclude a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder in the fetus, when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73346 applies. The fetus must be at 25% or more risk of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder because of known familial cystic fibrosis transmembrane conductance regulator variants.	250			187.5	212.5

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73351	Support list (pathology)	Type C	N	A test of tumour tissue that is derived from a new sample from a patient with locally advanced (Stage IIIb) or metastatic (Stage IV) non-small cell lung cancer (NSCLC), who has progressed on or after treatment with an epidermal growth factor receptor tyrosine kinase inhibitor (EGFR TKI). The test is to be requested by a specialist or consultant physician, to determine if the requirements relating to EGFR T790M gene status for access to osimertinib under the Pharmaceutical Benefits Scheme are fulfilled.	397.35			298.05	337.75
73352	Support list (pathology)	Type C	N	Characterisation of germline variants causing familial hypercholesterolaemia (which must include the LDLR, PCSK9 and APOB genes), requested by a specialist or consultant physician, for a patient: (a) for whom no familial mutation has been identified; and (b) who has any of the following: (i) a Dutch Lipid Clinic Network score of at least 6; (ii) an LDL-cholesterol level of at least 6.5 mmol/L in the absence of secondary causes; (iii) an LDL-cholesterol level of between 5.0 and 6.5 mmol/L with signs of premature or accelerated atherogenesis Applicable only once per lifetime	1200			900	1112.1
73353	Support list (pathology)	Type C	N	Detection of a familial mutation for a patient who has a first- or second-degree relative with a documented pathogenic germline gene variant for familial hypercholesterolaemia Applicable only once per lifetime	400			300	340
73354	Support list (pathology)	Type C	N	Characterisation of germline gene variants, including copy number variation, in the MLH1, MSH2, MSH6, PMS2 and EPCAM genes, requested by a specialist or consultant physician, for:(a) a patient with suspected Lynch syndrome following immunohistochemical examination of neoplastic tissue that has demonstrated loss of expression of one or more mismatch repair proteins; or (b) a patient: (i) who has endometrial cancer; and (ii) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having Lynch syndrome, on the basis of clinical and family history criteria	1200			900	1112.1
73355	Support list (pathology)	Type C	N	Characterisation of germline gene variants, including copy number variation, in the APC and MUTYH genes, requested by a specialist or consultant physician, for a patient: (a) who has adenomatous polyposis; and (b) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having either of the following, on the basis of clinical and family history criteria: (i) familial adenomatous polyposis; (ii) MUTYH-associated polyposis	1200			900	1112.1
73356	Support list (pathology)	Type C	N	Characterisation of germline gene variants, including copy number variation, in the SMAD4, BMPR1A, STK11 and GREM1 genes, requested by a specialist or consultant physician, for a patient: (a) who has non-adenomatous polyposis; and (b) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having any of the following, on the basis of clinical and family history criteria: (i) juvenile polyposis syndrome; (ii) Peutz-Jeghers syndrome; (iii) hereditary mixed polyposis syndrome	1200			900	1112.1
73357	Support list (pathology)	Type C	N	Characterisation of germline gene variants, including copy number variation, in the genes mentioned in item 73354, 73355 or 73356, requested by a specialist or consultant physician, for a patient: (a) who has abiological relative with a pathogenic mutation identified in one or more of those genes; and (b) who has not previously received a service to which any of items 73354, 73355 and 73356 apply	400			300	340

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73358	Support list (pathology)	Type C	N	Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if: (a) the characterisation is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of: (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and (c) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and (d) the characterisation is not performed in conjunction with a service to which item 73359 applies Applicable only once per lifetime	2100			1575	2012.1
73359	Support list (pathology)	Type C	N	Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if: (a) the characterisation is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the request for the characterisation states that singleton testing is inappropriate; and (c) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of: (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and (d) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and (e) the characterisation is performed using a sample from the patient and a sample from each of the patient's biological parents; and (f) the characterisation is not performed in conjunction with a service to which item 73358 applies Applicable only once per lifetime	2900			2175	2812.1
73360	Support list (pathology)	Type C	N	Re-analysis of whole exome or genome data obtained in performing a service to which item 73358 or 73359 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the patient is aged 15 years or younger and is strongly suspected of having a monogenic condition; and (c) the re-analysis is performed at least 18 months after: (i) a service to which item 73358 or 73359 applies; or (ii) a service to which this item applies Applicable only twice per lifetime	500			375	425
73361	Support list (pathology)	Type C	N	Testing of a person (the person tested) for the detection of a single gene variant for diagnostic purposes, if: the person tested has a biological sibling (the sibling) with a known monogenic condition; and a service described in item73358, 73359 or 73360 has identified the causative variant for the sibling's condition; and the results of the testing performed for the sibling are made available for the purpose of providing the detection for the person tested; and the detection is: requested by a consultant physician practising as a clinical geneticist; or requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and the detection is not performed in conjunction with a service to which item73362 or 73363 applies Applicable only once per variant per lifetime	400			300	340

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73362	Support list (pathology)	Type C	N	Testing of a person (the person tested) for the detection of a single gene variant for the purpose of reproductive decision making, if: the person tested has a first-degree relative (the relative) with a known monogenic condition; and a service described in item73358, 73359 or 73360 has identified the causative variant for the relative's condition; and the results of the testing performed for the relative are made available for the purpose of providing the detection for the person tested; and the detection is requested by a consultant physician or specialist; and the detection is not performed in conjunction with item 73359, 73361 or 73363 Applicable only once per variant per lifetime	400			300	340
73363	Support list (pathology)	Type C	N	Testing of a person (the person tested) for the detection of a single gene variant for segregation analysis in relation to another person (the patient), if: the patient has a known phenotype of a suspected monogenic condition; and a service described in item73358 or 73360 has identified a potentially causative variant for the patient; and the person tested is a biological parent or other biological relative of the patient; and a sample from the person tested has not previously been tested in relation to the patient for a service to which item73359 applies; and the results of the testing of the person tested for this service are made available for the purpose of providing the detection for the patient; and the detection is: requested by a consultant physician practising as a clinical geneticist; or requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and the detection is not performed in conjunction with item73361 or 73362 Applicable only once per variant per lifetime	400			300	340
73364	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for: (i) the characterisation of MYC gene rearrangement; and (ii) if the results of the characterisation mentioned in subparagraph (i) are positive—the characterisation of either or both of BCL2 gene rearrangement and BCL6 gene rearrangement; and (b) is for a patient: (i) for whom MYC immunohistochemistry is non-negative; and (ii) with clinical or laboratory evidence, including morphological features, of diffuse large B-cell lymphoma or high grade B-cell lymphoma; and (c) is not performed in conjunction with item 73365 Applicable only once per lifetime	400			300	340
73365	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MYC gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of Burkitt lymphoma; and (c) is not performed in conjunction with item 73364 Applicable only once per lifetime	340			255	289
73366	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) CCND1 gene rearrangement; (ii) CCND2 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mantle cell lymphoma Applicable only once per lifetime	400			300	340
73367	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the presence of isochromosome 7q; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of hepatosplenic T-cell lymphoma Applicable only once per lifetime	340			255	289
73368	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) DUSP22 gene rearrangement; (ii) TP63 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of ALK negative anaplastic large cell lymphoma Applicable only once per lifetime	400			300	340

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73369	Support list (pathology)	Type C	N	Analysis of blood or bone marrow, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) TCL1A gene rearrangement; (ii) MTCP1 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of T-cell prolymphocytic leukaemia Applicable only once per lifetime	400			300	340
73370	Support list (pathology)	Type C	N	Analysis of blood or bone marrow, requested by a specialist or consultant physician, that: (a) is for the characterisation of the following: (i) chromosome translocations t(4;14), t(14;16), t(14;20); (ii) 1q gain; (iii) 17p deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of plasma cell myeloma Applicable only once per lifetime	500			375	425
73371	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of chromosome 1p/19q co-deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glial neoplasm with probable oligodendroglial component Applicable only once per lifetime	340			255	289
73372	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the identification of IDH1/2 pathological variant status; and (b) is for a patient with: (i) negative IDH1 (R132H) immunohistochemistry; and (ii) clinical or laboratory evidence, including morphological features, of glial neoplasm Applicable only once per lifetime	340			255	289
73373	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MGMT promoter methylation status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glioblastoma Applicable only once per lifetime	400			300	340
73374	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes in one of the following genes: (i) MDM2 CNV; (ii) FUS; (iii) DDIT3; (iv) EWSR1; (v) ETV6; (vi) NTRK1; (vii) NTRK3; (viii) COL1A1; (ix) PDGFB; (x) STAT6; (xi) PAX3; (xii) PAX7; (xiii) SS18; (xiv) BCOR; (xv) CIC; (xvi) HEY1; (xvii) ALK; (xviii) USP6; (xix) NR4A3; (xx) NCOA2; (xxi) FOXO1; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	340			255	289
73375	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 2 or 3 of the genes mentioned in item 73374; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	400			300	340
73376	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 4 or more of the genes mentioned in item 73374; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	800			600	712.1
73377	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of FOXL2.402C>G status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of granulosa cell ovarian tumour Applicable only once per lifetime	250			187.5	212.5
73378	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of NUTM1 gene status at 15q14; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of midline NUT carcinoma Applicable only once per lifetime	340			255	289

