

VMOs in Rural Doctors Settlement Package Hospitals Indexation of Fees from 1 August 2010

Document Number PD2010_076

Publication date 22-Dec-2010

Functional Sub group Personnel/Workforce - Industrial and Employee Relations
Personnel/Workforce - Salaries

Summary Indexation of Fees - VMOs in Rural Doctors Settlement Package Hospitals

Replaces Doc. No. VMOs in Rural Doctors' Settlement Package Hospitals Indexation of Fees from 1 August 2009 [PD2009_079]

Author Branch Workplace Relations and Management Branch

Branch contact Workplace Relations & Management 9391 9357

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Public Hospitals

Audience Administration

Distributed to Public Health System, NSW Ambulance Service, NSW Department of Health

Review date 22-Dec-2011

Policy Manual Not applicable

File No. 07/8571

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

PAYMENT OF VISITING MEDICAL OFFICERS IN RURAL DOCTOR'S SETTLEMENT PACKAGE HOSPITALS INDEXATION OF FEES FROM 1 AUGUST 2010

PURPOSE

This Policy Directive provides the schedule of Rural Doctors' Settlement Package fees effective from 1 August 2010.

Fees under the Rural Doctors Settlement Package are indexed from 1 August each year according to an agreed formula. The Department and the Rural Doctors Association have agreed that the new indexation factor is 3.91%, and accordingly all Settlement Package fees have been adjusted by 3.91% effective from 1 August 2010.

MANDATORY REQUIREMENTS

These fees are only applicable to Visiting Medical Officer general practitioners (and specialists who have elected to be so remunerated) who provide services under the Settlement Package. Any fees not listed in the schedule are to be paid in accordance with the 1 August 1987 Medical Benefits Schedule, at the rate of 2.526941 times of the stated full schedule fee rounded off to the nearest ten cents (i.e. equivalent to multiplying 85% of the 1987 fee by a factor of 2.972871).

Please note that the following rates for the transport allowance have not been increased:

- Item 11.2A (under 1995 Clarification Rates) Mileage 37.5 c/km
- Item 11.2B (under 1995 Clarification Rates) Mileage 31.5c/km

The current Medical Benefits Schedule has no relationship to the Settlement Package. Where the 1987 Medical Benefits Schedule states that a procedure is included with the associated consultation, the one fee is paid. Where the schedule is silent and the procedure is not elective both a consultation and a procedure fee may be paid.

IMPLEMENTATION

Chief Executives are to ensure:

- the attached schedule of fees are applied in accordance with this policy to Visiting Medical Officers who provide services under Rural Doctors Settlement Package arrangements.
- the policy is made available to and implemented by the staff responsible for managing and processing payments under the Settlement Package.

REVISION HISTORY

Version	Approved by	Amendment notes
December 2008 (PD2008_068)	Deputy Director- General Health System Support	Replaced PD2008_002 and advised the fees applicable from 1 August 2008
December 2009 PD2009_079	Deputy Director- General Health System Support	Replaces PD2008_068 and advised of the fees applicable from 1 August 2009
December 2010 PD2010_076	Deputy Director- General Health System Support	Replaces PD2009_079 and advised of the fees applicable from 1 August 2010

ATTACHMENTS

1. Summary schedule of fees for payments in NSW rural doctors settlement package hospitals as from 1 August 2010
2. Most frequently used rural doctors agreement rates

SUMMARY SCHEDULE OF FEES FOR PAYMENTS IN NSW RURAL DOCTORS SETTLEMENT PACKAGE HOSPITALS

AS FROM 1 AUGUST 2010

SPECIAL NSW ITEMS (EXTRACT FROM ATTACHED SCHEDULE)

ITEM NO	SERVICE	FEE (\$)
201	Management of labour, incomplete, where the patient's care has been transferred to another medical practitioner for completion of the delivery. This item covers those occasions when a patient is handed over <u>while in labour</u> from the practitioner who under normal circumstances would have delivered the baby; but because of compelling circumstances decides to transfer the patient to another practitioner for the delivery.	394.40
1000	ON CALL	7.50 per hour
1001	ON CALL AFTER HOURS (outside Monday to Friday 7.00am to 6.00pm; Saturday 7.00am to MIDDAY). Includes public holidays.	11.10 per hour
	ATTENDANCE IN HOURS (Mon to Friday, 7.00am to 6.00pm; Saturday, 7.00am to MIDDAY)	
	In-patients:	
1002	Where only one in-patient (including a nursing home type patient) is seen	65.70
1004	Where two or more in-patients are seen on the one occasion.	49.70
	Out-patients:	
1010	All in-hours non-inpatients, regardless of duration of consultation (any number)	49.70
1012	NON EMERGENCY/NON ROUTINE PATIENTS In hours attendance for the first patient seen, neither routine nor emergency (as defined), where the VMO is requested, or determines there is a definite clinical need following contact from the hospital to return to the hospital primarily for this attendance.	86.80

ITEM NO	SERVICE	FEE (\$)
1016 1018	<p>ATTENDANCE AFTER HOURS (Mon to Friday, 6.00pm to 10.00pm; Saturday, 12.00 Midday to 10.00pm; Sunday, 7.00am to 10.00pm)</p> <p>After hours consultation during a ward round (in and non-inpatients – any number):</p> <p>Sunday and public holidays (any number) All other</p>	59.40 49.70
1024 1026 1031 1034	<p>After hours consultation In patient and out-patient not in the course of a ward round, all days except Saturdays, Sundays and public holidays:</p> <p>First patient Subsequent patients.</p> <p>In-patient and out-patient not in the course of a ward round, Saturdays patients seen on the one occasion, Sundays and public holidays:</p> <p>First three Subsequent patients.</p>	102.60 74.40 102.60 74.40
1039 1042	<p>LATE NIGHT CONSULTATION (All days, 10.00pm to Midnight)</p> <p>First patient Subsequent patients</p>	178.40 102.60
1046 1050	<p>ANTI SOCIAL HOURS CONSULTATION (All days, 12.00 Midnight to 7.00am)</p> <p>First patient Subsequent patients</p>	223.00 102.60

ITEM NO	SERVICE	FEE (\$)
1054 1056 160 161 162 163 164 165	<p>EMERGENCY CONSULTATION (AS DEFINED) Anti-social hours emergency, first patient All other emergency consultations (except items 160 to 164), including nursing home type patients Prolonged emergency attendances:</p> <p>Item 160 Item 161 Item 162 Item 163 Item 164</p> <p>Prolonged professional attendance not less than one hour - ventilated patient awaiting transfer</p>	223.00 178.40 176.90 288.10 399.20 518.00 619.10 \$64.60 per 15 minutes
1058 1060	<p>AMBULANCE ESCORT for severely ill patients Escort Expenses</p>	\$258.60 per hour Reasonable return journey & out of pocket expenses
1190 1062 1064 1070	<p>PROCEDURES</p> <p>Obstetrics: Antenatal care attendance Confinement only, including '9 days' normal post natal care.</p> <p>Caesarean section, including '9 days' normal post natal care.</p> <p>All normal post natal attendances other than those included in 1062 & 1064 to be paid at the standard consultation rate. (This includes attendances following an incomplete confinement (Item 201) to and attendances on a sick neonate except where a referral would be made to a paediatrician, were one available).</p>	49.70 847.40 847.40 49.70

ITEM NO	SERVICE	FEE (\$)
1066	<p>Management of labour and delivery, or delivery alone, (including Caesarean section), where in the course of antenatal supervision or intrapartum management one, or more, of the following conditions is present, including postnatal care for 7 days; multiple pregnancy; recurrent antepartum haemorrhage from 20 weeks gestation; grades 2,3 or 4 placenta praevia; baby with a birth weight less than or equal to 2500gm; pre-existing diabetes mellitus dependent on medication, or gestational diabetes requiring at least daily blood glucose monitoring; trial of vaginal delivery in a patient with uterine scar, or trial of vaginal breech delivery; pre-existing hypertension requiring antihypertensive medication, or pregnancy induced hypertension of at least 140/90mmHg associated with at least 1 + proteinuria on urinalysis, prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress; foetal distress defined by significant cardiotocograph or scalp pH abnormalities requiring immediate delivery; or, conditions that pose a significant risk of maternal death.</p>	1740.60
1076	<p>COMMITTEE ATTENDANCES Payment for attendance to meetings covered by the agreed schedule and where required to attend by Area or Hospital. A one hour payment is made if meetings are cancelled by the Area Health Service with less than 24 hour's notice.</p>	179.80 per hour (to nearest 15 min)
1077	<p>Payment for travel for meetings under item 1076 (where distance to the meeting is greater than 25 km from the rural health facility of appointment and return journey is greater than 25km each way). Payment is made for the return journey from the rural health facility to meeting or actual travel, whichever is the lesser.</p>	179.80 per hour (to nearest 15 min)

ITEM NO	SERVICE	FEE (\$)
1500	SEXUAL ASSAULT FORENSIC CONSULTATION Sexual assault forensic consultation taking less than 2 hours Consultation other than in anti social hours	355.40
1502	Sexual assault forensic consultation taking less than 2 hours Consultation during anti social hours	399.80
1504	Sexual assault forensic consultation taking between 2 and 3 hours Consultation other than in anti social hours	466.60
1506	Sexual assault forensic consultation taking between 2 and 3 hours Consultation during anti social hours	510.90
1508	Sexual assault forensic consultation taking over 3 hours Consultation other than in anti social hours	577.70
1510	Sexual assault forensic consultation taking over 3 hours Consultation during anti social hours	622.20

Committee Meeting fee: Is payable for meetings concerned with hospital patient management, clinical privileges, credentialing, clinical planning and Quality Assurance where these meetings are of a type recommended by the Health Service Medical Council and approved by the Health Service Chief Executive Officer or Delegate. Approved meetings do not include meetings of the Medical Staff Council or local/Health Service Boards.

Anaesthetic fee: The definition of emergency attendance permits the additional payment of a fee equivalent to the emergency consultation fee to GP anaesthetists required to attend at non-booked surgical procedures.

MOST FREQUENTLY USED RURAL DOCTORS AGREEMENT RATES					
EFFECTIVE 1 AUGUST 2010					
ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
VISITS NURSING HOME PATIENT					
32		Consultation Nursing Home Type 2 In Patients		37.90	Clarif'n 1995, 14.3
34		Consultation Nursing Home >2 In Patients		31.80	Clarif'n 1995, 14.4
PRE-OPERATIVE EXAMINATION BY ANAESTHETIST					
82		Item 82 is payable when the VMO does an examination in preparation for an anaesthetic in a place other than an operation theatre or an anaesthetic induction room.		44.50	Clarif'n 1995, 7.2 Clarif'n 2001
VISITS - SPECIALIST, REFERRED CONSULTATION					
88		Specialist, referred Consultation 1st		126.40	
94		Specialist, referred Consultation 2nd		63.20	
PROLONGED PROFESSIONAL ATTENDANCE - Professional attendance (not covered by any other item in this Part) on a patient in imminent danger of death requiring life saving emergency treatment (not being treatment of a counselling nature) - to the exclusion of all other patients					
160		Consultation, Emergency, Prolonged not less than 1 but less than 2hrs		176.90	Clarif'n 1995, 6.4
161		Consultation, Emergency, Prolonged not less than 2 but less than 3hrs		288.10	Clarif'n 1995, 6.4
162		Consultation, Emergency, Prolonged not less than 3 but less than 4hrs		399.20	Clarif'n 1995, 6.4
163		Consultation, Emergency, Prolonged not less than 4 but less than 5hrs		518.00	Clarif'n 1995, 6.4
164		Consultation, Emergency, Prolonged - for a period of 5hrs or more		619.10	Clarif'n 1995, 6.4
165		As from 1 January 2007 Prolonged professional attendance not less than on hour - ventilated patient awaiting transfer		64.60 per 15/min	
OBSTETRIC ITEMS - GENERAL					
198		Confinement as independent procedure by a Specialist, where the patient is referred by another practitioner including all attendances related to the confinement		505.30	
201		Management of labour, where the patient's care has been transferred to another medical practitioner for completion of the delivery. This item covers those occasions when a patient is handed over while in labour from the practitioner who under normal circumstances would have delivered the baby; but because of compelling circumstances decides to transfer the patient to another practitioner for the delivery.		394.40	
OBSTETRIC - SPECIAL SERVICES					

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
210		Caesarean Section and post natal care for 9 days where the patient has been referred for management of the confinement and the practitioner does not provide the antenatal care	9039	909.70	Clarif'n 1995, 9.3.1 & 9.5
242		Habitual Miscarriage by Injection max 12 injections		31.80	
246		Threatened Abortion/Miscarriage or Hyperemesis Gravidarum requiring admission to hospital, treatment of - each attendance that is not a routine antenatal attendance		31.80	
247		Pregnancy - Twin, Intra-uterine growth retardation, pregnancy complicated by Diabetes or anaemia, threatened premature labour treated by bed rest only or oral medication, requiring admission to hospital - each attendance not routine antenatal attendance to a maximum of two attendances in any seven days period.		31.80	
248		Pregnancy complicated by acute Infection, threatened premature labour with ruptured membranes or threatened premature labour treated by IV therapy, requiring admission to hospital - each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day		31.80	
250		Cervix, Purse String Ligation of, for threatened miscarriage- GP	407	240.00	
258	^	Cervix, Purse String Ligation of for threatened miscarriage - Spec.	407	318.40	
267		Cervix removal of purse string ligature of, under general anaesthesia	406	92.30	
273		Pregnancy Toxaemia (pre-eclampsia or eclampsia) Or Antepartum Haemorrhage - each attendance that is not routine antenatal attendance.		31.80	
274		Induction & Management of 2nd Trimester Labour		348.60	
275	^	Induction & Management of 2nd Trimester Labour.		429.60	
290		Antenatal Cardiotocograph in the management of High Risk pregnancy (not during the course of the confinement).		53.00	CI.1995, 9.6; CI.2001
295		Version External under General Anaesthesia, not covered by Items 194 - 205.	407	92.30	
298		Version Internal under General Anaesthetic, not covered by Items 194 - 205.	407	166.80	
362		Evacuation of products of conception (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal as an independent procedure where the patient has been referred by another practitioner for this procedure	9035	111.30	
363		Post Partum Haemorrhage by special procedure such as packing of uterus as an independent procedure where the patient has been referred by another medical practitioner for this procedure.	9035	111.30	
365		Manipulative correction of acute Inversion of Uterus by vaginal approach, with or without incision of cervix as an independent procedure where the patient has been referred by another medical practitioner for this procedure.	9037	404.20	
383		Third degree tear, repaired of, involving sphincter muscles as an independent procedure where the patient has been referred by another medical practitioner for this procedure.	9035	184.40	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
ANAESTHETIC					
401		ANAESTHETIC 1 UNIT		24.00	
403		ANAESTHETIC 2 UNITS		48.00	
404		ANAESTHETIC 3 UNITS		72.00	
405		ANAESTHETIC 4 UNITS		96.00	
406		ANAESTHETIC 5 UNITS		120.00	
407		ANAESTHETIC 6 UNITS		144.00	
408		ANAESTHETIC 7 UNITS		169.30	
409		ANAESTHETIC 8 UNITS		192.10	
443		ANAESTHETIC 9 UNITS		217.40	
450		ANAESTHETIC 10 UNITS		240.00	
453		ANAESTHETIC 11 UNITS		262.80	
454		ANAESTHETIC 12 UNITS		288.10	
457		ANAESTHETIC 13 UNITS		313.30	
458		ANAESTHETIC 14 UNITS		338.60	
459		ANAESTHETIC 15 UNITS		358.80	
460		ANAESTHETIC 16 UNITS		384.20	
461		ANAESTHETIC 17 UNITS		409.30	
462		ANAESTHETIC 18 UNITS		434.70	
463		ANAESTHETIC 19 UNITS		454.80	
464		ANAESTHETIC 20 UNITS		481.20	
465		ANAESTHETIC 21 UNITS		505.30	
466		ANAESTHETIC 22 UNITS		530.70	
467		ANAESTHETIC 23 UNITS		555.90	
468		ANAESTHETIC 24 UNITS		581.10	
469		ANAESTHETIC 25 UNITS		606.40	
470		ANAESTHETIC 26 UNITS		619.10	
471		ANAESTHETIC 27 UNITS		644.30	
472		ANAESTHETIC 28 UNITS		669.70	
473		ANAESTHETIC 29 UNITS		695.00	
474		ANAESTHETIC 30 UNITS		720.20	
475		ANAESTHETIC 32 UNITS		770.70	
476		ANAESTHETIC 36 UNITS		859.10	
477		ANAESTHETIC 38 UNITS		909.70	
478		ANAESTHETIC 39 UNITS		935.00	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
479		ANAESTHETIC 40 UNITS		960.20	
481		In connection of forceps delivery, vacuum extraction, breech by manipulation, delivery of second twin by manipulation, rotation of head - where an epidural needle or catheter has not been inserted earlier in labour		169.30	
482		In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Item 7397 to 7472 DERIVED FEE - The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.		1.5 x Item	
483		In connection with the treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in Item 7505 to 7798 DERIVED FEE - The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.		1.33 x Item	
484		In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Item 7505 to 7798 DERIVED FEE - The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.		1.5 x Item	
485		In connection with the treatment of a simple and complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Item 7505 to 7798 DERIVED FEE - The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.		1.75 x Item	
486		In connection with a medical service being a medical service which does not contain a reference to a number of anaesthetic units		24.00	
487		Anaesthetic is administered as a Therapeutic procedure		240.00	
566		Anaesthetic Dental, in connection with a dental operation - 4 units		96.00	
568		Anaesthetic, Endotracheal, for extraction of a tooth or teeth - 6 units		144.00	
570		Anaesthetic, Endotracheal, for extraction of a tooth or teeth requiring incision of soft tissue and removal of bone - 8 units		192.10	
572		Anaesthetic, Endotracheal, for restorative dental work < 30 mins - 6 units		144.00	
574		Anaesthetic, Endotracheal, for restorative dental work > 30 mins - 6 units		240.00	
576		Anaesthetic Dental, Administration by a medical practitioner of an endotracheal anaesthetic in connection with a dental operation, not covered by any other item- 4 units		169.30	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
748		REGIONAL OR FIELD NERVE BLOCK, being one of the following nerve blocks - abdominal (in association with an intra-peritoneal operation), brachial plexus, caudal, cervical plexus (not including the uterine cervix), epidural (peridural), ilio inguinal-ilio hypogastric-genitofemoral, intercostal (involving any four or more nerves, one or both sides), paravertebral (thoracic or lumbar), pudendal; retrobulbar with facial nerve; sacral or spinal (intrathecal).		133.80	
751		MAINTENANCE OF A REGIONAL OR FIELD NERVE BLOCK referred to in Item 748 by the administration of local anaesthetic through an in situ needle or catheter when performed other than by the operating surgeon		58.10	
752		Epidural Injection of a Narcotic, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation		73.30	
753		INTRODUCTION at the end of an operation of a local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with GA		73.30	
754		Maintenance of narcotic analgesia referred to in item 752 by the administration of a narcotic through an in situ needle or catheter, when performed other than by the operating surgeon		58.10	
760		Nerve Block of Limb by Retrograde perfusion - IV Regional Anaesthesia		101.10	
764	^	Nerve Block of Limb by Retrograde perfusion - IV Regional Anaesthesia		128.80	
MISCELLANEOUS				0.00	
791		Ultrasonic cross-sectional Echography		70.70	
793		Ultrasonic cross-sectional Echography - Referred		202.20	
794		Ultrasonic Echography, Unidimensional		122.50	
833		Indwelling Peritoneal Catheter for Dialysis - Insertion and Fixation of	409	333.60	
839		Bladder Washout Test for localisation of urinary infection		109.80	
895		IV line in Neonate, Umbilical or scalp vein catheterisation, with or without infusion; or cannulation of a vein		83.30	
897		Umbilical Artery catheterisation, with or without infusion		122.50	
907		Blood test ,Infants, collected by femoral or external Jugular vein puncture		41.40	
916		ECG monitoring during stress, exercise (bicycle ergometer or treadmill), involving continuous attendance of a medical practitioner for not less than 20mins		245.10	
917		Restoration of Cardiac Rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery	405	141.50	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
921		Spirometry estimation of Respiratory function, involving a directly recorded tracing , performed before and after inhalation of a bronchodilator, a cholinergic substance or a sensitising agennt, or before and after exercise - one or more test performed on the one occasion		29.70	
931		Intra-arterial Infusion or retrograde intra-venous perfusion of a sympatholytic agent		128.80	
932		Cytotoxic agent, Administration of by intravenous drip infusion or by introduction into the bladder		87.30	Clarif'n 1995, 13
934		Intra Arterial Infusion or Intra Arterial injection of a substance incorporating a Cytotoxic agent, preparation for		122.50	
944		Blood Transfusion, or bone marrow already collected		121.30	Clarif'n 1995, 13.3
949		Blood Autology, collection for autologous transfusion, or when homologous blood is required for immediate transfusion in emergency situation		70.70	
951		Central Vein Catheterisation (via jugular of subclavian vein) by percutaneous or open exposure for parenteral alimентация not covered by item 950	407	123.90	
956		Arterial Puncture and collection of Blood for diagnostic purposes		33.40	
957		Intra arterial Cannulisation for purpose of taking multiple arterial blood gas analysis		101.10	
960		Hormone or living tissue Implanation - by incision		74.60	
963		Hormone or living tissue Implantation - by cannula		51.70	
974		Gastric Lavage in the treatment of ingested poison		87.30	
980		Acupuncture - Attendance at which acupuncture is performed by a medical practitioner, including any consultation on the same occasion		44.50	
987		Skin Sensitivity testing for allergens, suing one to twenty allergens		56.80	
ON CALL				0.00	
1000		On Call Fee / 1Hr in hours between Monday to Friday 7am to 6pm; Saturday 7am to Middy		7.50	
1001		On call after hours outside Monday to Friday 7am to 6pm; Saturday 7am to Middy. Includes public holidays		11.10	
1DAY		ON CALL - 11 HRS IN HOURS + 13 HRS AFTER HRS		226.80	
2 DAY		ON CALL - 2 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS		453.70	
3 DAY		ON CALL - 3 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS		680.50	
4DAY		ON CALL - 4 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS		907.30	
5DAY		ON CALL - 5 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS		1134.20	
1WEEK		ON CALL - 7 DAYS - 5 DAYS + SAT + SUN		1649.70	
SAT		ON CALL - SATURDAY		248.70	
SUN		ON CALL - SUNDAY		266.80	
PHOL		ON CALL - PUBLIC HOLIDAY		266.80	
VISITS IN HOURS - 7AM TO 6PM				0.00	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
1002		Consultation: Where only one in-patient (including a nursing home type patient) is seen		65.70	Clarif'n 1995, 14.1 & 14.2
1004		Consultation: Where two or more in-patients are seen on the one occasion.		49.70	
1010		Consultation: All in-hours Outpatients, regardless of duration of consultation (7am to 6pm)		49.70	
1012		Consultation: NON EMERGENCY/NON ROUTINE PATIENTS In hours Attendance 1st patient seen, neither routine nor emergency (as defined), where the VMO is requested, or determines there is a definite clinical need following contact from the hospital to return to the hospital primarily for this attendance		86.80	
1016		AS FROM 1 JANUARY 2007 Consultation: During a ward round - Sunday and Public Holidays - in and non-inpatients - any number		59.40	
1018		Consultation after hours: during a Ward Rounds (in and non-inpatients - any number) (Mon to Friday 6.00pm to 10.00pm; Saturday, 12.00 Midday to 10pm; Sunday , 7.00am to 10.00pm)		49.70	
1190		Antenatal Care Attendance		49.70	
VISITS OUT OF HOURS - 6PM TO 7AM				0.00	
1024		Consultation After Hrs (exc Sat,Sun,PH) 1st Patient, In patient & Out patient not in the course of a ward round 6pm to 10pm		102.60	
1026		Consultation After Hrs (exc Sat,Sun,PH) 2nd Patient, In patient & Out patients 6pm to10pm		74.40	
1031		Consultation After Hrs Sat,Sun,Public Holiday, First 3 Patients - call back after ward round		102.60	
1034		Consultation Sat,Sun,Public Holiday, Subsequent Patients - call back after ward round		74.40	
1039		Consultation Late Night 1st Patient, 10pm to 12 midnight		178.40	
1042		Consultation Late Night Subs Patients, 10pm to 12 midnight		102.60	
1046		Consultation: Anti Social Hrs (M/night - 7.00am) First Patient		223.00	
1050		Consultation: Anti Social Hrs (M/night - 7.00am) Subsequent patients Patient		102.60	
1054		Consultation: Emergency Anti Social (M/N-7.00am) 1st Patient		223.00	
1056		Consultation: Emergency. All other emergency consultations (except items 160 to 164), including nursing home type patients. The definition of emergency attendance permits the additional payment of a fee equivalent to the emergency consultation fee to GP anaesthetists / surgeon requiring to attend at non-booked surgical procedures, less than 24hrs warning. The definition of emergency attendance permits the additional payment of a fee equivalent to the emergency consultation fee to GP anaesthetists required to attend at non-booked surgical procedures.		178.40	Clarif'n 1995, 6
AMBULANCE TRANSPORT					
1058A		AMBULANCE ESCORT - 1 HOUR		258.60	
1058B		AMBULANCE ESCORT - 2 HOURS		517.30	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
1058C		AMBULANCE ESCORT - 3 HOURS		775.90	
1058D		AMBULANCE ESCORT - 4 HOURS		1034.50	
1058E		AMBULANCE ESCORT - 5 HOURS		1293.20	
1058F		AMBULANCE ESCORT - 6 HOURS		1551.80	
1058G		AMBULANCE ESCORT - 7 HOURS		1810.40	
1058H		AMBULANCE ESCORT - 8 HOURS		2069.10	
1058I		AMBULANCE ESCORT - 9 HOURS		2327.70	
1058J		AMBULANCE ESCORT - 10 HOURS		2586.30	
1058K		AMBULANCE ESCORT - 11 HOURS		2845.00	
1058L		AMBULANCE ESCORT - 12 HOURS		3103.60	
1060		Reasonable return journey & out of pocket expenses		0.00	
OBSTETRIC ITEMS					
1062		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks		847.40	Clarif'n 1995, 9.2 & 9.5
1064		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks	9039	847.40	Clarif'n 1995, 9.2 7 9.5
1066		Confinement >Risk. Management of labour and delivery, or delivery alone, (including caesarean section), where in the course of antenatal supervision or intrapartum management one, or more, of the following conditions is present, including postnatal care for 7 days; multiple pregnancy; recurrent antepartum haemorrhage from 20 weeks gestation;; grades 2,3 or 4 placenta praevia;; baby with a birth weight less than or equal to 2500gm;; pre-existing diabetes mellitus dependent on medication or gestational diabetes requiring at least daily blood glucose monitoring;; trial of vaginal delivery in a patient with uterine scar, or trial of vaginal breech delivery; pre-existing hypertension requiring antihypertensive medication, or pregnancy induced hypertension of a least 140/90mmHg associated with at least 1 + proteinuria on urinalysis, prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress;; fetal distress defined by significant cardiotocograph or scalp pH abnormalities requiring immediate delivery; or, conditions that pose a significant risk of maternal death.	9039	1740.60	
1070		All normal Post Natal Attendance other than those included in 1062 & 1064 to be paid at the standard consultation rate. (This includes attendances following an incomplete confinement (item 201).		49.70	
1072		IV Infusion performed by Practitioner. (Only payable in conjunction with an anaesthetic where there is a reasonable indication).	9023	52.80	Clarif'n 1995, 13; Clarif'n 2001