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73379	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of ETV6-NTRK3 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of secretory carcinoma of the breast Applicable only once per lifetime	340			255	289
73380	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MAML2 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mucoepidermoid carcinoma Applicable only once per lifetime	340			255	289
73381	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of ETV6-NTRK3 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mammary analogue secretory carcinoma of the salivary gland Applicable only once per lifetime	340			255	289
73382	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of EWSR1 gene rearrangement, with or without PLAG1 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of hyalinising clear cell carcinoma of the salivary gland Applicable only once per lifetime	340			255	289
73383	Support list (pathology)	Type C	N	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) TFE3 gene rearrangement; (ii) TFEB gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of renal cell carcinoma Applicable only once per lifetime	400			300	340
73384	Support list (pathology)	Type C	N	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the pathology services table (see PR.7.1), of samples from the patient and (if relevant) the patient's reproductive partner, for the purpose of providing an assay for pre-implantation genetic testing, requested by a specialist or consultant physician Applicable not more than once per patient episode per disorder (of a kind described in clause 2.7.3A (PR.7.1)) per reproductive relationship	1736			1302	1648.1
73385	Support list (pathology)	Type C	N	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the pathology services table (see PR.7.1), of embryonic tissue from a sample from one embryo, if the analysis is: (a) for the purpose of providing a pre-implantation genetic test; and (b) requested by a specialist or consultant physician; and (c) performed in the assisted reproductive treatment cycle in which the embryo was produced Applicable not more than once per embryo	635			476.25	547.1
73386	Support list (pathology)	Type C	N	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the pathology services table (see PR.7.1), of embryonic tissue from samples from 2 embryos, if the analysis is: (a) for the purpose of providing a pre-implantation genetic test; and (b) requested by a specialist or consultant physician; and (c) performed in the assisted reproductive treatment cycle in which the embryos were produced Applicable not more than once per assisted reproductive treatment cycle, and not more than once for the 2 embryos tested	1270			952.5	1182.1
73387	Support list (pathology)	Type C	N	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the pathology services table (see PR.7.1), of embryonic tissue from samples from 3 or more embryos, if the analysis is: (a) for the purpose of providing a pre-implantation genetic test; and (b) requested by a specialist or consultant physician; and (c) performed in the assisted reproductive treatment cycle in which the embryos were produced Applicable not more than once per assisted reproductive treatment cycle for the 3 or more embryos tested	1905			1428.75	1817.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73388	Support list (pathology)	Type C	N	Analysis of chromosomes by genome-wide microarray, of a sample from amniocentesis or chorionic villus sampling, including targeted assessment of specific regions for constitutional genetic abnormalities in diagnostic studies of a fetus, if one or more major fetal structural abnormalities have been detected on ultrasound; or nuchal translucency was greater than 3.5 mm Applicable only once per fetus	589.9			442.45	502
73389	Support list (pathology)	Type C	N	Analysis of products of conception from a patient with suspected hydatidiform mole for the characterisation of ploidy status Applicable once per pregnancy	340			255	289
73391	Support list (pathology)	Type C	N	Analysis of chromosomes by genome-wide microarray in diagnostic studies of a patient with multiple myeloma Applicable once per lifetime	589.9			442.45	502
73521	Support list (pathology)	Type C	N	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)	9.7			7.3	8.25
73523	Support list (pathology)	Type C	N	Semen examination (other than post-vasectomy semen examination), including: (a)measurement of volume, sperm count and motility; and (b)examination of stained preparations; and (c)morphology; and (if performed) (d)differential count and 1 or more chemical tests; (Item is subject to rule 25)	41.75			31.35	35.5
73525	Support list (pathology)	Type C	N	Sperm antibodies - sperm-penetrating ability - 1 or more tests	28.35			21.3	24.1
73527	Support list (pathology)	Type C	N	Human chorionic gonadotrophin (HCG) - detection in serum or urine by 1 or more methods for diagnosis of pregnancy - 1 or more tests	10			7.5	8.5
73529	Support list (pathology)	Type C	N	Human chorionic gonadotrophin (HCG), quantitation in serum by 1 or more methods (except by latex, membrane, strip or other pregnancy test kit) for diagnosis of threatened abortion, or follow up of abortion or diagnosis of ectopic pregnancy, including any services performed in item 73527 - 1 test	28.65			21.5	24.4
73801	Support list (pathology)	Type C	N	Semen examination for presence of spermatozoa	6.9			5.2	5.9
73802	Support list (pathology)	Type C	N	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count - 1 test	4.55			3.45	3.9
73803	Support list (pathology)	Type C	N	2 tests described in item 73802	6.35			4.8	5.4
73804	Support list (pathology)	Type C	N	3 or more tests described in item 73802	8.15			6.15	6.95
73805	Support list (pathology)	Type C	N	Microscopy of urine, excluding dipstick testing.	4.55			3.45	3.9
73806	Support list (pathology)	Type C	N	Pregnancy test by 1 or more immunochemical methods	10.15			7.65	8.65
73807	Support list (pathology)	Type C	N	Microscopy for wet film other than urine, including any relevant stain	6.9			5.2	5.9
73808	Support list (pathology)	Type C	N	Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807	8.65			6.5	7.4
73809	Support list (pathology)	Type C	N	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method	2.35			1.8	2
73810	Support list (pathology)	Type C	N	Microscopy for fungi in skin, hair or nails - 1 or more sites	6.9			5.2	5.9
73811	Support list (pathology)	Type C	N	Mantoux test	11.2			8.4	9.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73812	Support list (pathology)	Type C	N	Quantitation of glycated haemoglobin (HbA1c) performed in the management of established diabetes when performed: (a) as a point-of-care test; and (b) by or on behalf of a medical practitioner who works in a general practice that is accredited against the point of care testing accreditation module under the National General Practice Accreditation Scheme; and (c) using a method and instrument certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrument has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%). Applicable not more than 3 times per 12 months per patient.	11.8			8.85	10.05
73826	Support list (pathology)	Type C	N	Quantitation of glycated haemoglobin (HbA1c) performed by a participating nurse practitioner in the management of established diabetes when performed: (a) as a point-of-care test; and (b) by a nurse practitioner who works in a general practice that is accredited against the point of care testing accreditation module under the National General Practice Accreditation Scheme; and (c) using a method and instrument certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrument has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%). Applicable not more than 3 times per 12 months per patient.	11.8			8.85	10.05
73828	Support list (pathology)	Unlisted	N	Semen examination for presence of spermatozoa by a participating nurse practitioner	6.9				5.9
73829	Support list (pathology)	Unlisted	N	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count by a participating nurse practitioner- 1 test	4.55				3.9
73830	Support list (pathology)	Unlisted	N	2 tests described in item 73829 by a participating nurse practitioner	6.35				5.4
73831	Support list (pathology)	Unlisted	N	3 or more tests described in item 73829 by a participating nurse practitioner	8.15				6.95
73832	Support list (pathology)	Unlisted	N	Microscopy of urine,excluding dipstick testingby a participating nurse practitioner.	4.55				3.9
73833	Support list (pathology)	Unlisted	N	Pregnancy test by 1 or more immunochemical methods by a participating nurse practitioner	10.15				8.65
73834	Support list (pathology)	Unlisted	N	Microscopy for wet film other than urine, including any relevant stain by a participating nurse practitioner	6.9				5.9
73835	Support list (pathology)	Unlisted	N	Microscopy of Gram-stained film, including (if performed) a service described in item 73832 or 73834 by a participating nurse practitioner	8.65				7.4
73836	Support list (pathology)	Unlisted	N	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method by a participating nurse practitioner	2.35				2
73837	Support list (pathology)	Unlisted	N	Microscopy for fungi in skin, hair or nails by a participating nurse practitioner- 1 or more sites	6.9				5.9
73839	Support list (pathology)	Unlisted	N	Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patients at high risk - not more than once in a 12 month period. (Item is subject to restrictions in rulePR.9.1 of explanatory notes to this category)	16.8			12.6	14.3
73840	Support list (pathology)	Unlisted	N	Quantitation of glycosylated haemoglobin performed in the management of established diabetes – each test to a maximum of 4 tests in a 12 month period. (Item is subject to restrictions in rulePR.9.1 of explanatory notes to this category)	17			12.75	14.45
73844	Support list (pathology)	Unlisted	N	Quantitation of urinary albumin/creatine ratio in urine on a random spot collection in the management of patients with established diabetes or patients at risk of microalbuminuria.	20.35			15.3	17.3
73899	Support list (pathology)	Unlisted	N	Initiation of a patient episode that consists of a service described in item 72858 or 72859 in circumstances other than those mentioned in item 73900	5.95			4.5	5.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73900	Support list (pathology)	Unlisted	N	Initiation of a patient episode that consists of a service described in item 72858 or 72859 if the service is rendered in a prescribed laboratory.	2.4			1.8	2.05
73920	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected in an approved collection centre that the APA operates in the same premises as it operates a category GX or GY pathology laboratory	2.4			1.8	2.05
73922	Support list (pathology)	Type C	N	Initiation of a patient episode that consists of a service described in item 73070, 73071, 73072, 73073, 73074, 73075 or 73076(in circumstances other than those described in item 73923).	8.2			6.15	7
73923	Support list (pathology)	Type C	N	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 person receives the service from a prescribed laboratory	2.4			1.8	2.05
73924	Support list (pathology)	Type C	N	Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73925) from a person who is an in-patient of a hospital.	14.65			11	12.5
73925	Support list (pathology)	Type C	N	Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 if the person is: (a)a private patient of a recognised hospital;or (b) a private patient of a hospital who receives the service or services from a prescribed laboratory.	2.4			1.8	2.05
73926	Support list (pathology)	Type C	N	Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73927) from a person who is not a patient of a hospital.	8.2			6.15	7
73927	Support list (pathology)	Type C	N	Initiation of a patient episode by a prescribed laboratory that consists of 1 or more services described in items, 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 from a person who is not a patient of a hospital.	2.4			1.8	2.05
73928	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or moreservices (other than those services described in items 73922, 73924 or 73926) if the specimen is collected in an approved collection centre. Unless item 73920 or 73929 applies	5.95			4.5	5.1
73929	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, if the specimen is collected in an approved pathology collection centre	2.4			1.8	2.05
73930	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for a service for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person who is an in-patient of a hospital other than a recognised hospital. Unless item 73931 applies	5.95			4.5	5.1
73931	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926) if: ()the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person who is a private patient in a hospital or () the person is a private patient in a recognised hospital and the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority	2.4			1.8	2.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
73932	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in the place where the person was residing. Unless item 73933 applies	10.25			7.7	8.75
73933	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person in the place where the person is residing	2.4			1.8	2.05
73934	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 and 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in a residential aged care home or institution. Unless 73935 applies	17.6			13.2	15
73935	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person in a residential aged care home or institution	2.4			1.8	2.05
73936	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected from the person by the person.	5.95			4.5	5.1
73937	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926), if the specimen is collected from the person by the person and if: ()the service is performed in a prescribed laboratory or ()the person is a private patient in a recognised hospital	2.4			1.8	2.05
73938	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by or on behalf of the treating practitioner. Unless item 73939 applies	7.95			6	6.8
73939	Support list (pathology)	Type C	N	Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926), if the specimen is collected by or on behalf of the treating practitioner and if: ()the service is performed in a prescribed laboratory or ()the person is a private patient in a recognised hospital	2.4			1.8	2.05
73940	Support list (pathology)	Type C	N	Receipt of a specimen by an approved pathology practitioner of an approved pathology authority from another approved pathology practitioner of a different approved pathology authority or another approved pathology authority (Item is subject to rules 14, 15 and 16)	10.25			7.7	8.75
74990	Support list (pathology)	Unlisted	N	A pathology service to which an item in this table (other than this item or item 74991, 75861, 75862, 75863 or 75864) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder;and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this table applying to the service	7.2				6.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
74991	Support list (pathology)	Unlisted	N	A pathology service to which an item in this table (other than this item or items 74990, 75861, 75862, 75863 or 75864) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this table applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area.	10.9				9.3
74992	Support list (pathology)	Type C	N	A payment when the episode is bulk billed and includes item 73920.	1.6			1.2	1.4
74993	Support list (pathology)	Type C	N	A payment when the episode is bulk billed and includes item 73922 or 73926.	3.75			2.85	3.2
74994	Support list (pathology)	Type C	N	A payment when the episode is bulk billed and includes item 73924.	3.25			2.45	2.8
74995	Support list (pathology)	Type C	N	A payment when the episode is bulk billed and includes item 73899, 73900, 73928, 73930 or 73936.	4			3	3.4
74996	Support list (pathology)	Type C	N	A payment when the episode is bulk billed and includes item 73932 or 73940.	3.7			2.8	3.15
74997	Support list (pathology)	Type C	N	A payment when the episode is bulk billed and includes item 73934.	3.3			2.5	2.85
74998	Support list (pathology)	Type C	N	A payment when the episode is bulk billed and includes item 73938.	2			1.5	1.7
74999	Support list (pathology)	Type C	N	A payment when the episode is bulk billed and includes item 73923, 73925, 73927, 73929, 73931, 73933, 73935, 73937 or 73939.	1.6			1.2	1.4
75861	N/A (Not hospital treatment)	Unlisted	Y	A pathology service to which an item in this table (other than this item or item 74990, 74991, 75862, 75863 or 75864) applies if: (a)the service is an unreferred service; and (b)the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in: (i) a Modified Monash 3 area; or (ii) a Modified Monash 4 area	11.55				9.85
75862	N/A (Not hospital treatment)	Unlisted	Y	A pathology service to which an item in this table (other than this item or item 74990, 74991, 75861, 75862, or 75864) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this Schedule applying to the service; and (e)the service is rendered at, or from, a practice location in a Modified Monash 5 area	12.25				10.45
75863	N/A (Not hospital treatment)	Unlisted	Y	A pathology service to which an item in this table (other than this item or item 74990, 74991, 75861, 75862 or 75863) applies if: (a)the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii) the other item in this Schedule applying to the service; and (e)the service is rendered at, or from, a practice location in a Modified Monash 6 area	13				11.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
75864	N/A (Not hospital treatment)	Unlisted	Y	A pathology service to which an item in this table (other than this item or item 74990, 74991, 75862 or 75863) applies if: (a)the service is an unreferred service; and (b)the service is rendered to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in a Modified Monash 7 area	14.25				12.15
75001	Common list	Unlisted	N	Note: In this Group, benefit is only payable where the service has been rendered to a patient by a dental practitioner who is registered in the specialty of orthodontics, except for the services covered by Items 75009-75023 which may also be rendered by a medical practitioner who is a specialist in the practice of his or her specialty of oral and maxillofacial surgery. CONSULTATIONS INITIAL PROFESSIONAL ATTENDANCE in a single course of treatment by an eligible orthodontist (AO)	89			66.75	75.65
75004	Common list	Unlisted	N	PROFESSIONAL ATTENDANCE by an eligible orthodontist subsequent to the first professional attendance by the orthodontist in a single course of treatment (AO)	44.75			33.6	38.05
75006	Dental surgery	Unlisted	N	PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75004 applies) prior to provision of a service to which: (a)item 75030, 75033, 75034, 75036, 75037, 75039, 75045 or 75051 applies; or (b)an item in Group T8 or Groups 03 to 09 applies; in a single course of treatment	79.3			59.5	67.45
75009	Support list	Unlisted	N	RADIOGRAPHY ORTHODONTIC RADIOGRAPHY orthopantomography (panoramic radiography), including any consultation on the same occasion	70.95			53.25	60.35
75012	Support list	Unlisted	N	ORTHODONTIC RADIOGRAPHYANTEROPOSTERIOR CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings OR LATERAL CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings including any consultation on the same occasion	112.45			84.35	95.6
75015	Support list	Unlisted	N	ORTHODONTIC RADIOGRAPHYANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings including any consultation on the same occasion	154.6			115.95	131.45
75018	Support list	Unlisted	N	ORTHODONTIC RADIOGRAPHYANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings and orthopantomography including any consultation on the same occasion	196.95			147.75	167.45
75021	Support list	Unlisted	N	ORTHODONTIC RADIOGRAPHYhand-wrist studies (including growth prediction) including any consultation on the same occasion	241.45			181.1	205.25
75023	Support list	Unlisted	N	INTRAORAL RADIOGRAPHY - single area, periapical or bitewing film	48.35			36.3	41.1
75024	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supervision - WHERE 1 APPLIANCE IS USED	624.4			468.3	536.5
75027	Plastic and reconstructive surgery (medically necessary)	Unlisted	N	PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supervisionWHERE 2 APPLIANCES ARE USED	856.25			642.2	768.35
75030	Dental surgery	Unlisted	N	DENTITION TREATMENT MAXILLARY ARCH EXPANSION not being a service associated with a service to which item 75039, 75042, 75045 or 75048 applies, including supply of appliances, all adjustments of the appliances, removal of the appliances and retention	762.35			571.8	674.45
75033	Dental surgery	Unlisted	N	MIXED DENTITION TREATMENT - incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of the appliances and retention	1249.6			937.2	1161.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
75034	Dental surgery	Unlisted	N	MIXED DENTITION TREATMENT - incisor alignment with or without lateral arch expansion using a removable appliance in the maxillary arch, including supply of appliances, associated adjustments and retention	636			477	548.1
75036	Dental surgery	Unlisted	N	MIXED DENTITION TREATMENT - lateral arch expansion and incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of appliances and retention	1726			1294.5	1638.1
75037	Dental surgery	Unlisted	N	MIXED DENTITION TREATMENT - lateral arch expansion and incisor correction - 2 arch (maxillary and mandibular) using fixed appliances in both maxillary and mandibular arches, including supply of appliances, all adjustments of appliances, removal of appliances and retention	2173.85			1630.4	2085.95
75039	Dental surgery	Unlisted	N	PERMANENT DENTITION TREATMENTSINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - initial 3 months of active treatment	577.75			433.35	491.1
75042	Dental surgery	Unlisted	N	PERMANENT DENTITION TREATMENT - SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - each 3 months of active treatment (including all adjustments and maintenance and removal of the appliances) after the first for a maximum of a further 33 months	215.95			162	183.6
75045	Dental surgery	Unlisted	N	PERMANENT DENTITION TREATMENT2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - initial 3 months of active treatment	1156.6			867.45	1068.7
75048	Dental surgery	Unlisted	N	PERMANENT DENTITION TREATMENT - 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - each subsequent 3 months of active treatment (including all adjustments and maintenance, and removal of the appliances) after the first for a maximum of a further 33 months	296.6			222.45	252.15
75049	Dental surgery	Unlisted	N	RETENTION, FIXED OR REMOVABLE, single arch (mandibular or maxillary) - supply of retainer and supervision of retention	347.15			260.4	295.1
75050	Dental surgery	Unlisted	N	RETENTION, FIXED OR REMOVABLE, 2-arch (mandibular and maxillary) - supply of retainers and supervision of retention	670.15			502.65	582.25
75051	Dental surgery	Unlisted	N	JAW GROWTH GUIDANCE JAW GROWTH guidance using removable or functional appliances, including supply of appliances and all adjustments to appliances	1028.7			771.55	940.8
75150	Common list	Unlisted	N	Note:(i) In this Group, benefit is only payable where the service has been rendered to a patient who has been referred by an eligibleorthodontist. (ii)While benefit is payable for simple extractions performed by a registered dental practitioner, benefit is only payable for surgical extractions and other surgical procedures where the service is rendered by amedical practitioner who is a specialist in the practice of his or her speciality of oral and maxillofacial surgery. CONSULTATIONS INITIAL PROFESSIONAL attendance in a single course of treatment by an eligible oral and maxillofacial surgeon where the patient is referred to the surgeon by an eligible orthodontist (AOS)	89			66.75	75.65
75153	Common list	Unlisted	N	PROFESSIONAL ATTENDANCE by an eligible oral and maxillofacial surgeon subsequent to the first professional attendance by the surgeon in a single course of treatment where the patient is referred to the surgeon by an eligible orthodontist	44.75			33.6	38.05
75156	Dental surgery	Unlisted	N	PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75153 applies) prior to provision of a service: (a)to which item 52321, 53212 or 75618 applies; or (b)to which an item in the series 52330 to 52382, 52600 to 52630, 53400 to 53409 or 53415 to 53429 applies; in a single course of treatment if the patient is referred by an eligible orthodontist (AOS)	79.3			59.5	67.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
75200	Dental surgery	Unlisted	N	SIMPLE EXTRACTIONS Removal of tooth or tooth fragment (other than treatment to which item 75400, 75403, 75406, 75409, 75412 or 75415 applies), if the patient is referred by an eligible orthodontist (AD)	57.15			42.9	48.6
75203	Dental surgery	Unlisted	N	REMOVAL OF TOOTH OR TOOTH FRAGMENT under general anaesthesia, if the patient is referred by an eligible orthodontist (AD)	85.75			64.35	72.9
75206	Dental surgery	Unlisted	N	Removal of each additional tooth or tooth fragment at the same attendance at which a service to which item 75200 or 75203 applies is rendered, if the patient is referred by an eligible orthodontist (AD)	28.45			21.35	24.2
75400	Dental surgery	Unlisted	N	SURGICAL EXTRACTIONS Surgical removal of erupted tooth, if the patient is referred by an eligible orthodontist (AOS)	171.45			128.6	145.75
75403	Dental surgery	Unlisted	N	Surgical removal of tooth with soft tissue impaction, if the patient is referred by an eligible orthodontist (AOS)	196.95			147.75	167.45
75406	Dental surgery	Unlisted	N	Surgical removal of tooth with partial bone impaction, if the patient is referred by an eligible orthodontist (AOS)	224.4			168.3	190.75
75409	Dental surgery	Unlisted	N	Surgical removal of tooth with complete bone impaction, if the patient is referred by an eligible orthodontist (AOS)	254.1			190.6	216
75412	Dental surgery	Unlisted	N	Surgical removal of tooth fragment requiring incision of soft tissue only, if the patient is referred by an eligible orthodontist (AOS)	141.95			106.5	120.7
75415	Dental surgery	Unlisted	N	Surgical removal of tooth fragment requiring removal of bone, if the patient is referred by an eligible orthodontist (AOS)	171.45			128.6	145.75
75600	Dental surgery	Unlisted	N	OTHER SURGICAL PROCEDURES Surgical exposure, stimulation and packing of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)	241.45			181.1	205.25
75603	Dental surgery	Unlisted	N	Surgical exposure of unerupted tooth for the purpose of fitting a traction device, if the patient is referred by an eligible orthodontist (AOS)	283.8			212.85	241.25
75606	Dental surgery	Unlisted	N	Surgical repositioning of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)	283.8			212.85	241.25
75609	Dental surgery	Unlisted	N	Transplantation of tooth bud, if the patient is referred by an eligible orthodontist (AOS)	423.65			317.75	360.15
75612	Dental surgery	Unlisted	N	Surgical procedure for intra oral implantation of osseointegrated fixture (first stage), if the patient is referred by an eligible orthodontist (AOS)	524.3			393.25	445.7
75615	Dental surgery	Unlisted	N	Surgical procedure for fixation of trans mucosal abutment (second stage of osseointegrated implant), if the patient is referred by an eligible orthodontist (AOS)	194.1			145.6	165
75618	Dental surgery	Unlisted	N	Provision and fitting of a bite rising appliance or dental splint for the management of temporomandibular joint dysfunction syndrome, if the patient is referred by an eligible orthodontist (AOS)	241			180.75	204.85
75621	Dental surgery	Unlisted	N	The provision and fitting of surgical template in conjunction with orthognathic surgical procedures in association with: (a)an item in the series: (i)45720 to 45754; or (ii)52342 to 52375; or (b)item 52380 or 52382; if the patient is referred by an eligible orthodontist (AOS)	241			180.75	204.85
75800	Dental surgery	Unlisted	N	Note:Benefit is payable for services listed in this Group where they are rendered by a registered dental practitioner CONSULTATIONS ATTENDANCE BY AN ELIGIBLE DENTAL PRACTITIONER involving consultation, preventive treatment and prophylaxis, of not less than 30 minutes' durationeach attendance to a maximum of 3 attendances in any period of 12 months	85.75			64.35	72.9
75803	Dental surgery	Unlisted	N	PROSTHODONTIC PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers1 TOOTH	343.15			257.4	291.7
75806	Dental surgery	Unlisted	N	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 2 TEETH	402.45			301.85	342.1
75809	Dental surgery	Unlisted	N	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE. including retainers 3 TEETH	476.55			357.45	405.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
75812	Dental surgery	Unlisted	N	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 4 TEETH	529.45			397.1	450.05
75815	Dental surgery	Unlisted	N	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 5 TO 9 TEETH	646.05			484.55	558.15
75818	Dental surgery	Unlisted	N	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 10 TO 12 TEETH	762.35			571.8	674.45
75821	Dental surgery	Unlisted	N	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 1 TOOTH	614.1			460.6	526.2
75824	Dental surgery	Unlisted	N	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers2 TEETH	709.45			532.1	621.55
75827	Dental surgery	Unlisted	N	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 3 TEETH	815.5			611.65	727.6
75830	Dental surgery	Unlisted	N	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 4 TEETH	900.2			675.15	812.3
75833	Dental surgery	Unlisted	N	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 5 TO 9 TEETH	1101.25			825.95	1013.35
75836	Dental surgery	Unlisted	N	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 10 TO 12 TEETH	1260.15			945.15	1172.25
75839	Dental surgery	Unlisted	N	PROVISION AND FITTING OF RETAINERS not being a service associated with a service to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applieseach retainer	28.45			21.35	24.2
75842	Dental surgery	Unlisted	N	ADJUSTMENT OF PARTIAL DENTURE not being a service associated with a service to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies	42.4			31.8	36.05
75845	Dental surgery	Unlisted	N	RELINING OF PARTIAL DENTURE by laboratory process and associated fitting	211.9			158.95	180.15
75848	Dental surgery	Unlisted	N	REMODELLING AND FITTING OF PARTIAL DENTURE of more than 4 teeth	254.1			190.6	216
75851	Dental surgery	Unlisted	N	REPAIR TO CAST METAL BASE OF PARTIAL DENTURE1 or more points	127.1			95.35	108.05
75854	Dental surgery	Unlisted	N	ADDITION OF A TOOTH OR TEETH to a partial denture to replace extracted tooth or teeth including taking of necessary impression	127.1			95.35	108.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10950	Support list	Type C	N	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE Aboriginal or Torres Strait Islander health service provided to a person by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum of five services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10951	Support list	Type C	N	DIABETES EDUCATION SERVICE Diabetes education health service provided to a person by an eligible diabetes educator if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum of five services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10952	Support list	Type C	N	AUDIOLOGY Audiology health service provided to a person by an eligible audiologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared can plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible audiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible audiologist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10953	Support list	Type C	N	EXERCISE PHYSIOLOGY Exercise physiology service provided to a person by an eligible exercise physiologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or underboth a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10954	Support list	Type C	N	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 managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible dietician by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible dietician gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1
10955	N/A (Not hospital treatment)	N/A	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	50.85				43.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10956	Support list	Type C	N	MENTAL HEALTH SERVICE Mental health service provided to a person by an eligible mental health worker if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible mental health worker by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible mental health worker gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1
10957	N/A (Not hospital treatment)	N/A	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	87.15				74.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10958	Support list	Type C	N	OCCUPATIONAL THERAPY Occupational therapy health service provided to a person by an eligible occupational therapist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible occupational therapist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1
10959	N/A (Not hospital treatment)	N/A	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	145.1				123.35