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
1074		IV Infusion by Open Exposure	9025	87.40	Clarif'n 1995, 13; Clarif'n 2001
MEETING					
1076		Committee Attendances - per meeting. Fee is payable for meetings concerned with hospital patient management, peer review, clinical privileges, credentialing, clinical planning and Quality Assurance where meetings are of a type recommended by the Health Service Medical Council and approved by the Health Service Chief Executive Officer or Delegate. Approved meetings do not include meetings of the Medical Staff Council or local/health Service Boards. A one hour payment is made if meetings are cancelled by the Area Health Service with less that 24 hours notice.		179.80	Clarif'n 1995, 11
1077		Payment for travel for meetings under item 1076 (where distance to the meeting is greater than 25km from the rural health facility of appointment and return journey is greater that 25km each way). Payment is made for the return journey from the rural health facility to meeting or actual travel, whichever is the lesser.		179.80	Clarif'n 1995, 11.2
MBS 1987 - ADDITION OPERATION NUMBERS					
1407		Warts (or molluscum contagiosum), include vulval and/or vaginal and/or 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 more that 45 minutes	407	242.00	
1408		Warts (or molluscum contagiosum), include vulval and/or vaginal and/or 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 45 minutes or less	409	376.10	
1409		Temporal Artery Biopsy	409	495.10	
1430		Hartmann's operation (Rectosigmoidectomy)	462	1509.10	
1431		Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma	467	2205.60	
1441		Laparoscopic Appendectomy	453	702.00	
1442		Laparoscopic Repair of Femoral or Inguinal Hernia	453	680.10	
1444		Laparoscopic Removal of Ectopic Pregnancy	454	946.50	
1445		Laparoscopic Cholecystectomy	459	1191.20	
1446		Laparoscopic Cholecystectomy when completed by Laparotomy	461	1191.20	
1447		Laparoscopic Cholecystectomy involving removal of Common Duct calculi via the Cystic Duct	462	1425.00	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
1448		Laparoscopic Cholecystectomy with removal of Common Duct calculi via laparoscopic choledochotomy	464	1584.60	
SEXUAL ASSAULT					
1500		Sex Assault Forensic Consultation taking less that 2hrs. Consultation other than anti social hours 7am to midnight		355.40	
1502		Sex Assault Forensic Consultation taking less that 2hrs. Consultation during anti social hours midnight to 7am		399.80	
1504		Sex Assault Forensic Consultation taking between 2 and 3 hours. Consultation other than anti social hours. 7am to midnight.		466.60	
1506		Sex Assault Forensic Consultation taking between 2 and 3 hours. Consultation during anti social hours. Midnight to 7am.		510.90	
1508		Sex Assault Forensic Consultation taking over 3hrs. Consultation other than anti social hours. 7am to midnight.		577.70	
1510		Sex Assault Forensic Consultation taking over 3hrs. Consultation during anti social hours. Midnight to 7am.		622.20	
ECG ITEM NUMBERS					
1908		ECG Tracing and Report		71.10	Clarif'n.1995, 19; Clarif'n.2001
1909		ECG Tracing only or Report only		34.90	Clarif'n 1995, 19; Clarif'n 2001
X-RAY NUMBERS - TAKING AND READING FEE					
2502		X/R Digit		63.20	
2508		X/R Wrist		63.20	
2516		X/R Elbow		85.90	
2524		X/R Ankle		69.50	
2532		X/R Knee		104.80	
2539		X/R Should		85.90	
2543		X/R Clavicle		69.50	
2548		X/R Hip Joint		99.80	
2551		X/R Pelvic Girdle		128.80	
2557		X/R Femur		212.30	
2597		Spine Cervical		136.40	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
2625		X/R Chest		75.80	
2655		X/R Ribs		92.30	
2699		X Ray Plain Abdominal only		75.80	
2714		Barium Enema		166.80	
2762		Hysterosalpingography		141.50	
2837		IVP Injection		65.70	Clarif'n 1995, 13
2859		Cholegram (Cholangiogram) percutaneous		252.70	
ASSISTANCE AT OPERATIONS					
2951		Assistant at an operation. Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistance anaesthetist. The amount specified is the amount payable whether the assistance is rendered by one or more than one medical practitioner. Assistance at any operation for which the fee exceeds \$434.00 but does not exceed \$772.90 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$434.00 but where the fee for the series or combination of operations does not exceed \$772.90		126.40	Clarif'n 1995, 18.1.4
2951		Minimum \$434			
2951		Maximum \$773			Clarif'n 1995, 18.1.3
2953		Assistant at an operation for which the fee exceeds \$772.90 or at a combination of operations for which the aggregate fee exceeds \$772.90 provided that the fee for at least one of the operations exceeds \$772.90. - (20% 1st, 10% 2nd & 5% other item numbers)		20% Item	
OPERATIONS - GENERAL SURGICAL					
3004		Operative procedure on tissue or region Not Covered by Other Item, including consultation on the same occasion		26.70	
3006		Burn Localised dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.		44.50	
3012		Burn Extensive (more than 20%), without anaesthesia. dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.		68.30	
3016		Burn Localised under general anaesthesia, dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.	408	88.40	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
3022	^	Burn Localised under general anaesthesia, dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.	408	107.30	
3027		Burn Extensive (more than 20%), under general anaesthesia. dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.	450	189.50	
3033	^	Burn Extensive (more than 20%), under general anaesthesia. dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.	450	227.40	
3038		Burn excision under GA involving not more that 10% of body surface where grafting is not carried out during the same operation	450	475.20	
3039		Burn excision under GA involving more that 10% of body surface where grafting is not carried out during the same operation	456	922.40	
3041		Debridement under GA/ Major block, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed	450	475.20	
3046		SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, small (NOT MORE THAN 7 CENTIMETERS LONG), superficial, not covered by any item in this section	406	75.80	
3050		SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, small (NOT MORE THAN 7 CENTIMETERS LONG),	407	131.40	Clarif'n 2001
3058		SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, small (NOT MORE THAN 7 CENTIMETERS LONG), superficial	408	120.00	
3063		SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, small (NOT MORE THAN 7 CENTIMETERS LONG), involving deeper tissie	408	171.80	Clarif'n 2001
3073		SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, large (MORE THAN 7 CENTIMETERS LONG), superficial, not covered by any item in this section	407	131.40	
3082		SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, large (MORE THAN 7 CENTIMETERS LONG), involving deeper tissue, not covered by any item in this section	408	209.70	Clarif'n 2001
3087	^	SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, large (MORE THAN 7 CENTIMETERS LONG), involving deeper tissue, not covered by any item in this section	408	267.90	Clarif'n 2001

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
3092		SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, large (MORE THAN 7 CENTIMETERS LONG), superficial	408	171.80	
3098		SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, large (MORE THAN 7 CENTIMETERS LONG), involving deeper tissie	409	217.40	Clarif'n 2001
3101	^	SKIN AND SUBCUTANEOUS TISSUE OR MOCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, large (MORE THAN 7 CENTIMETERS LONG), involving deeper tissie	409	272.90	Clarif'n 2001
3104		Laceration Full Thickness, ear, eyelid or nose with accurate apposition of each leayer of tissue	450	369.00	
3106		DRESSING AND REMOVAL OF SUTURES requiring a general anaesthetic, not associated with any other item in this section	406	107.30	
3110		Post Operative Haemorrhage under GA, following perineal or vaginal operations	407	209.70	
3113		Foreign Body Superficial Removal of	407	34.40	
3116		Foreign Body Subcutaneous Removal of requiring incision and suturing , as an independent procedure	407	159.20	
3120		Foreign Body in Muscle, Tendon or other Deep Tissue, removal of, as an independent procedure	408	328.50	
3124	^	Foreign Body in Muscle, Tendon or other Deep Tissue, removal of, as an independent procedure	408	404.20	
3130		Biopsy of Skin or Mucous Membrane, as an independent procedure	406	75.80	
3135		Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407	171.80	
3142	^	Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407	217.40	
3148		Drill Biopsy Lymph Gland, deep tissue or organ, as an independent procedure	406	70.70	
3157		Biopsy of Bone Marrow by trephine using open approach	406	159.20	
3158		Biopsy of Bone Marrow by trephine using percutaneous approach with a jamshidi needle or similar device		85.90	
3160		Biopsy Bone Marrow aspiration or Punch biopsy of synovial membrane of pleura	406	43.00	
3168		Biopsy Scalene Node	406	267.90	
3173		Sinus, Excision of involving superficial tissue only	407	131.40	
3178		Sinus, Excision of involving muscle and deep tissue	408	217.40	
3183	^	Sinus, Excision of involving muscle and deep tissue	408	267.90	
3194		Ganglion or small burse Excision of	407	227.40	
3199	^	Ganglion or small burse Excision of	407	318.40	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
3208		Bursa (large) including Olecranon, calcaneum or Patella excision of	407	414.40	
3213	^	Bursa (large) including Olecranon, calcaneum or Patella excision of	407	543.20	
3217		Baker's Cyst - Bursa Semimembranosus Excision of	408	543.20	
3219		Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture not covered by Item 3221/3222/3223/3224/3225/3226 or 3349	407	141.50	
3220	^	Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture not covered by Item 3221/3222/3223/3224/3225/3226 or 3349	407	184.40	
3221		Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm 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, not covered by item 3349	443	369.00	
3222	^	Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm 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, not covered by item 3349	443	475.20	
3223		Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm 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 10 BUT NOT MORE THAN 20 LESIONS, not covered by item 3349	457	490.10	
3224	^	Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm 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 10 BUT NOT MORE THAN 20 LESIONS, not covered by item 3349	457	593.70	
3225		Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm 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 20 BUT NOT MORE THAN 50 LESIONS, not covered by item 3349	459	732.90	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
3226		Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm 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 50 LESIONS, not covered by item 3349	461	1010.80	
3233		Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane.	407	207.30	
3237	^	Tumour, Cyst, Ulcer or Scar (excluding a scar removed during the surgical approach to an operation) up to 3cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane.	407	252.70	
3247		Tumour, Cyst (excluding 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), Ulcer or Scar (excluding a scar removed during the surgical approach to an operation), not covered by any other item in this Part, involving muscle bone or other deep tissue	409	288.10	
3253	^	Tumour, Cyst (excluding 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), Ulcer or Scar (excluding a scar removed during the surgical approach to an operation), not covered by any other item in this Part, involving muscle bone or other deep tissue	409	358.80	
3261		Tumour or Deep Cyst (excluding a cyst associated with a tooth or tooth fragment) removal of, requiring Wide Excision, not covered by any other item in this Part.	409	475.20	
3265	^	Tumour or Deep Cyst (excluding a cyst associated with a tooth or tooth fragment) removal of, requiring Wide Excision, not covered by any other item in this Part.	409	543.20	
3271		Tumour Malignant Removal of, from skin, requiring wide & deep excision, excluding removal of basal cell carcinoma	409	581.10	
3276		Tumour Malignant, Removal of from skin, requiring wide & deep excision with immediate block dissection of lymph glands	457	1212.90	
3281		Tumour, removal of from soft tissue (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), Extensive excision without graft	409	732.90	
3289		Tumour, removal of from soft tissue (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), Extensive excision with graft	450	859.10	
3295		Tumour Malignant - removal of from any region, involving a radical operation (not being an operation covered by any other item in this Part)	457	1212.90	
3301		Tumour Malignant - removal of from any region involving a limited operation excluding removal of basal cell carcinoma (not being an operation covered by any other item in this Part)	409	581.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
3306		Lipectomy Transverse Wedge excision of abdominal apron	450	669.70	
3307		Lipectomy Wedge excision of skin or fat not covered by item 3306 – One excision	450	669.70	
3308		Lipectomy Wedge excision of skin or fat not covered by item 3306 – Two or more excisions	454	1010.80	
3310		Lipectomy Subumbilical excision with undermining of skin edges and strengthening musculoaponeurtic wall	454	1010.80	
3311		Lipectomy - radical abdominoplasty with excision of shin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus	462	1440.40	
3314		Axillary Hyperhidrosis - wedge excision for	408	199.70	
3315		Axillary Hyperhidrosis total excision of sweat gland area	450	358.80	
3320		Plantar Wart, Removal of	406	69.50	
3349		Cutaneous Neoplastic Lesions treatment by Electrosurgical destruction, chemotherapy, simple curettage or shaving not covered by Item 3350,3351 or 3352 - one or more lesions	405	92.30	
3350		Cancer of Skin or Mucous Membrane curettage Excision or cryosurgery using liquid nitrogen (not covered by Item 3349)	407	184.40	
3351		Cancer of Skin, Mucous Membrane, removal of by serial curettage Excision, liquid nitrogen (not covered by Item 3349) - MORE THAN THREE BUT NOT MORE THAN 10 LESIONS	443	465.00	
3352		Cancer of Skin, Mucous Membrane, removal of by serial curettage Excision, liquid nitrogen (not covered by Item 3349) - MORE THAN 10 LESIONS	457	593.70	
3356		Skin Lesions, multiple Injections with hydrocortisone or similar preparations		64.40	
3363		Keloid, extensive, Multiple Injection of hydrocortisone or similar preparations under GA	406	237.50	
3366		Aspiration of Haematoma	405	39.90	
3371		Abscess (small) Haematoma, Furuncle or similar lesion NO GA incision with drainage of (excluding aftercare)		39.90	
3379		Abscess (large) Haematoma, (including ischio-rectal abscess) Furuncle or similar lesion under GA incision with drainage of (excluding aftercare)	406	171.80	
3384	^	Abscess (large) Haematoma, (including ischio-rectal abscess) Furuncle or similar lesion under GA incision with drainage of (excluding aftercare)	406	237.50	
3391		Muscle excision of Limited	407	217.40	
3399		Muscle excision of extensive	408	399.20	
3404		Muscle Ruptured, repair of Limited not associated with external wound	408	328.50	
3407		Muscle Ruptured, repair of extensive not associated with external wound	408	429.60	
3417		Fascia Deep repair of for herniated muscle	408	217.40	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
3425		Tumour Bone Innocent excision of, not covered by any other item in this part	408	518.00	
3450		Parotid Gland superficial Lobectomy or Removal of Tumour	458	1212.90	
3455		Submandibular Gland, extirpation of	409	644.30	
3465		Salivary Gland Dilation or Diathermy of duct	407	85.90	
3468		Salivary Gland removal of Calculus from duct or meatotomy	408	171.80	
3472	^	Salivary Gland removal of Calculus from duct or meatotomy	408	217.40	
3477		Salivary Gland, repair of Cutaneous Fistula of	408	217.40	
3480		Tongue partial Excision	408	429.60	
3496		TongueTie repair of, not covered by any other item in this part	407	68.30	
3505		TongueTie, mandibular frenulum or maxillary frenulum, repair of in person less than 2 years under GA	407	174.40	
3509		Mouth Ranula or Mucous Cyst - Removal	443	227.40	
3516	^	Mouth Ranula or Mucous Cyst - Removal	443	298.20	
3526		Branchial Cyst Removal	443	581.10	
3530		Branchial Fistula Removal	443	732.90	
3563		Total Hemithyroidectomy or Bilateral Sub-Total Thyroidectomy	454	1200.30	
3576		Thyroid excision of local tumour or unilateral Sub-Total Thyroidectomy	450	758.10	
3581		Thyroglossal Cyst Removal of	450	568.60	
3591		Thyroglossal Cyst and Fistula Removal of	450	846.60	
3618		Lymph Gland of Neck Limited excision	466	543.20	
3622		Lymph Glands of Neck Radical excision of	464	1440.40	
3634		Lymph Glands of Groin of Axilla Limited Removal	443	358.80	
3638		Lymph Glands of Groin of Axilla radical Removal	457	1048.70	
3647		Mastectomy Simple with or without frozen section	443	475.20	
3652	^	Mastectomy Simple with or without frozen section	443	644.30	
3654		Breast excision of Cyst, fibro adenoma or local lesion or segmental resection for any other reason	408	288.10	
3664	^	Breast excision of Cyst, fibro adenoma or local lesion or segmental resection for any other reason	408	374.00	