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10960	Support list	Type C	N	PHYSIOTHERAPY Physiotherapy health service provided to a person by an eligible physiotherapist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care planas part of the management of the person's chronic condition andcomplex care needs; and (c)the person is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible physiotherapist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10962	Support list	Type C	N	PODIATRY Podiatry health service provided to a person by an eligible podiatrist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements,multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible podiatrist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible podiatrist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10964	Support list	Type C	N	CHIROPRACTIC SERVICE Chiropractic health service provided to a person by an eligible chiropractor if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or underboth a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible chiropractor by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible chiropractor gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10966	Support list	Type C	N	OSTEOPATHY Osteopathy health service provided to a person by an eligible osteopath if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible osteopath by the medical practitioner using a referral form that has been issued by the Departmentor a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible osteopath gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10968	Support list	Type C	N	PSYCHOLOGY Psychology health service provided to a person by an eligible psychologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements,multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible psychologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible psychologist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10970	Support list	Type C	N	SPEECH PATHOLOGY Speech pathology health service provided to a person by an eligible speech pathologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible speech pathologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year	64.8				55.1
10983	N/A (Not hospital treatment)	Unlisted	N	Attendance by a practice nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner, to provide clinical support to a patient who: (a)is participating in a video conferencing consultation with a specialist, consultant physician or psychiatrist; and (b)is not an admitted patient	33.7		33.7		
10987	N/A (Not hospital treatment)	Unlisted	N	Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health assessment if: a)The service is provided on behalf of and under the supervision of a medical practitioner; and b)the person is not an admitted patient of a hospital; and c)the service is consistent with the needs identified through the health assessment; -to a maximum of 10 services per patient in a calendar year	24.95		24.95		
10988	Support list	Type C	N	Immunisation provided to a person by an Aboriginal and Torres Strait Islander health practitioner if: (a)the immunisation is provided on behalf of, and under the supervision of, a medical practitioner; and (b)the person is not an admitted patient of a hospital.	12.5		12.5		
10989	Support list	Type C	N	Treatment of a person's wound (other than normal aftercare) provided by an Aboriginal and Torres Strait Islander health practitioner if: (a)the treatment is provided on behalf of, and under the supervision of, a medical practitioner; and (b)the person is not an admitted patient of a hospital.	12.5		12.5		
10990	N/A (Not hospital treatment)	Unlisted	N	A medical service to which an item in this Schedule (other than this item or item 10991, 10992, 75855, 75856, 75857 or 75858) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service	7.65				6.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
10991	N/A (Not hospital treatment)	Unlisted	N	A medical service to which an item in this Schedule (other than this item or item 10990, 10992, 75855, 75856, 75857 or 75858) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area	11.6				9.9
10992	N/A (Not hospital treatment)	Unlisted	N	A medical service to which: (a) item585, 588, 591, 594, 599, 600, 5003, 5010, 5023, 5028, 5043, 5049, 5063, 5067, 5220, 5223, 5227, 5228, 5260, 5263, 5265 or 5267 applies; or (b) item761, 763, 766, 769, 772, 776, 788 or 789 of a Schedule (within the meaning of the Health Insurance (Section3C General Medical Services – Other Medical Practitioner) Determination2018) applies; if: (c) the service is an unreferred service; and (d) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and (e) the personis not an admitted patient of a hospital; and (f) the service is not provided in consulting rooms; and (g) the service is provided in any of the following areas: (i) a Modified Monash 2 area; (ii) a Modified Monash 3 area; (iii) a Modified Monash 4 area; (iv) a Modified Monash 5 area; (v) a Modified Monash 6 area; (vi) a Modified Monash 7 area; and (h) the service is provided by, or on behalf of, a medical practitioner whose practice location is not inan area mentioned in paragraph(g); and (i) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item mentioned in paragraph(a) or (b) applying to the service	11.6				9.9
10997	N/A (Not hospital treatment)	Unlisted	N	Service provided to a person with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person is not an admitted patient of a hospital; and (c) the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place; and (d) the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan to a maximum of 5 services per patient in a calendar year	12.5		12.5		
75855	N/A (Not hospital treatment)	Unlisted	Y	A medical service to which an item in this table (other than this item or item 10990, 10991, 10992, 75856, 75857 or 75858) applies if: (a) the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital: and (d) the service is bulk-billed in respect of the fees for: (i) this item and (ii) the other item in this Schedule applying to the service; and (e)the service is provided at, or from, a practice location in: (i) a Modified Monash 3 area; or (ii) a Modified Monash 4 area	12.3				10.5
75856	N/A (Not hospital treatment)	Unlisted	Y	A medical service to which an item in this table (other than this item or item 10990, 10991, 10992, 75855, 75857 or 75858) applies if: (a) the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital: and (d) the service is bulk-billed in respect of the fees for: (i) this item and (ii)the other item in this Schedule applying to the service; and (e)the service is provided at, or from, a practice location in a Modified Monash 5 area	13.1				11.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
75857	N/A (Not hospital treatment)	Unlisted	Y	A medical service to which an item in this table (other than this item or item 10990, 10991, 10992, 75855, 75856 or 75858) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital: and (d) the service is bulk-billed in respect of the fees for: (i) this item and (ii) the other item in this Schedule applying to the service; and (e)the service is provided at, or from, a practice location in a Modified Monash 6 area	13.85				11.8
75858	N/A (Not hospital treatment)	Unlisted	Y	A medical service to which an item in this table (other than this item or item 10990, 10991, 10992, 75855, 75856 or 75857) applies if: (a) the service is an unreferred service; and (b)the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital: and (d) the service is bulk-billed in respect of the fees for: (i) this item and (ii)the other item in this Schedule applying to the service; and (e)the service is provided at, or from, a practice location in a Modified Monash 7 area	14.65				12.5
80000	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting more than 30 minutes but less than 50 minutes, where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)	103.8				88.25
80001	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting more than 30 minutes but less than 50 minutes, where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist. Psychological therapy services delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 apply). Psychological therapy services delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply.	103.8				88.25
80005	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms. As per the service requirements outlined for item 80000.	129.7				110.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80010	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting at least 50 minutes, where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)	152.4				129.55
80011	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting at least 50 minutes, where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance , at least 15 kilometres by road from the clinical psychologist. Psychological therapy services delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 apply). Psychological therapy services delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply.	152.4				129.55
80015	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms As per the service requirements outlined for item 80010.	178.3				151.6
80020	Hospital psychiatric services	Unlisted	N	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 for provision of this service, lasting for at least 60 minutes duration where the patients are referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 80020, 80021, 80120, 80121, 80145, 80146, 80170 and 80171 apply). GROUP THERAPY with a group of 6 to 10 patients, EACH PATIENT	38.7				32.9