3668		Breast excision of Cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is performed or where specimen radiography is used	409	379.10	
3673	^	Breast excision of Cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is performed or where specimen radiography is used	409	475.20	
3678		Mastectomy Partial involving more than one quarter of the breast tissue with or without frozen section biopsy	409	379.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
3683	^	Mastectomy Partial involving more than one quarter of the breast tissue with or without frozen section biopsy	409	475.20	
3698		Mastectomy extended Simple with or without frozen section biopsy	454	859.10	
3700		Mastectomy subcutaneous with or without frozen section	454	796.10	
3702		Mastectomy radical or modified with or without frozen section biopsy	460	1263.50	
3707		Nipple Inverted, surgical eversion of	408	217.40	
3713		Laparotomy (exploratory) including associated biopsies where no other intra-abdominal procedure is performed	443	555.90	
3718	^	Laparotomy (exploratory) including associated biopsies where no other intra-abdominal procedure is performed	443	707.60	
3722		Laparotomy involving caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrosotomy, gastrotomy, Reduction of intussusception, Removal of Meckels diverticulum, Sutures of perforated peptic ulcer, Simple repair of ruptured viscis, Reduction of volvulus, Pyloroplasty (adult) or Drainage or pancreas	453	758.10	
3726		Laparotomy involving division of Peritoneal Adhesions (where no other listed intra-abdominal procedure is performed)	453	758.10	
3734		Laparotomy for control of Post -operative Haemorrhage, where no other procedure is performed	453	485.20	
3739		Laparotomy involving operation of Abdominal Viscera, not covered by any other item in this Part	454	745.60	
3745	^	Laparotomy involving operation of Abdominal Viscera, not covered by any other item in this Part	454	922.40	
3750		Subphremic Abscess, drainage of	450	758.10	
3752		Biopsy of Liver Percutaneous	407	252.70	
3754		Tumour Liver Removal of other than by biopsy	457	859.10	
3764		Liver Abscess, abdominal drainage of	453	758.10	
3783		Hydatid Cyst if Liver, peritoeum of Viscus Drainage procedure	453	859.10	
3789		Operative Cholangiography (including one or more cholegrams performed during the one operation) or operative pancreatography	450	272.90	
3793		Cholecystectomy	453	859.10	
3798	^	Cholecystectomy	453	1074.00	
3820		Choledochotomy(with or without cholecystectomy), including dilatation of sphincter of Oddi and removal of calculi	457	1263.50	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
3822		Choledochotomy (with or without cholecystectomy), including dilatation of sphincter of Oddi and removal of calculi with choledochoduodenostomy, choledochogastrostomy or choledochoenterostomy	462	1478.20	
3825		Transduodenal operation of sphincter of oddi including dilation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy	459	1478.20	
3831		Cholecystoduodenostomy, cholecystogastrostomy or cholecystoenterostomy with or without enteroenterostomy	459	1263.50	
3847		Gastroscopy, Oeophagoscopy, Duodenoscopy or Panendoscopy (one or more such procedures), with or without biopsy	407	298.20	
3849		Gastroscopy, Oeophagoscopy, Duodenoscopy or Panendoscopy (one or more such procedures) (not covered by Item 5464), with endoscopic sclerosing injection of oesophageal or gastric varices	408	369.00	
3851		Gastroscopy (NOT COVERED BY Item 5464) one or more or the following procedures - polypectomy, removal FB, diathermy coagulation of bleeding upper gastrointestinal lesions	408	470.10	
3875		Vagotomy Trunkal	453	859.10	
3882		Vagotomy Selective	454	1023.40	
3889		Vagotomy Highly Selective or Vagotomy, trunkal or selective, with pyloroplasty or gastro-enterostomy	457	1212.90	
3891		Vagotomy Highly Selective with pyloroplasty or gastroenterostomy or dilation of pylorus	457	1440.40	
3894		Gastroenterostomy (including gastroduodenostomy) or entro-colostomy or enteroenterostomy	454	758.10	
3898	^	Gastroenterostomy (including gastroduodenostomy) or entro-colostomy or enteroenterostomy	454	1023.40	
3900		Gastr-Enterostomy or Gastro-Duodenostomy, reconstruction of	458	1301.40	
3902		Pancreatic Cyst - Anastomosis to Stomach or Duodenum	459	1023.40	
3922		Gastrectomy Partial, with or without gastro-jejunosomy	459	1440.40	
3930		Gastrectomy Total for Benigin Disease	463	1819.40	
3937		Gastrectomy Radical Sub-total for Carcinoma	463	1831.90	
3938		Gastrectomy Radical Total for Carcinoma	465	2160.50	
3976		Colostomy or Enterostomy Extraperitoneal closure of	453	434.70	
3981	^	Colostomy or Enterostomy Extraperitoneal closure of	453	555.90	
3986		Colostomy or Enterostomy Extraperitoneal closure not involving resection	453	758.10	
4003		Intussusception Deduction of by fluid		343.70	
4012		Intussusception Laparotomy and resection of	458	1389.80	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
4018		Colectomy transverse of Sigmoid with or without anastomosis	459	1314.00	
4039		Bowel Segmental Resection of with or without anastomosis, not covered by any other item in this part	459	1048.70	
4043	^	Bowel Segmental Resection of with or without anastomosis, not covered by any other item in this part	459	1389.80	
4046		Hemicolectomy, right or left	459	1440.40	
4048		Colectomy Total with Ileorectal anastomosis or ileostomy	464	1819.40	
4068		Rectum, Restorative Anterior Resection of with Rectosigmoidectomy	460	1819.50	
4074		APPENDICECTOMY	409	518.00	
4080	^	Appendicectomy	409	644.30	
4084		Appendicectomy when performed in conjunction with any other intra-abdo	406	179.50	
4087		Laparotomy for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy	450	581.10	
4093	^	Laparotomy for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy	450	720.20	
4099		Small Bowel Intubation with Biopsy	406	257.70	
4109		Pancreatectomy Partial	459	1743.50	
4131		Pancreatic Abscess, drainage of excluding after care	453	745.60	
4133		Pancreatic Duct to Bowel - Anastomosis	462	1819.40	
4139		Splenectomy or partial for trauma	457	1314.00	
4141		Splenectomy for trauma	457	1048.70	
4144		Splenectomy other than for trauma	457	1074.00	
4165		Viscera Multiple Ruptured including kidney, liver, spleen or hollow viscus	462	1604.60	
4173		Tumour Retroperitoneal Removal of	459	1263.50	
4179		Tumour Presacral and Sacrococcygeal excision of	457	1263.50	
4185		Retroperitoneal Abscess drainage of	443	682.30	
4192		LAPAROSCOPY Diagnostic	408	318.40	
4193		LAPAROSCOPY with biopsy	408	414.40	
4194		LAPAROSCOPY involving puncture of cyst, diathermy of endometriosis, ventrosuspension, division of adhesions or any other procedure - one or more procedures with or without biopsy - not associated with 4193, 6611 or 6612	408	593.70	
4197		Paracentesis Abdominis		75.80	
4202		Rectum and Anus, Abdomino-Perineal Resection - one surgeon	461	1803.90	
4209		Rectum and Anus, Abdomino-Perineal Resection of combined Synchronous operation	460	1478.20	
4217		Abdomino-Perineal pull through resection with colo-anal anastomosis (One or two stages), including associated colostomy	474	2223.80	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
4222		Hernia Femoral or Inguinal or Infantile Hydrocele, Repair of not covered by Items 4233, 4258 or 4262	450	518.00	
4227	^	Hernia Femoral or Inguinal or Infantile Hydrocele, Repair of not covered by Items 4233, 4258 or 4262	450	682.30	
4233		Hernia Strangulated, Incarcerated or Obstructed Repair of, without bowel resection	450	758.10	
4238		Hernia Diaphragmatic, Traumatic Repair	461	1137.10	
4246		Hernia, Umbilical, Epigastric or Linea alba Repair of person <10yrs	409	389.20	
4249	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person <10yrs	409	518.00	
4251		Hernia, Umbilical, Epigastric or Linea alba Repair of person >10yrs	409	434.70	
4254	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person >10yrs	409	593.70	
4258		Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450	644.30	
4262	^	Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450	758.10	
4265		Hydrocele Tapping of		51.70	
4269		Hydrocele, Varicocele removal of Hydrocele or Insertion of testicular prosthesis when not associated with Item 4288, 4293 or 4296 - One procedure	408	343.70	
4273	^	Hydrocele, Varicocele removal of Hydrocele or Insertion of testicular prosthesis when not associated with Item 4288, 4293 or 4296 - One procedure	408	424.60	
4288		Orchidectomy, simple or subscapular, unilateral with or without insertion of testicular prosthesis	408	434.70	
4293	^	Orchidectomy, simple or subscapular, unilateral with or without insertion of testicular prosthesis	408	593.70	
4296		Orchidectomy and complete excision of spermatic cord	409	758.10	
4307		Undescended Testis, orchidopexy or transplantation of with or without herial repair	409	758.10	
4319		Circumcision person < 6 MTH	407	68.30	
4327		Circumcision person < 10yrs	407	156.70	
4338		Circumcision person 10yrs or over	407	217.40	
4345	^	Circumcision person 10yrs or over	407	272.90	
4351		Paraphimosis reduction of under GA with or without dorsal incision, not associated with any other item in this Part	406	69.50	
4354		Sigmoidoscopic Examination (with rigid sigmoidoscope), with or without biopsy		79.70	
4363		Sigmoidoscopic Examination (with rigid sigmoidoscope), under GA with or without biopsy, not associated with any other Item in this Part	406	121.30	
4366		Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408	207.30	
4367	^	Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408	272.90	
4380		Rectal Biopsy under GA Full or partial Thickness	407	237.50	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
4383		Colonoscopy, Flexible fiberoptic Sigmoidoscopy or Fiberoptic up to the hepatic flexure, with or with out biopsy	407	184.40	
4386		Colonoscopy, Flexible fiberoptic Sigmoidoscopy or Fiberoptic up to the hepatic flexure, with removal of one or more polyps - not covered by Item 4366 or 4367	409	333.60	
4388		Colonoscopy, Fiberoptic examination of colon beyond the hepatic flexure, with or with out biopsy	409	543.20	
4394		Colonoscopy, Fiberoptic examination of colon beyond the hepatic flexure, with removal of one or more polyps	450	758.10	
4397		Tumour (Villous) of Rectum greater than 3cm local excision	443	581.10	
4399		Tumour Rectal excision of via trans-sphincteric approach	457	922.40	
4413		Rectum, Radical Operation for Prolapse of, involving laparotomy	457	1200.30	
4455		Anus Dilatation of under GA with or without disimpaction of faeces, not associated with any other item in this Part	405	102.20	
4467		Anal Prolapse - Circum Anal suture.	407	171.80	
4482		Anal Stricture repair of	408	409.30	
4490		Anal Sphincterotomy as an independent procedure for Hirschsprung's disease	407	389.20	
4492		Anal Incontinence operation for by parkes intersphincteric procedure or by direct repair of anal sphincters, not covered by Item 383 in this Part	454	834.00	
4509		Haemorrhoids, rubber band ligation of or incision of thrombosed external haemorrhoids	406	79.70	
4523		Haemorrhoidectomy Radical	409	419.50	
4527	^	Hemorrhoidectomy Radical	409	530.70	
4534		Haemorrhoids External removal of Anal Skin tags, injection of rectal prolapse or Injection of Anal Prolapse - under general anaesthetic - one or more of these procedures	406	146.50	
4537		Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407	293.20	
4544	^	Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407	369.00	
4552		Anal Fistula in Ano, Subcutaneous excision of	408	333.60	
4557	^	Anal Fistula in Ano, Subcutaneous excision of	408	429.60	
4568		Anal Fistula in Ano, excision of involving incision of external sphincter	408	475.20	
4573	^	Anal Fistula in Ano, excision of involving incision of external sphincter	408	581.10	
4590		Faecal Fistula, repair of	454	1023.40	
4611		Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409	434.70	
4617	^	Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409	555.90	
4622		Injection Pilonidal Sinus under GA	407	141.50	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
4633		Injection of Varicose Veins, multiple simultaneous injections by continuous compression techniques including associated consultation - one or both legs - not associated with any other varicose veins operation of the same leg (excluding after-care)		204.80	
4637		Varicose veins, multiple ligations with or without local stripping or excision, including sub-fascial ligation of one or more deep perforating veins through separate incisions - ONE LEG - not associated with Item 4641, 4649 or 4664 on the same leg	408	394.20	
4641		Varicose Veins, high ligation & stripping or excision of long or short saphenous vein or its major tributaries - one leg	450	720.20	
4649		Varicose Veins, high ligation & stripping or excision of BOTH long or short saphenous vein or its major tributaries - one leg	454	1086.70	
4651		Varicose Veins, complete dissection at Sapheno-Femoral Junction, with or without ligation - one leg	407	475.20	
4655		Varicose Veins, high ligations of short saphenous vein at saphenous Popliteal Junction - one leg	407	475.20	
4658		Varicose Veins, sub-fascial ligation of single deep perforating view not associated with any other varicose vein operation on the same leg - one leg	407	293.20	
4662		Varicose Veins, sub fascial ligation of multiple deep perforating veins, (Cockett's operation)	408	732.90	
4664		Varicose Veins, Re-operation for Sapheno-Femoral or Sapheno-Popliteal Incompetence, with or without multiple ligation, local stripping or excision - one leg	457	783.40	
4693		Major artery or vein of neck or extremity, repair of wound of, with restoration of continuity	457	1048.70	
4778		Embolus, removal from an Artery or by-pass graft of Neck of extremities	454	1023.40	
4784		Embolus or thrombus, removal of from an Artery or prosthetic graft of Trunk	459	1314.00	
4789		Embolus, removal of from Femoral, Iliac or other similar large Vein	454	922.40	
4794		Ruptured Abdominal Aortic Aneurysm, excision of and insertion of graft or repair of Aorto-duodenal Fistula, including repair of	470	2564.90	
OPERATIONS FOR ACUTE OSTEOMYELITIS					
4832		Osteomyelitis, operation for acute Phalanx	408	179.50	
4838		Osteomyelitis, operation for acute, sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, skull, mandible or maxilla (other than alveolar margins) one bone	450	298.20	
4844		Osteomyelitis, operation for acute, Humerus or femur - on bone	450	518.00	
4860		Osteomyelitis Chronic - One bone or any combination of adjoining bones	454	518.00	
4864		Osteomyelitis Chronic - One bone Humerus or Femur	453	518.00	
AMPUTATION OR DISARTICULATION OF LIMB					
4927		Amputation One Digit of hand	407	227.40	
4930	^	Amputation One Digit of hand	407	283.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
4934		Amputation Two Digits of hand	409	343.70	
4940	^	Amputation Two Digits of hand	409	419.50	
4943		Amputation Three Digits of hand	409	404.20	
4948	^	Amputation Three Digits of hand	409	490.10	
4950		Amputation Four Digits of hand	443	454.80	
4954	^	Amputation Four Digits of hand	443	555.90	
4957		Amputation Five Digits of hand	450	518.00	
4961	^	Amputation Five Digits of hand	450	644.30	
4972		Amputation Midcarpal or Transmetacarpal	408	333.60	
4976	^	Amputation Midcarpal or Transmetacarpal	408	429.60	
4990		Amputation One Digit of foot	407	171.80	
4993	^	Amputation One Digit of foot	407	209.70	
4995		Amputation Two Digits of foot	408	257.70	
4997	^	Amputation Two Digits of foot	408	318.40	
4999		Amputation Three Digits of foot	409	298.20	
5002	^	Amputation Three Digits of foot	409	369.00	
5006		Amputation Four Digits of foot	443	343.70	
5009	^	Amputation Four Digits of foot	443	419.50	
5015		Amputation Five Digits of foot	450	389.20	
5018	^	Amputation Five Digits of foot	450	480.20	
5024		Amputation, including Metatarsal or part of metatarsal - each toe	408	209.70	
5029	^	Amputation, including Metatarsal or part of metatarsal - each toe	408	267.90	
5034		Amputation Foot at Ankle (Syme, Pirogoff types)	409	518.00	
5038		Amputation Foot or Midtarsal or Transmetatarsal	408	429.60	
5050		Amputation thigh, at Knee or below knee	450	758.10	
EAR, NOSE AND THROAT					
5059		Ear Foreign Body, Removal of, otherwise than by simple syringing	405	120.00	
5062		Ear Foreign body in, involving incision of external auditory canal	407	348.60	
5066		Ear Polyp Removal	405	209.70	
5172		GROMMETTS - insertion of tube for drainage of	408	348.60	
5182		Ear Toilet requiring use of operating microscope and microinspection of tympanic membrane with or without GA	408	159.20	
5186		Ear Tympanic membrane microinspection of one or both under GA	408	159.20	
5192		Nose Examination of cavity or Post nasal cavity and Post nasal space under GA	407	104.80	
5196		Nose Haemorrhage Posterior Arrest Packing with or without cauterisation	409	179.50	
5201		Nose Foreign Body Removal other than by simple probing	407	113.80	
5205		Nose Polyp or Polypi Removal of (simple)		120.00	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
5210		Nose Polyp or Polypi Removal of (requiring admission to hospital)	408	252.70	
5214	^	Nose Polyp or Polypi Removal of (requiring admission to hospital)	408	318.40	
5229		Nose Cauterisation (other than by chemical means) or Cauterisation by chemical means under GA or Diathermy of septum, turbinates or Pharynx one or more procedures	407	146.50	
5230		Nose Haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both	408	131.40	
5245		Maxillary Antrum, Proof Puncture and Lavage of	407	47.50	
5254		Maxillary Antrum, Proof Puncture and Lavage of under GA	407	133.80	
5264		Maxillary Antrum, Lavage of - each attendance at which the procedure is performed, including any associated cons.	407	39.90	
5348		Post Nasal Space, direct examination of, with or without biopsy	408	179.50	
5363		Tonsils or Tonsils and Adenoids, removal of in person <12 years	408	318.40	
5366	^	Tonsils or Tonsils and Adenoids, removal of in person <12 years	408	429.60	
5389		Tonsils or Tonsils and Adenoids, removal of in person >12 years	409	404.20	
5392	^	Tonsils or Tonsils and Adenoids, removal of in person >12 years	409	543.20	
5396		Tonsils or Tonsils and Adenoids, Arrest or haemorrhage requiring GA following removal of	443	166.80	
5401	^	Tonsils or Tonsils and Adenoids, Arrest or haemorrhage requiring GA following removal of	443	209.70	
5407		Adenoids, Removal of	407	171.80	
5411	^	Adenoids, Removal of	407	237.50	
5445		Quinsy - Peritonsillar Abscess Incision of	408	102.20	
5464		Oesophagoscopy (with rigid oesophagoscope)	407	272.90	
5470		Oesophagoscopy with dilation or insertion of prosthesis - each occasion	408	530.70	
5480		Oesophagoscopy (with rigid oesophagoscope) with biopsy	408	348.60	
5486		Oesophagoscopy (with rigid oesophagoscope) with removal of Foreign body	408	518.00	
5490		Oesophageal Stricture, Dilatation of, without oesophagoscopy	407	75.80	
5492		Oesophagus Endoscopic Pneumatic Dilation	409	333.60	
5520		Larynx, direct examination of the supraglottic, glottic and subglottic regions not associated with any other procedure under GA	409	272.90	
5524		Larynx, direct examination of, with biopsy	409	399.20	
5530		Larynx, direct examination of, with removal of tumour	443	429.60	
5572		Tracheostomy	450	267.90	
5598	^	Tracheostomy	450	348.60	
5601		Trachea, removal of Foreign body	408	257.70	
5605		Bronchoscopy, as an independent procedure	408	257.70	
5611		Bronchoscopy, with biopsy or other diagnostic or therapeutic procedure	409	343.70	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
5613		Bronchus, removal of foreign body	443	530.70	
UROLOGICAL					
5691		Kidney Stone Removal - nephrolithotomy or pyelolithotomy	454	1389.80	
5699		Kidney Stone Removal - nephrolithotomy or pyelolithotomy - when complicated by previous surgery on the same kidney or for large staghorn calculus filling renal pelvis and calyces	454	1604.60	
5705		Ureterolithotomy (Stone Removal)	453	1263.50	
5715		Nephrostomy, nephrotomy or pyelostomy with drainage	453	1137.10	
5744		Kidney Repair of , wound or injury	457	1389.80	
5840		Catherterisation of Bladder, no other surgical procedure is preformed	405	47.50	
5841		Ureteroscopy, Cystoscopy with or without Pyeloscopy including, where performed,	406	631.70	
5843		Ureteroscopy, Cystoscopy with or without Pyeloscopy including, where performed, ureteric meatotomy or dilatation of the ureter with one or more procedures	407	1036.10	
5845		Cystoscopy, with or without urethral dilatation	406	214.80	