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80021	N/A (Not hospital treatment)	Unlisted	N	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 for provision of this service, lasting for at least 60 minutes duration where the patients are referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist. Group psychological therapy services delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80021, 80121, 80146 and 80171 apply). Group psychological therapy services delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 80020, 80120, 80145 and 80170 apply. - GROUP THERAPY with a group of 6 to 10 patients, EACH PATIENT	38.7				32.9
80100	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)	73.55				62.55
80101	Hospital psychiatric services	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist. Focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 apply). Focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply.	73.55				62.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80105	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms. As per the psychologist service requirements outlined for item 80100.	100.05				85.05
80110	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)	103.8				88.25
80111	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist. Focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 apply). Focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply.	103.8				88.25
80115	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms. As per the psychologist service requirements outlined for item 80110.	130.35				110.8
80120	Hospital psychiatric services	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes duration where the patients are referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 80020, 80021, 80120, 80121, 80145, 80146, 80170 and 80171 apply). GROUP THERAPY with a group of 6 to 10 patients, EACH PATIENT	26.5				22.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80121	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes duration where the patients are referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist. Group focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80021, 80121, 80146 and 80171 apply). Group focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 80020, 80120, 80145 and 80170 apply. GROUP THERAPY with a group of 6 to 10 patients, EACH PATIENT	26.5				22.55
80125	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional services at consulting rooms)	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80126	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist. Focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 apply). Focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply.	64.8				55.1
80130	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms. As per the occupational therapist service requirements outlined for item 80125.	91.25				77.6
80135	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)	91.5				77.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80136	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist. Focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 apply). Focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply.	91.5				77.8
80140	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms. As per the occupational therapist service requirements outlined for item 80135.	117.95				100.3
80145	Hospital psychiatric services	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes duration where the patients are referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 80020, 80021, 80120, 80121, 80145, 80146, 80170 and 80171 apply). GROUP THERAPY with a group of 6 to 10 patients, EACH PATIENT	23.25				19.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80146	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes duration where the patients are referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist. Group focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80021, 80121, 80146 and 80171 apply). Group focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 80020, 80120, 80145 and 80170 apply. GROUP THERAPY with a group of 6 to 10 patients, EACH PATIENT	23.25				19.8
80150	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)	64.8				55.1
80151	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker. Focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 apply). Focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply.	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80155	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms. As per the social worker service requirements outlined for item 80150.	91.25				77.6
80160	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)	91.5				77.8
80161	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker. Focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 apply). Focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply.	91.5				77.8
80165	Hospital psychiatric services	Unlisted	N	Professional attendance at a place other than consulting rooms. As per the social worker service requirements outlined for item 80160.	117.95				100.3
80170	Hospital psychiatric services	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes duration where the patients are referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 80020, 80021, 80120, 80121, 80145, 80146, 80170 and 80171 apply). GROUP THERAPY with a group of 6 to 10 patients, EACH PATIENT	23.25				19.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
80171	N/A (Not hospital treatment)	Unlisted	N	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes duration where the patients are referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics if: the attendance is by video conference; and the patient is not an admitted patient; and the patient is located within a telehealth eligible area; and the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker. Group focussed psychological strategies delivered by video conference are time limited, being deliverable in up toten planned sessions in a calendar year (including services to which items 80021, 80121, 80146 and 80171 apply). Group focussed psychological strategies delivered by video conference time limits include the maximum ten planned sessions in a calendar year services to which items 80020, 80120, 80145 and 80170 apply. GROUP THERAPY with a group of 6 to 10 patients, EACH PATIENT	23.25				19.8
81000	Support list	Unlisted	N	Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible psychologist, where the patient is referred to the psychologist by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate. This service may be provided by a psychologist who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service.It may not be provided by a psychologist who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination. To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items -81000, 81005, 81010 and 4001	76.1				64.7
81005	Support list	Unlisted	N	Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible social worker, where the patient is referred to the social worker by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate. This service may be provided by a social worker who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service.It may not be provided by a social worker who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination. To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items -81000, 81005, 81010 and 4001	76.1				64.7