5851		Cystoscopy, with ureteric catheterisation, with or without introduction of opaque medium	406	318.40	
5853		Cystoscopy with controlled hydro-dilatation of the bladder	406	348.60	
5864		Cystoscopic Removal of Foreign body	407	419.50	
5868		Cystoscopy, with biopsy of bladder tumour	407	348.60	
5871		Cystoscopy, with diathermy or resection of superficial bladder tumours with other diathermy of bladder or prostate	407	490.10	
5875		Cystoscopy & Diathermy or Resection of superficial Bladder Tumours or with other diathermy of bladder or prostate	407	1048.70	
5878		Cystoscopy with Diathermy or Resection of invasive bladder tumours or solitary tumour over 2 cm in diameter	407	399.20	
5881		Cystoscopy with Endoscopic resection of bladder neck or cystoscopy with endoscopic incision of bladder neck or both	408	707.60	
5885		Cystoscopy with Endoscopic removal or manipulation of uretic calculus	407	644.30	
5888		Litholapaxy with or without cyctoscopy	408	707.60	
5891		Bladder Repair of rupture of, or partial excision of, or plastic repair of	457	859.10	
5894	^	Bladder Repair of rupture of, or partial excision of, or plastic repair of	457	1048.70	
5897		Cystostomy or Cystotomy, Suprapubic (not covered by item 5903)	409	518.00	
5901	^	Cystostomy or Cystotomy, Suprapubic (not covered by item 5903)	409	644.30	
5903		Cystotomy Suprapubic stab	407	120.00	
5947		Vesico-Colic Fistula, closure of, excluding bowel resection	453	1010.80	
5964		Bladder Aspiration by needle		70.70	
5968		Cystotomy, with removal of calculus as an independent procedure	409	707.60	
5977		Urethropexy (Marshall-Marchetti operation)	443	1010.80	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
6001		Prostatectomy (suprapubic, perineal or retropubic)	457	1592.00	
6005		Prostatectomy (endoscopic) with or without cystoscopy and including services covered by item 6039, 6061, 6066 or 6069	450	1655.10	
6022		Prostate, open perineal biopsy of	407	429.60	
6027		Prostate, biopsy of, endoscopic with or without cystoscopy	407	644.30	
6030		Prostate, needle biopsy of , or injection into	406	209.70	
6033		Prostatic Abscess, retropubic or endoscopic drainage of	408	707.60	
6036		Urethral Sounds, passage of, as an independent procedure	406	70.70	
6039		Urethral Stricture, dilatation of	406	120.00	
6041		Urethra, repair of Rupture	450	1389.80	
6044		Urethral Fistula, closure of	409	419.50	
6066		Urethral Meatotomy, External	405	141.50	
6069		Urethrotomy, external or internal	406	348.60	
6140		Urethra, Diathermy of	405	283.10	
6146		Urethra, excision of prolapse of Prol	408	283.10	
6189		Penis Repair of laceration or fracture involving cavernous tissue	409	707.60	
6199		Penis, Peyronie's disease, Injection procedure for		70.70	
6218		Testicular Biopsy	407	283.10	
6221		Epididymal or Spermatocele Cyst, excision of	407	343.70	
6224 ^		Epididymal or Spermatocele Cyst, excision of	407	419.50	
6228		Testis Exploration of, with or without fixation for torsion	406	419.50	
6236		Epididymectomy	409	475.20	
6249		Vasectomy or Vasotomy (unilateral or bilateral)	406	283.10	
6253 ^		Vasectomy or Vasotomy (unilateral or bilateral)	406	348.60	
GYNAECOLOGICAL					
6258		Gynaecological Examination under GA, not associated with any other item in this part	406	118.80	
6262		IUD Introduction of	406	78.20	
6264		IUD Removal of under GA	406	78.20	
6271		Hymenectomy	406	131.40	
6274		Bartholin's Cyst, excision of	408	262.80	
6277 ^		Bartholin's Cyst, excision of	408	323.40	
6278		Bartholin's Cyst or Gland, marsupialisation of	407	169.30	
6280 ^		Bartholin's Cyst or Gland, marsupialisation of	407	212.30	
6284		Bartholin's Abscess, incision of	406	84.70	
6290		Urethra or Urethral Caruncle, Cauterisation of	405	84.70	
6292		Urethral Caruncle, excision of	407	169.30	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
6296	^	Urethral Caruncle, excision of	407	212.30	
6299		Clitoris, amputation of, where medically indicated	408	394.20	
6302		Vulvectomy (simple) Vulvoplasty or Labioplasty, where medically indicated	443	518.00	
6313		Vagina Dilatation of as an independent procedure including any associated consultation	405	63.20	
6321		Vagina, removal of simple tumour (including Gartner duct cyst)	409	313.30	
6332		Vagina , partial or complete removal of	454	581.10	
6336		Vaginal orifice enlarge - plastic repair	443	234.90	
6347		Vaginal Repair, Anterior or Posterio (involving repair of rectocele or enterocele or both) not covered by 6358, 6363, 6367 or 6373	450	505.30	
6352	^	Vaginal Repair, Anterior or Posterio (involving repair of rectocele or enterocele or both) not covered by 6358, 6363, 6367 or 6374	450	619.10	
6358		Vaginal Repair, Anterior or Posterior (involving repair of rectocele or enterocele or both) not covered by , 6367 or 6373	450	619.10	
6363	^	Vaginal Repair, Anterior or Posterior (involving repair of rectocele or enterocele or both) not covered by , 6367 or 6374	450	783.40	
6367		Donald Fothergill or Manchester Operation for Genital Prolapse	450	745.60	
6373	^	Donald Fothergill or Manchester Operation for Genital Prolapse	450	985.60	
6396		Operation involving ABDOMINAL APPROACH for repair of Enterocele or Suspension of Vaginal vault or enterocele and suspension of vaginal vault	443	783.40	
6406		Stress Incontinence, Sling operation for	454	985.60	
6407		Stress Incontinence combined synchronous Abdomino-Vaginal operation; abdominal procedure (including after care)	454	985.60	
6411		Cervix, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix	406	93.50	
6413		Cervix removal of Polyp or polypi, with or without dilatation of cervix, not associated with 6411	406	92.30	
6415		Colposcopy, examination of Lower Female Genital Tract by a Hinselmann-type colposcope in a patient with a previous abnormal cervical smear 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	406	93.50	
6430		Cervix, Cone biopsy, amputation or repair of not covered by item 6367 or 6373	408	252.70	
6431	^	Cervix, Cone biopsy, amputation or repair of not covered by item 6367 or 6373	408	313.30	
6446		Cervix Dilatation of , under GA, not covered by item 6460, 6464 or 6469	406	118.80	
6451		Hysteroscopy under GA or Culdoscopy	408	156.70	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
6460		D & C under GA with or without dilatation (including curettage for incomplete miscarriage)	406	197.10	
6464	^	D & C under GA with or without dilatation (including curettage for incomplete miscarriage)	406	267.90	
6469		Preg-D&C not covered by Item 6460/6464	406	318.40	
6483		Uterus - Coploscopy, cervical biopsy and radial diathermy of	409	298.20	
6508		Hysterotomy or Uterine Myomectomy	450	783.40	
6513		Hysterectomy Abdominal, Sub-total or total or vaginal hysterectomy not covered by 6544	453	783.40	
6517	^	Hysterectomy Abdominal, Sub-total or total or vaginal hysterectomy not covered by 6545	453	985.60	
6532		Hysterectomy Abdominal, with excision of ovarian, para-ovarian, broad ligament or other adnexal cyst or mass, one or more with conversion of the ovaries	454	1023.40	
6533	^	Hysterectomy Abdominal, with excision of ovarian, para-ovarian, broad ligament or other adnexal cyst or mass, one or more with conversion of the ovaries	454	1301.40	
6544		Hysterectomy - Vaginal (with or without uterine curettage) with salpingectomy, oophorectomy for excision of ovarian cyst, one or both sides	454	1099.20	
6553		Ectopic Gestation removal of	443	619.10	
6557	^	Ectopic Gestation removal of	443	783.40	
6585		Uterus Suspension of fixation of, as an independent procedure	409	518.00	
6594	^	Uterus Suspension of fixation of, as an independent procedure	409	682.30	
6611		Tubal Ligation by transection or resection of fallopian tubes, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method	409	475.20	
6612	^	Tubal Ligation by transection or resection of fallopian tubes, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method	409	581.10	
6631		Tuboplasty, Unilateral or Bilateral, one or more procedures	453	935.00	
6638		Hydrotubation of Fallopian Tubes	408	98.60	
6643		Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian, Fimbrial or Board Ligament Cyst, Laparotomy	443	530.70	
6644	^	Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian, Fimbrial or Board Ligament Cyst, Laparotomy	443	657.10	
6648		Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian,	450	631.70	
6649	^	Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian,	450	796.10	
6655		Ovarium Tumour including omentectomy - Radical or Debulking	460	985.60	
6657		Ovarian Cancer 2nd Look, Laparotomy, for reassessment	457	985.60	
OPHTHALMOLOGICAL					
6686		Ophthalmological (Eye) examination under GA not associated with any other item in this part	406	149.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
6752		Abscess Intraorbital Drainage of	407	171.80	
6754		Tarsal Cyst, Extripation of	407	121.30	
6802		Tear Duct (Lacrimal Passages) Lavage of, unilateral not associated with Item 6799 (excluding after-care)	405	70.70	
6818		Sclera or Cornea, removal of Foreign Body from	409	104.80	
6824		Cornea, epithelial debridement for corneal ulcer or corneal erosion	409	104.80	
6837		Pterygium, removal of	407	399.20	
6848		Lens Extraction	453	1137.10	
6852		Artificial Lens , insertion of	453	631.70	
6873		GLAUCOMA FILTERING AND ALLIED OPERATION	450	1389.80	
THORACIC					
6940		Aspiration Chest, or paracentesis of, or both (excluding after-care)		101.10	
6953		Catheter Chest, (Drain), insertion of, not involving resection of rib 9 excluding after-care)	408	164.20	
NEURO-SURGICAL					
7085		Lumbar Puncture, or Spinal or Epidural injection, not covered by Item 748	406	111.30	
7118		Nerve Cutaneous (including digital nerve), primary Repair of	409	348.60	
7119		Nerve Cutaneous (including digital nerve), secondary Repair of	443	449.80	
7120		Nerve Cutaneous (including digital nerve), primary Repair of using the operating microscope	443	518.00	
7124		NERVE TRUNK PRIMARY repair of	409	644.30	
7143		Nerve Transposition of	409	644.30	
7148		Neurectomy, Neurotomy or removal of Tumour from superficial peripheral nerve	409	272.90	
7152	^	Neurectomy, Neurotomy or removal of Tumour from superficial peripheral nerve	409	343.70	
7156		Neurectomy, Neurotomy or removal of Tumour from deep peripheral nerve	450	644.30	