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81010	Support list	Unlisted	N	Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible mental health nurse, where the patient is referred to the mental health nurse by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate. This service may be provided by a mental health nurse who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service.It may not be provided by a mental health nurse who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination. To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items - 81000, 81005, 81010 and 4001	76.1				64.7
81100	N/A (Not hospital treatment)	Unlisted	N	DIABETES EDUCATION SERVICE - ASSESSMENT FOR GROUP SERVICES Diabetes education health service provided to a person by an eligible diabetes educator for the purposes of ASSESSING a person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs, and preparing the person for the group services, if: (a)the service is provided to a person who has type 2 diabetes; and (b)the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or a GP Management Planor, if the person is a resident of an aged care facility, their medical practitioner has contributed to a multidisciplinary care plan; and (c)the person is referred to an eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department of Health, or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 45 minutes duration; and (g)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c); and (h)in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit. Benefits are payable once only in a calendar year for this or any other Assessment for Group Services item (including services to which items 81100, 81110,81120, 93284, 93286, 93606, 93607 and 93608apply).	83.1				70.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81105	N/A (Not hospital treatment)	Unlisted	N	DIABETES EDUCATION SERVICE - GROUP SERVICE Diabetes education health service provided to a person by an eligible diabetes educator, as a GROUP SERVICE for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110,81120, 93284,93286, 93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients inclusive; and (c)the person is not an admitted patient of a hospital; and (d) the service is provided to a person involving the personal attendance by an eligible diabetes educator; and (e) the service is of at least 60 minutes duration; and (f)after the last service in the group services program provided to the person under items 81105, 81115, 81125,93285, 93613, 93614 or 93615the eligible diabetes educator prepares, or contribute to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible diabetes educator; and (h)in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit; - to a maximum of eightGROUP SERVICES (including services to which items81105,81115,81125,93285, 93613, 93614 and 93615apply) in a calendar year.	20.7				17.6
81110	N/A (Not hospital treatment)	Unlisted	N	EXERCISE PHYSIOLOGY SERVICE - ASSESSMENT FOR GROUPSERVICES Exercise physiology health service provided to a person by an eligible exercise physiologist for the purposes of ASSESSING a person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs, and preparing the person for the group services, if: (a)the service is provided to a person who has type 2 diabetes; and (b)the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or a GP Management Planor, if the person is a resident of an aged care facility, theirmedical practitioner has contributed to a multidisciplinary care plan; and (c)the person is referred to an eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department of Health, or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 45 minutes duration; and (g)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c); and (h)in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit. Benefits are payable once only in a calendar year for this or any other Assessment for Group Services item (including services to which items 81100, 81110,81120, 93284, 93286, 93606, 93607 and 93608 apply).	83.1				70.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81115	N/A (Not hospital treatment)	Unlisted	N	EXERCISE PHYSIOLOGY SERVICE - GROUP SERVICE Exercise physiology health service provided to a person by an eligible exercise physiologist, as a GROUP SERVICE for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110,81120, 93284, 93286, 93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients inclusive; and (c)the person is not an admitted patient of a hospital; and (d) the service is provided to a person involving the personal attendance by an eligible exercise physiologist; and (e) the service is of at least 60 minutes duration; and (f)after the last service in the group services program provided to the person under items 81105, 81115,81125, 93285, 93613, 93614 or93615, the eligible exercise physiologist prepares, or contribute to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible exercise physiologist; and (h) in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit; - to a maximum of eightGROUP SERVICES (including services to which items 81105, 81115,81125, 93285, 93613, 93614 and 93615apply) in a calendar year.	20.7				17.6
81120	N/A (Not hospital treatment)	Unlisted	N	DIETETICS SERVICE - ASSESSMENT FOR GROUP SERVICES Dietetics health service provided to a person by an eligible dietitian for the purposes of ASSESSING a person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs, and preparing the person for the group services, if: (a)the service is provided to a person who has type 2 diabetes; and (b)the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or a GP Management Planor, if the person is a resident of an aged care facility, their medical practitioner has contributed to a multidisciplinary care plan; and (c)the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department of Health, or a referral form that contains all components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 45 minutes duration; and (g)after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); and (h)in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit. Benefits are payable once only in a calendar year for this or any other Assessment for Group Services item (including services to which items 81100, 81110,81120, 93284, 93286, 93606, 93607 and 93608 apply).	83.1				70.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81125	N/A (Not hospital treatment)	Unlisted	N	DIETETICS SERVICE - GROUP SERVICE Dietetics health service provided to a person by an eligible dietitian, as a GROUP SERVICE for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110,81120, 93284, 93286,93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients inclusive; and (c)the person is not an admitted patient of a hospital; and (d) the service is provided to a person involving the personal attendance by an eligible dietitian; and (e) the service is of at least 60 minutes duration; and (f)after the last service in the group services program provided to the person under items 81105, 81115,81125, 93285, 93613, 93614 or93615, the eligible dietitian prepares, or contribute to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible dietitian; and (h) in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit; - to a maximum of eight GROUP SERVICES (including services to which items 81105, 81115,81125, 93285, 93613, 93614 and 93615 apply) in a calendar year.	20.7				17.6
81300	N/A (Not hospital treatment)	Unlisted	N	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE provided to a person who is of Aboriginal and Torres Strait Islander descent by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061,93546 to 93558 and 93579 to 93593inclusive apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81305	N/A (Not hospital treatment)	Unlisted	N	DIABETES EDUCATION HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible diabetes educator if: (a)either: a medical practitioner has identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible diabetes educator by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters; - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1
81310	N/A (Not hospital treatment)	Unlisted	N	AUDIOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible audiologist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible audiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible audiologist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medicalpractitioner would reasonably be expected to be informed of - in relation to those matters; - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81315	N/A (Not hospital treatment)	Unlisted	N	EXERCISE PHYSIOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible exercise physiologist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible exercise physiologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters; - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1
81320	N/A (Not hospital treatment)	Unlisted	N	DIETETICS HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible dietitian if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible dietitian by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81325	N/A (Not hospital treatment)	Unlisted	N	MENTAL HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible mental health worker if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible mental health worker by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible mental health worker gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1
81330	N/A (Not hospital treatment)	Unlisted	N	OCCUPATIONAL THERAPY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible occupational therapist if (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible occupational therapist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible occupational therapist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8		64.8	48.6	

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81335	N/A (Not hospital treatment)	Unlisted	N	PHYSIOTHERAPY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible physiotherapist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible physiotherapist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible physiotherapist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593inclusive apply) in a calendar year	64.8				55.1
81340	N/A (Not hospital treatment)	Unlisted	N	PODIATRY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible podiatrist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible podiatrist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible podiatrist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81345	N/A (Not hospital treatment)	Unlisted	N	CHIROPRACTIC HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible chiropractor if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible chiropractor by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible chiropractor gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medicalpractitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1
81350	N/A (Not hospital treatment)	Unlisted	N	OSTEOPATHY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible osteopath if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible osteopath by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible osteopath gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
81355	N/A (Not hospital treatment)	Unlisted	N	PSYCHOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible psychologist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible psychologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible psychologist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1
81360	N/A (Not hospital treatment)	Unlisted	N	SPEECH PATHOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible speech pathologist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible speech pathologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82000	N/A (Not hospital treatment)	Unlisted	N	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 practitioner with their diagnosis of the child; or (b) the child is referred by an eligible practitioner for the purpose of contributing to the child's pervasive developmental disorder (PDD) or disability treatment plan, developed by the practitioner; and (c) for a child with PDD, the eligible practitioner is a consultant physician in the practice of his or her field of psychiatry or paediatrics; or for a child with disability, the eligible practitioner is a specialist, consultant physician or general practitioner; and (d) the psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for provision of these services; and (e) the child is not an admitted patient of a hospital; and (f) the service is provided to the child individually and in person; and (g) the service lasts at least 50 minutes in duration. These items are limited to a maximum of four services per patient, consisting of any combination of the following items ─ 82000, 82005, 82010 and 82030	103.8				88.25
82001	N/A (Not hospital treatment)	N/A	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	50.85				43.25
82002	N/A (Not hospital treatment)	N/A	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	87.15				74.1
82003	N/A (Not hospital treatment)	N/A	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	145.1				123.35
82005	N/A (Not hospital treatment)	Unlisted	N	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 purpose of assisting the practitioner with their diagnosis of the child; or (b) the child is referred by an eligible practitioner for the purpose of contributing to the child's pervasive developmental disorder (PDD) or disability treatment plan, developed by the practitioner; and (c) for a child with PDD, the eligible practitioner is a consultant physician in the practice of his or her field of psychiatry or paediatrics; or for a child with disability, the eligible practitioner is a specialist, consultant physician or general practitioner: and (d) the speech pathologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for provision of these services; and (e) the child is not an admitted patient of a hospital; and (f) the service is provided to the child individually and in person; and (g) the service lasts at least 50 minutes in duration. These items are limited to a maximum of four services per patient, consisting of any combination of the following items ─ 82000, 82005, 82010 and 82030	91.5				77.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82010	N/A (Not hospital treatment)	Unlisted	N	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 practitioner for the purpose of assisting the practitioner with their diagnosis of the child; or (b) the child is referred by an eligible practitioner for the purpose of contributing to the child's pervasive developmental disorder (PDD) or disability treatment plan, developed by the practitioner; and (c) for a child with PDD, the eligible practitioner is a consultant physician in the practice of his or her field of psychiatry or paediatrics; or for a child with disability, the eligible practitioner is a specialist, consultant physician or general practitioner; and (d) the occupational therapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for provision of these services; and (e) the child is not an admitted patient of a hospital; and (f) the service is provided to the child individually and in person; and (g) the service lasts at least 50 minutes in duration. These items are limited to a maximum of four services per patient, consisting of any combination of the following items ─ 82000, 82005, 82010 and 82030	91.5				77.8
82015	N/A (Not hospital treatment)	Unlisted	N	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 where: (a) the child has been diagnosed with PDD or an eligible disability; and (b) the child has received a PDD or disability treatment plan (while aged under 13 years) as prepared by an eligible practitioner; and (c) the child has been referred by an eligible practitioner for the provision of services that are consistent with the PDD or disability treatment plan; and (d) for a child with PDD, the eligible practitioner is a consultant physician in the practice of his or her field of psychiatry or paediatrics; or for a child with disability, the eligible practitioner is a specialist, consultant physician or general practitioner; and (e) the psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for provision of these services; and (f) the child is not an admitted patient of a hospital; and (g) the service is provided to the child individually and in person; and (h) the service lasts at least 30 minutes in duration. These items are limited to a maximum of 20 services per patient, consisting of any combination of items ─ 82015, 82020, 82025 and 82035	103.8				88.25
82020	N/A (Not hospital treatment)	Unlisted	N	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 speech pathologist where: (a) the child has been diagnosed with PDD or an eligible disability; and (b) the child has received a PDD or disability treatment plan (while aged under 13 years) as prepared by an eligible practitioner; and (c) the child has been referred by an eligible practitioner for the provision of services that are consistent with the PDD or disability treatment plan; and (d) for a child with PDD, the eligible practitioner is a consultant physician in the practice of his or her field of psychiatry or paediatrics; or for a child with disability, the eligible practitioner is a specialist, consultant physician or general practitioner; and (e) the speech pathologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for provision of these services; and (f) the child is not an admitted patient of a hospital; and (g) the service is provided to the child individually and in person; and (h) the service lasts at least 30 minutes in duration. These items are limited to a maximum of 20 services per patient, consisting of any combination of items ─ 82015, 82020, 82025 and 82035	91.5				77.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82025	N/A (Not hospital treatment)	Unlisted	N	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 an eligible occupational therapist where: (a) the child has been diagnosed with PDD or an eligible disability; and (b) the child has received a PDD or disability treatment plan (while aged under 13 years) as prepared by an eligible practitioner; and (c) the child has been referred by an eligible practitioner for the provision of services that are consistent with the PDD or disability treatment plan; and (d) for a child with PDD, the eligible practitioner is a consultant physician in the practice of his or her field of psychiatry or paediatrics; or for a child with disability, the eligible practitioner is a specialist, consultant physician or general practitioner; and (e) the occupational therapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for provision of these services; and (f) the child is not an admitted patient of a hospital; and (g) the service is provided to the child individually and in person; and (h) the service lasts at least 30 minutes in duration. These items are limited to a maximum of 20 services per patient, consisting of any combination of items ─ 82015, 82020, 82025 and 82035	91.5				77.8
82030	N/A (Not hospital treatment)	Unlisted	N	AUDIOLOGY, OPTOMETRY, ORTHOPTIC OR PHYSIOTHERAPY Audiology, optometry, orthoptic or physiotherapy health service provided to a child, aged under 13 years, by an eligible audiologist, optometrist, orthoptist or physiotherapist where: (a) the child is referred by an eligible practitioner for the purpose of assisting the practitioner with their diagnosis of the child; or (b) the child is referred by an eligible practitioner for the purpose of contributing to the child's pervasive developmental disorder (PDD) or disability treatment plan, developed by the practitioner; and (c) for a child with PDD, the eligible practitioner is a consultant physician in the practice of his or her field of psychiatry or paediatrics; or for a child with disability, the eligible practitioner is a specialist, consultant physician or general practitioner; and (d) the audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for provision of these services; and (e) the child is not an admitted patient of a hospital; and (f) the service is provided to the child individually and in person; and (g) the service lasts at least 50 minutes in duration. These items are limited to a maximum of four services per patient, consisting of any combination of the following items - 82000, 82005, 82010 and 82030	91.5				77.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82035	N/A (Not hospital treatment)	Unlisted	N	AUDIOLOGY, OPTOMETRY, ORTHOPTIC OR PHYSIOTHERAPY Audiology, optometry, orthoptic or physiotherapy health service provided to a child, aged under 15 years, for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible audiologist, optometrist, orthoptist or physiotherapist where: (a) the child has been diagnosed with PDD or eligible disability; and (b) the child has received a PDD or disability treatment plan (while aged under 13 years) as prepared by an eligible practitioner; and (c) the child has been referred by an eligible practitioner for the provision of services that are consistent with the PDD ordisability treatmentplan; and (d) for a child with PDD, the eligible practitioner is a consultant physician in the practice of his or her field of psychiatry or paediatrics; or for a child with disability, the eligible practitioner is a specialist, consultant physician or general practitioner; and (e) the audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for provision of these services; and (f) the child is not an admitted patient of a hospital; and (g) the service is provided to the child individually and in person; and (h) the service lasts at least 30 minutes in duration. These items are limited to a maximum of 20 services per patient, consisting of any combination of items - 82015, 82020, 82025 and 82035	91.5				77.8
82100	Pregnancy and birth	Type C	N	Initial antenatal professional attendance by a participating midwife, lasting at least 40 minutes, including all of the following: (a)taking a detailed patient history; (b)performing a comprehensive examination; (c)performing a risk assessment; (d)based on the risk assessment - arranging referral or transfer of the patient's care to an obstetrician; (e)requesting pathology and diagnostic imaging services, when necessary; (f)discussing with the patient the collaborative arrangements for her maternity care and recording the arrangements in the midwife's written records in accordance with section 6 of the Health Insurance Regulations 2018. Payable once only for any pregnancy.	55.55				47.25
82105	Pregnancy and birth	Type C	N	Short antenatal professional attendance by a participating midwife, lasting up to 40 minutes.	33.6			25.2	28.6
82110	Pregnancy and birth	Type C	N	Long antenatal professional attendance by a participating midwife, lasting at least 40 minutes.	55.55			41.7	47.25
82115	Pregnancy and birth	Type C	N	Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 20 weeks, if: (a)the patient is not an admitted patient of a hospital; and (b)the participating midwife undertakes a comprehensive assessment of the patient; and (c) the participating midwife develops a written maternity care plan that contains: ·outcomes of the assessment; and ·details of agreed expectations for care during pregnancy, labour and delivery; and ·details of any health problems or care needs; and ·details of collaborative arrangements that apply for the patient; and ·details of any medication taken by the patient during the pregnancy, and any additional medication that may be required by the patient; and ·details of any referrals or requests for pathology services or diagnostic imaging services for the patient during the pregnancy, and any additional referrals or requests that may be required for the patient; and (d) the maternity care plan is explained and agreed with the patient; and (e) the fee does not include any amount for the management of the labour and delivery. (Includes any antenatal attendance provided on the same occasion). Payable once only for any pregnancy.	331.9				282.15

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82120	Pregnancy and birth	Type A Obstetric	N	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: (i)provided the patient's antenatal care; or (ii) is a member of a practice that provided the patient's antenatal care. (Includes all attendances related to the confinement by the participating midwife) Payable once only for any pregnancy	783.85			587.9	
82125	Pregnancy and birth	Type A Obstetric	N	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 patient is an admitted patient of a hospital; and (b) the patient's confinement is for longer than 12 hours; (c) the second participating midwife: (i) has provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care. (Includes all attendances related to the confinement by the second participating midwife) Payable one only for any pregnancy.	783.85			587.9	
82130	Common list	Type C	N	Short Postnatal Attendance Short postnatal professional attendance by a participating midwife, lasting up to 40 minutes, within 6 weeks after delivery.	55.55			41.7	47.25
82135	Common list	Type C	N	Long Postnatal Attendance Long postnatal professional attendance by a participating midwife, lasting at least 40 minutes, within 6 weeks after delivery.	81.7			61.3	69.45
82140	Common list	Type C	N	Six Week Postnatal Attendance Postnatal professional attendance by a participating midwife on a patient not less than 6 weeks but not more than 7 weeks after delivery of a baby, including: (a)a comprehensive examination of patient and baby to ensure normal postnatal recovery; and (b)referral of the patient to a general practitioner for the ongoing care of the patient and baby Payable once only for any pregnancy.	55.55				47.25
82200	Common list	Unlisted	N	Professional attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management.	10				8.5
82205	Common list	Unlisted	N	Professional attendance by a participating nurse practitioner lasting less than 20 minutes and including any of the following: a)taking a history; b)undertaking clinical examination; c)arranging any necessary investigation; d)implementing a management plan; e)providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.	21.8				18.55
82210	Common list	Unlisted	N	Professional attendance by a participating nurse practitioner lasting at least 20 minutes and including any of the following: a)taking a detailed history; b)undertaking clinical examination; c)arranging any necessary investigation; d)implementing a management plan; e)providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.	41.35				35.15
82215	Common list	Unlisted	N	Professional attendance by a participating nurse practitioner lasting at least 40 minutes and including any of the following: a)taking an extensive history; b)undertaking clinical examination; c)arranging any necessary investigation; d)implementing a management plan; e)providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.	60.95				51.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82300	N/A (Not hospital treatment)	Unlisted	N	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 request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11300 applies has not been performed on the person on the same day.	160.2				136.2
82306	N/A (Not hospital treatment)	Unlisted	N	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 an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11306 applies has not been performed on the person on the same day.	18.2				15.5
82309	N/A (Not hospital treatment)	Unlisted	N	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 an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i)a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11309 applies has not been performed on the person on the same day.	21.9				18.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82312	N/A (Not hospital treatment)	Unlisted	N	Audiology health service, consisting of an AIR AND BONE CONDUCTION AUDIOGRAM OR AIR CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person by an eligible audiologist if: (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i)a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11312 applies has not been performed on the person on the same day.	30.95				26.35
82315	N/A (Not hospital treatment)	Unlisted	N	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 is performed pursuant to a written request made by an eligible practitionerto assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i)a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11315 applies has not been performed on the person on the same day.	40.95				34.85
82318	N/A (Not hospital treatment)	Unlisted	N	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 audiologist if: (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i)a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11318 applies has not been performed on the person on the same day.	50.6				43.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82324	N/A (Not hospital treatment)	Unlisted	N	Audiology health service, consisting of an IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (not being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if: (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11324 applies has not been performed on the person on the same day.	27.35				23.25
82327	N/A (Not hospital treatment)	Unlisted	N	Audiology health service, consisting of an IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if: (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i)a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11327 applies has not been performed on the person on the same day.	16.45				14

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82332	N/A (Not hospital treatment)	Unlisted	N	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 infant or child in circumstances in which: (a) the service is performed pursuant to a written request made by an eligible practitioner who is: (i)a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (b) the infant or child is at risk due to 1 or more of the following factors: (i) admission to a neonatal intensive care unit; (ii) family history of hearing impairment; (iii) intra-uterine or perinatal infection (either suspected or confirmed); (iv) birthweight less than 1.5kg; (v) craniofacial deformity; (vi) birth asphyxia; (vii) chromosomal abnormality, including Down Syndrome; (viii) exchange transfusion; and (c) middle ear pathology has been excluded by specialist opinion; and (d) the infant or child is not an admitted patient of a hospital; and (e) the service is performed on the infant or child individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11332 applies has not been performed on the infant or child on the same day.	48.75				41.45
82350	N/A (Not hospital treatment)	Unlisted	N	Dietetics health service provided to an eligible patient by an eligible dietitian if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is of at least 20 minutes in duration	64.8				55.1
82351	N/A (Not hospital treatment)	Unlisted	N	Dietetics health service provided to an eligible patient by an eligible dietitian if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the dietitian; and (f) the service is of at least 20 minutes duration	64.8				55.1
82352	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 30 minutes but less than 50 minutes in duration.	103.8				88.25
82353	N/A (Not hospital treatment)	Unlisted	N	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 management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 30 minutes but less than 50 minutes in duration.	103.8				88.25
82354	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and the service is at least 30 minutes but less than 50 minutes in duration.	129.7				110.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82355	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.	152.4				129.55
82356	N/A (Not hospital treatment)	Unlisted	N	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 management plan; and (b) the person is not an admitted patient of a hospital; and (c) attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 50 minutes in duration.	152.4				129.55
82357	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.	178.3				151.6
82358	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration.	38.7				32.9
82359	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.	38.7				32.9
82360	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.	73.55				62.55
82361	N/A (Not hospital treatment)	Unlisted	N	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 management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (f) the service is at least 20 minutes but less than 50 minutes in duration.	73.55				62.55
82362	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.	100.05				85.05

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82363	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.	103.8				88.25
82364	N/A (Not hospital treatment)	Unlisted	N	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 management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (f) the service is at least 50 minutes in duration.	103.8				88.25
82365	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.	130.35				110.8
82366	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration.	26.5				22.55
82367	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.	26.5				22.55
82368	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.	64.8				55.1
82369	N/A (Not hospital treatment)	Unlisted	N	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 and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (f) the service is at least 20 minutes but less than 50 minutes in duration.	64.8				55.1
82370	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.	91.25				77.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82371	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.	91.5				77.8
82372	N/A (Not hospital treatment)	Unlisted	N	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 and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (f) the service is at least 50 minutes in duration.	91.5				77.8
82373	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.	117.95				100.3
82374	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration	23.25				19.8
82375	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.	23.25				19.8
82376	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration	64.8				55.1
82377	N/A (Not hospital treatment)	Unlisted	N	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 management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (f) the service is at least 20 minutes but less than 50 minutes in duration	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
82378	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.	91.25				77.6
82379	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d)the service is at least 50 minutes in duration.	91.5				77.8
82380	N/A (Not hospital treatment)	Unlisted	N	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 management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (f) the service is at least 50 minutes in duration.	91.5				77.8
82381	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration	117.95				100.3
82382	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration.	23.25				19.8
82383	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.	23.25				19.8
90003	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 residential aged care facility on one occasion, applicable to a maximum of one patient attended on.	47.45				40.35
90004	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 residential aged care facility on one occasion, applicable to a maximum of one patient attended on.	48.95				41.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91000	N/A (Not hospital treatment)	Unlisted	N	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 bushfire; and (b) the service is provided to the patient individually and in person; and (c) the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25
91001	N/A (Not hospital treatment)	Unlisted	N	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 service is provided to the patient individually; and (c)the attendance is by video conference; and (d)the patient is not an admitted patient; and (e)the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25
91005	N/A (Not hospital treatment)	Unlisted	N	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 the requirements of item 91000	129.7				110.25
91010	N/A (Not hospital treatment)	Unlisted	N	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 bushfire; and (b) the service is provided to the patient individually and in person; and (c)the service is at least 50 minutes duration	152.4				129.55
91011	N/A (Not hospital treatment)	Unlisted	N	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 service is provided to the patient individually; and (c) the attendance is by video conference; and (d)the patient is not an admitted patient; and (e)the service is at least 50 minutes duration	152.4				129.55
91015	N/A (Not hospital treatment)	Unlisted	N	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 the requirements of item 91010	178.3				151.6
91100	N/A (Not hospital treatment)	Unlisted	N	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 bushfire; and (b)the service is provided to the patient individually and in person; and (c)the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55
91101	N/A (Not hospital treatment)	Unlisted	N	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 service is provided to the patient individually; and (c)the attendance is by video conference; and (d)the patient is not an admitted patient; and (e)the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55
91105	N/A (Not hospital treatment)	Unlisted	N	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 accordance with the requirements of item 91100	100.05				85.05
91110	N/A (Not hospital treatment)	Unlisted	N	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 bushfire; and (b)the service is provided to the patient individually and in person; and (c)the service is at least 50 minutes duration	103.8				88.25
91111	N/A (Not hospital treatment)	Unlisted	N	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 service is provided to the patient individually; and (c)the attendance is by video conference; and (d) the patient is not an admitted patient; and (e)the service is at least 50 minutes duration	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91115	N/A (Not hospital treatment)	Unlisted	N	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 accordance with the requirements of item 91110	130.35				110.8
91125	N/A (Not hospital treatment)	Unlisted	N	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 affected by bushfire; and (b)the service is provided to the patient individually and in person; and (c) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
91126	N/A (Not hospital treatment)	Unlisted	N	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 (b) the service is provided to the patient individually; and (c)the attendance is by video conference; and (d)the patient is not an admitted patient; and (e)the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
91130	N/A (Not hospital treatment)	Unlisted	N	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 in accordance with the requirements of item 91125	91.25				77.6
91135	N/A (Not hospital treatment)	Unlisted	N	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 affected by bushfire; and (b)the service is provided to the patient individually and in person; and (c)the service is at least 50 minutes duration	91.5				77.8
91136	N/A (Not hospital treatment)	Unlisted	N	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 (b)the service is provided to the patient individually; and (c)the attendance is by video conference; and (d)the patient is not an admitted patient; and (e)the service is at least 50 minutes duration	91.5				77.8
91140	N/A (Not hospital treatment)	Unlisted	N	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 in accordance with the requirements of item 91135	117.95				100.3
91150	N/A (Not hospital treatment)	Unlisted	N	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 bushfire; and (b)the service is provided to the patient individually and in person; and (c)the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
91151	N/A (Not hospital treatment)	Unlisted	N	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 service is provided to the patient individually; and (c) the attendance is by video conference; and (d)the patient is not an admitted patient; and (e)the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
91155	N/A (Not hospital treatment)	Unlisted	N	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 accordance with the requirements of item 91150	91.25				77.6
91160	N/A (Not hospital treatment)	Unlisted	N	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 bushfire; and (b)the service is provided to the patient individually and in person; and (c) the service is at least 50 minutes duration	91.5				77.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91161	N/A (Not hospital treatment)	Unlisted	N	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 service is provided to the patient individually; and (c)the attendance is by video conference; and (d)the patient is not an admitted patient; and (e)the service is at least 50 minutes duration	91.5				77.8
91165	N/A (Not hospital treatment)	Unlisted	N	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 accordance with the requirements of item 91160	117.95				100.3
91166	N/A	N/A	N	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25
91167	N/A	N/A	N	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	152.4				129.55
91169	N/A	N/A	N	Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91170	N/A	N/A	N	Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	103.8				88.25
91172	N/A	N/A	N	Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
91173	N/A	N/A	N	Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration	91.5				77.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91175	N/A	N/A	N	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d)on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
91176	N/A	N/A	N	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	91.5				77.8
91178	N/A	N/A	N	Telehealth attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	21.8				18.55
91179	N/A	N/A	N	Telehealth attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	41.35				35.15
91180	N/A	N/A	N	Telehealth attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	60.95				51.85
91181	N/A	N/A	N	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91182	N/A	N/A	N	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	152.4				129.55
91183	N/A	N/A	N	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55
91184	N/A	N/A	N	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	103.8				88.25
91185	N/A	N/A	N	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91186	N/A	N/A	N	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration	91.5				77.8
91187	N/A	N/A	N	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
91188	N/A	N/A	N	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration	91.5				77.8
91189	N/A	N/A	N	Phone attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	21.8				18.55
91190	N/A	N/A	N	Phone attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	41.35				35.15
91191	N/A	N/A	N	Phone attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	60.95				51.85

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
91192	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.	10				8.5
91193	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.	10				8.5
91211	N/A (Not hospital treatment)	Unlisted	N	Short antenatal telehealth attendance by a participating midwife, lasting up to 40 minutes.	33.6				28.6
91212	N/A (Not hospital treatment)	Unlisted	N	Long antenatal telehealth attendance by a participating midwife, lasting at least 40 minutes.	55.55				47.25
91214	N/A (Not hospital treatment)	Unlisted	N	Short postnatal telehealth attendance by a participating midwife, lasting up to 40 minutes.	55.55				47.25
91215	N/A (Not hospital treatment)	Unlisted	N	Long postnatal telehealth attendance by a participating midwife, lasting at least 40 minutes.	81.7			61.3	69.45
91218	N/A (Not hospital treatment)	Unlisted	N	Short antenatal phone attendance by a participating midwife, lasting up to 40 minutes.	33.6				28.6
91219	N/A (Not hospital treatment)	Unlisted	N	Long antenatal phone attendance by a participating midwife, lasting at least 40 minutes.	55.55			41.7	47.25
91221	N/A (Not hospital treatment)	Unlisted	N	Short postnatal phone attendance by a participating midwife, lasting up to 40 minutes.	55.55				47.25
91222	N/A (Not hospital treatment)	Unlisted	N	Long postnatal phone attendance by a participating midwife, lasting at least 40 minutes.	81.7				69.45

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93000	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by an eligible allied health practitioner if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person's Team Care Arrangements or multidisciplinary care plan as part of the management of the person's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of —in relation to those matters; to a maximum of 5 services (including any services to which this item, item 93013 or any item in Part 1 of the Schedule to the Allied Health Determination applies) in a calendar year	64.8				55.1
93013	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by an eligible allied health practitioner if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person's Team Care Arrangements or multidisciplinary care plan as part of the management of the person's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of —in relation to those matters; to a maximum of 5 services (including any services to which this item, item 93000 or any item in Part 1 of the Schedule to the Allied Health Determination applies) in a calendar year	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93026	N/A (Not hospital treatment)	Unlisted	N	Non directive pregnancy support counselling health service provided to a person who is currently pregnant or who has been pregnant in the preceding 12 months by an eligible psychologist, eligible social worker or eligible mental health nurse as a telehealth attendance if: (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the service is provided to the person individually; and (d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (e) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93029, 92136 and 92138 apply) for each pregnancy. The service may be used to address any pregnancy related issues for which non directive counselling is appropriate	76.1				64.7
93029	N/A (Not hospital treatment)	Unlisted	N	Non directive pregnancy support counselling health service provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months by an eligible psychologist, eligible social worker or eligible mental health nurse as a phone attendance if: (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the service is provided to the person individually; and (d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (e) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93026, 92136 and 92138 apply) for each pregnancy. The service may be used to address any pregnancy related issues for which non directive counselling is appropriate	76.1				64.7
93032	N/A (Not hospital treatment)	Unlisted	N	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: (i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the service is provided to the child individually; and (e) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item, items 93033, 93040 and 93041 or items 82000, 82005, 82010 and 82030 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93033	N/A (Not hospital treatment)	Unlisted	N	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 pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the child was referred to the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist by an eligible practitioner: (i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the service is provided to the child individually; and (e) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item, items 93032, 93040 or 93041, or items 82000, 82005, 82010 and 82030 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day	91.5				77.8
93035	N/A (Not hospital treatment)	Unlisted	N	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 psychologist, if: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and (e) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and (g) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (h) the service is provided to the child individually; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item, items 93036, 93043 and 93044, or items 82015, 82020, 82025 and 82035 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93036	N/A (Not hospital treatment)	Unlisted	N	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 pervasive developmental disorder (PDD) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (e) the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and (g) the service is provided to the child individually; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item, item 93035, 93043 and 93044, or items 82015, 82020 82025 and 82035 in the Allied Health Determination apply)	91.5				77.8
93040	N/A (Not hospital treatment)	Unlisted	N	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) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the service is provided to the child individually; and (e) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item, items 93032, 93033 and 93041, or items 82005, 82010 and 82030 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93041	N/A (Not hospital treatment)	Unlisted	N	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 pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the child was referred to the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist by an eligible practitioner: (i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the service is provided to the child individually; and (e) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item, items 93032, 93033 and 93040 or items 82005, 82010 and 82030 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day	91.5				77.8
93043	N/A (Not hospital treatment)	Unlisted	N	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: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and (e) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and (g) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (h) the service is provided to the child individually; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item, items 93032, 93035, 93036 and 93044 or items 82020, 82025 and 82035 in the Allied Health Determination apply)	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93044	N/A (Not hospital treatment)	Unlisted	N	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 pervasive developmental disorder (PDD) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (e) the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and (g) the service is provided to the child individually; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item, items 93035, 93036 and 93043 or items 82015, 82025 and 82035 in the Allied Health Determination apply).	91.5				77.8
93048	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the service is provided to the person individually; and (d) the service is of at least 20 minutes duration; and (e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or 93061 or any item in Part 6 of Schedule 2 to the Allied Health Determination applies) in a calendar year	64.8			48.6	55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93061	N/A (Not hospital treatment)	Unlisted	N	Phone attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the service is provided to the person individually; and (d) the service is of at least 20 minutes duration; and (e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or item 93060 or any item in Part 6 of Schedule 2 to the Allied Health Determination applies) in a calendar year	64.8				55.1
93074	N/A (Not hospital treatment)	Unlisted	N	Dietetics health service provided by telehealth attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration.	64.8				55.1
93076	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration.	103.8				88.25
93079	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	152.4				129.55
93084	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	73.55				62.55
93087	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	103.8				88.25
93092	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually person; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93095	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	91.5				77.8
93100	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	64.8				55.1
93103	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	91.5				77.8
93108	N/A (Not hospital treatment)	Unlisted	N	Dietetics health service provided by phone attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration.	64.8				55.1
93110	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration.	103.8				88.25
93113	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	152.4				129.55
93118	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	73.55				62.55
93121	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	103.8				88.25
93126	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually person; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	64.8				55.1
93129	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	91.5				77.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93134	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	64.8				55.1
93137	N/A (Not hospital treatment)	Unlisted	N	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	91.5				77.8
93200	N/A (Not hospital treatment)	Unlisted	N	Follow-up telehealth attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health check if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the service is consistent with the needs identified through the health assessment.	29.35				24.95
93201	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person has a GP management plan, team care arrangements or multidisciplinary care plan in place and the service is consistent with the plan or arrangements.	14.7				12.5
93202	N/A (Not hospital treatment)	Unlisted	N	Follow-up phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health check if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the service is consistent with the needs identified through the health assessment.	29.35				24.95
93203	N/A (Not hospital treatment)	Unlisted	N	Phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person has a GP management plan, team care arrangements or multidisciplinary care plan in place and the service is consistent with the plan or arrangements.	14.7				12.5
93284	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP management plan or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services to which this item, item 92386, or items 81100, 81110 and 81120 of the Allied Health Determination apply)	83.1				70.65

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93285	N/A (Not hospital treatment)	Unlisted	N	Telehealth attendance by an eligible dietitian to provide a dietetics health service, as a group service for the management of type 2 diabetes if: (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment items 81100, 81110 or 81120 of the Allied Health Determination or items 93284 or 93286; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is of at least 60 minutes duration; and (d) after the last service in the group services program provided to the person under this item or items 81105, 81115 or 81125 of the Allied Health Determination, the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (e) an attendance record for the group is maintained by the eligible dietitian; to a maximum of 8 group services in a calendar year (including services to which this item or items 81105, 81115 and 81125 of the Allied Health Determination apply)	20.7				17.6
93286	N/A (Not hospital treatment)	Unlisted	N	Phone attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP management plan or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services to which this item, item 92384, or in items 81100, 81110 and 81120 of the Allied Health Determination apply)	83.1				70.65
93312	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93313	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	152.4				129.55
93316	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55
93319	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	103.8				88.25
93322	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 residential aged care facility; and (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93323	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 residential aged care facility; and (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	91.5				77.8
93326	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
93327	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	91.5				77.8
93330	N/A (Not hospital treatment)	Unlisted	N	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 medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93331	N/A (Not hospital treatment)	Unlisted	N	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 psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25
93332	N/A (Not hospital treatment)	Unlisted	N	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 paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25
93333	N/A (Not hospital treatment)	Unlisted	N	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 medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	152.4				129.55
93334	N/A (Not hospital treatment)	Unlisted	N	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 psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	152.4				129.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93335	N/A (Not hospital treatment)	Unlisted	N	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 paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	152.4				129.55
93350	N/A (Not hospital treatment)	N/A	N	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 a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f)the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55
93351	N/A (Not hospital treatment)	Unlisted	N	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 psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55
93352	N/A (Not hospital treatment)	Unlisted	N	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 or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93353	N/A (Not hospital treatment)	N/A	N	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 a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	103.8				88.25
93354	N/A (Not hospital treatment)	Unlisted	N	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 psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	103.8				88.25
93355	N/A (Not hospital treatment)	Unlisted	N	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 or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	103.8				88.25
93356	N/A (Not hospital treatment)	N/A	N	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 referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93357	N/A (Not hospital treatment)	Unlisted	N	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 practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
93358	N/A (Not hospital treatment)	Unlisted	N	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 psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
93359	N/A (Not hospital treatment)	N/A	N	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 referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	91.5				77.8
93360	N/A (Not hospital treatment)	Unlisted	N	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 practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes in duration	91.5				77.8

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93361	N/A (Not hospital treatment)	Unlisted	N	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 psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes in duration	91.5				77.8
93362	N/A (Not hospital treatment)	N/A	N	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 by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
93363	N/A (Not hospital treatment)	Unlisted	N	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 psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
93364	N/A (Not hospital treatment)	Unlisted	N	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 or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93365	N/A (Not hospital treatment)	N/A	N	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 by a medical practitioner working in general practice, a psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	91.5				77.8
93366	N/A (Not hospital treatment)	Unlisted	N	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 psychiatrist or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	91.5				77.8
93367	N/A (Not hospital treatment)	Unlisted	N	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 or a paediatrician who makes a written record of the need for additional mental health treatment services; and (c) the service is provided to the person individually; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	91.5				77.8
93375	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 30 minutes but less than 50 minutes duration	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93376	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	152.4				129.55
93381	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	73.55				62.55
93382	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	103.8				88.25

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93383	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 residential aged care facility; and (b) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1
93384	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 residential aged care facility; and (b) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	91.5				77.8
93385	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 20 minutes but less than 50 minutes duration	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93386	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 aged care facility; and (b) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; and (c) the service is provided to the person individually and in person; and (d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (f) the service is at least 50 minutes duration	91.5				77.8
93501	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Aboriginal and Torres Strait Islander health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if all of the following apply: (a) the person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs;(b) the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93502	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b) the service is provided to a person whose chronic or complex care needs is being managed under: (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93503	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b) the service is provided to a person whose chronic or complex care needs is being managed under: (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible audiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible audiologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93504	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs;(b) the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93505	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible dietitian by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible dietitian gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93506	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible mental health worker by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible mental health worker gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93507	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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: (a)the person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible occupational therapist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93508	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible physiotherapist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93509	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible podiatrist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible podiatrist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93510	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible chiropractor by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible chiropractor gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93511	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Osteopathy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible osteopath if all of the following apply: (a)the person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible osteopath by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible osteopath gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93512	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Psychology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible psychologist if all of the following apply: (a)the person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible psychologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible psychologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93513	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (b)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c)the person is referred to the eligible speech pathologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible speech pathologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93518	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 following apply: (a) the person's chronic or complex care needs are assessed as requiring additional exercise physiology therapy services in a calendar year; (b) the service is provided to a person whose chronic or complex care needs are being managed under: (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d) the service is provided to the person individually and in person; (e) the service is at least 20 minutes in duration; (f) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner (i) if the service is the only service under the referral – in relation to that service; or (ii) if the service is the first or last service under the referral – in relation to that service; or (iii) if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters	64.8				55.1
93519	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Additional 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: (a) the person's chronic or complex care needs are assessed as requiring additional occupational therapy services in a calendar year; (b) the service is provided to a person whose chronic or complex care needs are being managed under: (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d) the service is provided to the person individually and in person; (e) the service is at least 20 minutes in duration; (f) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner: (i) if the service is the only service under the referral – in relation to that service; or (ii) if the service is the first or last service under the referral – in relation to that service; or (iii) if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93520	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 apply: (a) the person's chronic or complex care needs are assessed as requiring additional physiotherapy services in a calendar year; (b) the service is provided to a person whose chronic or complex care needs are being managed under: (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d) the service is provided to the person individually and in person; (e) the service is at least 20 minutes in duration; (f) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner: (i) if the service is the only service under the referral – in relation to that service; or (ii) if the service is the first or last service under the referral – in relation to that service; or (iii) if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters	64.8				55.1
93524	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Aboriginal and Torres Strait Islander health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if all of the following apply: (a)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93525	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93526	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible audiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible audiologist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93527	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 service is provided to a person whose chronic or complex care needs is being managed under: (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93528	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible dietitian by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible dietitian gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93529	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible mental health worker by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible mental health worker gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93530	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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: (a)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible occupational therapist gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93531	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible physiotherapist gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93532	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible podiatrist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible podiatrist gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93533	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible chiropractor by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible chiropractor gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93534	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Osteopathy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible osteopath if all of the following apply: (a)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible osteopath by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible osteopath gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93535	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Psychology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible psychologist if all of the following apply: (a)the service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible psychologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible psychologist gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93536	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 service is provided to a person whose chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible speech pathologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible speech pathologist gives a written report to the referring medical practitioner: (i) if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93537	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Telehealth 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 chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93538	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 chronic or complex care needs is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b)the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner: (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93546	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Aboriginal and Torres Strait Islander 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 Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93547	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Diabetes education 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 diabetes educator if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible diabetes educator by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93548	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Audiology 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 audiologist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible audiologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible audiologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93549	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Exercise physiology 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 exercise physiologist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible exercise physiologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93550	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Dietetics 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 dietitian if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible dietitian by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible dietitian gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93551	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Mental 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 mental health worker if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible mental health worker by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible mental health worker gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93552	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Occupational therapy 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 occupational therapist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible occupational therapist by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible occupational therapist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93553	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 physiotherapist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible physiotherapist by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible physiotherapist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93554	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Podiatry 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 podiatrist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible podiatrist by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible podiatrist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93555	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Chiropractic 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 chiropractor if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible chiropractor by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible chiropractor gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93556	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Osteopathy 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 osteopath if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible osteopath by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible osteopath gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93557	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Psychology 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 psychologist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible psychologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible psychologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93558	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Speech pathology 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 speech pathologist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c)the person is referred to the eligible speech pathologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (d)the service is provided to the person individually and in person; and (e)the service is at least 30 minutes in duration; and (f)after the service, the eligible speech pathologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93571	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Additional exercise physiology 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 exercise physiologist if all of the following apply: (a) the person's health care needs are assessed as requiring additional exercise physiology therapy services in a calendar year; (b) the service is provided to a person: (i) whose need for allied health treatment services has been identified by: A. a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or B. a shared care plan; or (ii) who is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c) the service is provided to the person individually and in person; (d) the service is at least 20 minutes in duration; (e) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner: (i) if the service is the only service under the referral – in relation to that service; or (ii) if the service is the first or last service under the referral – in relation to that service; or (iii) if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93572	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Additional occupational therapy 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 occupational therapist if all of the following apply: (a) the person's health care needs are assessed as requiring additional occupational therapy services in a calendar year; (b) the service is provided to a person: (i) whose need for allied health treatment services has been identified by: A. a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or B. a shared care plan; or (ii) who is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c) the service is provided to the person individually and in person; (d) the service is at least 20 minutes in duration; (e) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner: (i) if the service is the only service under the referral – in relation to that service; or (ii) if the service is the first or last service under the referral – in relation to that service; or (iii) if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters	64.8				55.1
93573	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Additional 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 physiotherapist if all of the following apply: (a) the person's health care needs are assessed as requiring additional physiotherapy health services in a calendar year; (b) the service is provided to a person: (i) whose need for allied health treatment services has been identified by: A. a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or B. a shared care plan; or (ii) who is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c) the service is provided to the person individually and in person; (d) the service is at least 20 minutes in duration; (e) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner: (i) if the service is the only service under the referral – in relation to that service; or (ii) if the service is the first or last service under the referral – in relation to that service; or (iii) if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93579	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Aboriginal and Torres Strait Islander 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 eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93580	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Diabetes education 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 diabetes educator if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93581	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Audiology 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 audiologist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible audiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible audiologist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93582	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Exercise physiology 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 exercise physiologist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93583	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Dietetics 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 dietitian if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible dietitian by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e)after the service, the eligible dietitian gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93584	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Mental 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 mental health worker if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible mental health worker by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e) after the service, the eligible mental health worker gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93585	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Occupational therapy 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 occupational therapist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c) the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible occupational therapist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93586	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 physiotherapist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible physiotherapist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93587	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Podiatry 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 podiatrist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible podiatrist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible podiatrist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93588	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Chiropractic 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 chiropractor if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible chiropractor by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c) the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible chiropractor gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93589	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Osteopathy 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 osteopath if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible osteopath by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible osteopath gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93590	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Psychology 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 psychologist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the eligible psychologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the eligible psychologist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93591	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Speech pathology 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 speech pathologist if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the speech pathologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the speech pathologist gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93592	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 practitioner if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the by an eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c)the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the by an eligible allied health practitioner gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93593	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Phone 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 practitioner if all of the following apply: (a)the service is provided to a person whose need for allied health treatment services has been identified by: (i)a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii)a shared care plan; or (b)the person is referred to the by an eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; (c) the service is provided to the person individually and in person; and (d)the service is at least 20 minutes in duration; and (e)after the service, the by an eligible allied health practitioner gives a written report to the referring medical practitioner (i)if the service is the only service under the referral—in relation to that service; or (ii)if the service is the first or last service under the referral—in relation to that service; or (iii)if neither subparagraph(i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters	64.8				55.1
93606	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Diabetes education 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 diabetes educator for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a)the person's type 2 diabetes is assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; and (b)the service is provided to a person whose type 2 diabetes is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; and (c)the person is referred to an eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 45 minutes duration; and (f)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner	97.15				82.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93607	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a)the person's type 2 diabetes is assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; and (b)the service is provided to a person whose type 2 diabetes is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; and (c)the person is referred to an eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 45 minutes duration; and (f)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner not more than once in a calendar year	97.15				82.6
93608	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Dietetics 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 dietitian for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a)the person's type 2 diabetes is assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; and (b)the service is provided to a person whose type 2 diabetes is being managed under: (i)a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii)a shared care plan; or (iii)a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; and (c)the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 45 minutes duration; and (f)after the service, the eligible dietitian gives a written report to the referring medical practitioner	97.15				82.6
93613	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Diabetes education 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 diabetes educator as a group service for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item81100, 81110, 81120,93284, 93286, 93606, 93607 or 93608; and (b)the service is provided to a person who is part of a group of between 2 and 12 patients; and (c)the service is provided in person; and (d)the service is of at least 60 minutes duration; and (e)after the last service in the group services program provided to the person under item 81105, 81115, 81125, 93285, 93613, 93614, 93615 the eligible diabetes educator prepares, or contributes to, a written report to be provided to the referring medical practitioner	20.7				17.6

MBS Item	Clinical Category	Procedure Type	New Item	MBS Description	MBS Schedule Fee ($)	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85 ($)
93614	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	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 service for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item81100, 81110, 81120,93284, 93286, 93606, 93607 or 93608; and (b)the service is provided to a person who is part of a group of between 2 and 12 patients; and (c)the service is provided in person; and (d)the service is of at least 60 minutes duration; and (e)after the last service in the group services program provided to the person under item 81105, 81115, 81125, 93285, 93613, 93614, 93615 the eligible exercise physiologist prepares, or contributes to, a written report to be provided to the referring medical practitioner	20.7				17.6
93615	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Dietetics 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 dietitian as a group service for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item81100, 81110, 81120,93284, 93286, 93606, 93607 or 93608; and (b)the service is provided to a person who is part of a group of between 2 and 12 patients; and (c)the service is provided in person; and (d)the service is of at least 60 minutes duration; and (e)after the last service in the group services program provided to the person under item 81105, 81115, 81125, 93285, 93613, 93614, 93615 the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner	20.7				17.6
93620	N/A (Not hospital treatment)	N/A (Not hospital treatment)	N	Additional 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 service for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item81100, 81110, 81120,93284, 93286, 93606, 93607 or 93608; and (b)the person has received 8 services, to which an item in subgroup 2 of Group M31 or 81105, 81115, 81125 applied (in total for all items), in that calendar year. (c)the service is provided to a person who is part of a group of between 2 and 12 patients; and (d)the service is provided in person; and (e)the service is of at least 60 minutes duration; and (f)after the last service to which this item applies was provided to a person in a calendar year, the eligible exercise physiologist gives a written report to the referring medical practitioner	20.7				17.6