7178		Neurlysis by open operation without transposition, not associated with item 7133	408	379.10	
7182	^	Neurlysis by open operation without transposition, not associated with item 7134	408	475.20	
7184		Subdural haemorrhage, Tap for, each tap	407	120.00	
7212		Burr-Hole craniotomy for, - Intracranial haemorrhage	453	695.00	
TREATMENT OF DISLOCATIONS NOT REQUIRING OPEN OPERATION					
7397		Dislocation Mandible	405	69.50	
7410		Dislocation Clavical	405	107.30	
7412		Dislocation Shoulder 1st or 2nd dislocation	405	131.40	
7416		Dislocation Shoulder - 3rd or subsequent dislocation requiring Anaesthesia	405	107.30	
7419		Dislocation Shoulder - 3rd or subsequent dislocation not requiring Anaesthesia		85.90	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
7423		Dislocation Elbow	405	159.20	
7426		Dislocation Carpus	405	102.20	
7430		Dislocation Carpus on Radius and Ulna	405	207.30	
7432	^	Dislocation Carpus on Radius and Ulna	405	257.70	
7435		Dislocation Finger	405	43.40	
7436		Dislocation Metacarpo-Phalangeal joint of Thumb	405	131.40	
7440		Dislocation Hip	406	333.60	
7443	^	Dislocation Hip	406	429.60	
7446		Dislocation Knee	405	242.60	
7451	^	Dislocation Knee	405	298.20	
7457		Dislocation Patella	405	102.20	
7461		Dislocation Ankle	405	171.80	
7464		Dislocation Toe	405	51.70	
7468		Dislocation Tarsus	405	131.40	
DISLOCATIONS REQUIRING OPEN OPERATION					
7480		Dislocation requiring Open Operation referred to in Item 7397, 7410, 7416, 7419, 7426, 7435, 7457, 7464	482	174.40	
7483		Dislocation requiring Open Operation referred to in an Item (other than an item referred to in Item 7480) under the heading Dislocations Not Requiring Open Operation in this Division. DERIVED FEE - The fee for the treatment of the dislocation, had such dislocation not required open operation, plus one half of the fee	482	1.5 x Item	
TREATMENT OF FRACTURES SIMPLE AND UNCOMPLICATED NOT REQUIRING OPEN OPERATION					
7505		# Terminal Phalanx of finger or thumb	405	64.40	
7508		# Proximal Phalanx of finger or thumb	405	133.80	
7512	^	# Proximal Phalanx of finger or thumb	405	199.70	
7516		# Middle Phalanx of finger	405	88.40	
7520		# Metacarpals 1 or more, not involving base of first carpometacarpal joint	405	199.70	
7524	^	# Metacarpals 1 or more, not involving base of first carpometacarpal joint	405	272.90	
7527		# Bennett's - First metacarpal involving carpometacarpal joint	405	227.40	
7530	^	Epidural Local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with GA	405	318.40	
7533		# Carpus (excluding navicular)	406	102.20	
7535		# Scaphoid (Carpal) or navicular	406	199.70	
7538	^	# Scaphoid (Carpal) or navicular	406	237.50	
7540		# Colles' fracture of wrist	406	267.90	
7544	^	# Colles' fracture of wrist	406	399.20	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
7547		# Radius or Ulna Distal end, involving wrist	406	199.70	
7550		# Radius	406	227.40	
7552	^	# Radius	406	318.40	
7559		# Ulna	406	207.30	
7563	^	# Ulna	406	252.70	
7567		# Radius & Ulna & Humerus of forearm	407	298.20	
7572	^	# Radius & Ulna & Humerus of forearm	407	434.70	
7588		# Clavicle or Sternum	407	141.50	
7593	^	# Clavicle or Sternum	407	199.70	
7597		# Scapula	407	171.80	
7601		# Ribs 1 or more - each attendance &	408	44.50	
7605	^	# Ribs 1 or more - each attendance &	408	63.20	
7608		# Pelvis (excluding symphysis pubis) or sacrum	409	257.70	
7610	^	# Pelvis (excluding symphysis pubis) or sacrum	409	343.70	
7615		# Symphysis Pubis	408	199.70	
7619	^	# Symphysis Pubis	408	257.70	
7624		# Femur	409	593.70	
7627	^	# Femur	409	758.10	
7632		# Fibula or Tarsus (excepting os calcis or os talus)	407	149.10	
7637	^	# Fibula or Tarsus (excepting os calcis or os talus)	407	214.80	
7641		# Tibia or Patella	407	237.50	
7643	^	# Tibia or Patella	407	318.40	
7647		# Pott's - Tibia & Fibula, with or without dislocation, Os calcis (calcaneus), Os Talus or both shafts of leg	408	389.20	
7652		# Pott's - Tibia & Fibula, with or without dislocation, Os calcis (calcaneus), Os Talus or both shafts of leg	408	518.00	
7673		# Metatarsals - one or more	406	136.40	
7677	^	# Metatarsals - one or more	406	199.70	
7681		# Toe, Phalanx of, (other than great toe)	405	54.30	
7683		# Toe, Phalanx of - more that one (other than great toe)	405	85.90	
7687	^	#Toe- distal Phalaxn of great toe	405	133.80	
7691		# Toe Proximal Phalanx of great toe	405	133.80	
7694		# Skull not requiring operation		44.50	
7697		# Skull not requiring operation		63.20	
7701		# Nose bones, not requiring reduction - each attendance		44.50	
7706	^	# Nose bones, not requiring reduction - each attendance		63.20	
7709		# Nose bones, requiring reduction	407	252.70	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
7712	^	# Nose bones, requiring reduction	407	348.60	
7715		# Nose bones, requiring reduction and involving osteotomies	409	707.60	
7719		# Mandible or Maxilla, unilateral or bilateral, not requiring splinting		230.00	
7764		# Zygoma	408	174.40	
7766	^	# Zygoma	408	237.50	
7774		# Spine (excluding sacrum) not requiring Immobilisation in plaster each attendance		44.50	
7777	^	# Spine (excluding sacrum) not requiring Immobilisation in plaster each attendance		63.20	
7781		# Spint (excluding sacrum) Vertebral Body, without involvement of cord not requiring immobilisation in plaster	443	44.50	
7785	^	# Spint (excluding sacrum) Vertebral Body, without involvement of cord not requiring immobilisation in plaster	443	63.20	
7789		# Spint (excluding sacrum) Vertebral Body, with involvement of cord	443	298.20	
FRACTURES SIMPLE AND UNCOMPLICATED REQUIRING OPEN OPERATION					
7802		# Open Operation, Simple & Uncomplicated	483	174.40	
7803		Treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in an item (other than an item referred to in Item 7802) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division. DERIVED FEE - The fee for the treatment of the fracture, had such fracture not required open operation, plus one-third of that fee.	483	1.33 x Item	
7808		# Internal Fixation of simple and Uncomplicated	484	174.40	
7809		Treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in an item (other than an item referred to in Item 7808) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division. DERIVED FEE - The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.		1.5 x Item	
7815		TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in Item - 7505,7516,7533,7601,7605, 7681,7683,7694,7697,7701,7706,7774,7777,7781 to 7785	484	174.40	
7817		Treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in an item (other than an item referred to in Item 7815) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division. DERIVED FEE - The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.		1.5 x Item	
FRACTURES COMPLICATED REQUIRING OPEN OPERATION				0.00	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
7821		TREATMENT OF A COMPOUND FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in Item - 7505,7516,7601,7605,7681,7683,7694,7697,7701,7706,7774,7777,7781 to 7785	485	174.40	
7823		Treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in an item (other than an item referred to in Item 7821) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division. DERIVED FEE - The fee for the treatment of the fracture, had such fracture not required open operation, plus three-quarters of that fee.		1.75 x Item	
7828		INITIAL REDUCTION (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this division DERIVED FEE - One half of the amount of the fee specified for the reduction of the fracture. Administration of anaesthetic in connection with the treatment of the initial reduction in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in the Division. DERIVED FEE - The fee specified for the administration of the anaesthetic for the reduction of the fracture.		.5 x Item	
7834		EACH SUBSEQUENT REDUCTION (without full post-operative treatment) in a series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this division DERIVED FEE - One half of the amount of the fee specified for the reduction of the fracture. Administration of anaesthetic in connection with the treatment of the initial reduction in a series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under a preceding heading in the Division. DERIVED FEE - The fee specified for the administration of the anaesthetic for the reduction of the fracture.		.5 x Item	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
7839		INITIAL REDUCTION (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this division DERIVED FEE - One half of the amount of the fee specified for the reduction of the fracture. Administration of anaesthetic in connection with the treatment of the initial reduction in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in the Division. DERIVED FEE - The fee specified for the administration of the anaesthetic for the reduction of the fracture.		1.00 x Item	
7847		TREATMENT OF A CLOSED FRACTURE, INVOLVING A JOINT SURFACE, being a fracture referred to in an item under the heading Simple and Uncomplicated Fracture Not Requiring Open Operation in this division DERIVED FEE - The fee specified for the treatment of the fracture plus one-third of that fee.		1.33 x Item	
ORTHOPAEDIC					
7853		Accessory or Sesamoid Bone Removal of	407	414.40	
7855		Bone Cyst, injection of steroids into	409	298.20	
7861		Nail , Digital - Removal of	406	51.70	
7864		Incision for pulp space infection, Paronychia or other acute infection of hands or feet, not covered by any other item in this part (excluding after-care)	406	43.40	
7868		Thenar or Hypothenar, Middle Palmar spaces, drainage of	407	104.80	
7872		Wedge Resection - Ingrowing toenail, excision of nail bed	407	242.60	
7878	^	Wedge Resection - Ingrowing toenail, excision of nail bed	407	318.40	
7883		Pin or Wire, Insertion of as an independent procedure	406	179.50	
7886		Wire Pin Screw, Nail or Plate - removal of requiring incision under GA	409	272.90	
7898		# Femur Internal Fixation of neck or intertrochanteric (perthrochanteric) fracture	453	1440.40	
7911		Manipulation of Joint, Joints, spine, joint & Spine or joints and spine under GA not associated with any other Item in this Part	405	166.80	
7915	^	Manipulation of Joint, Joints, spine, joint & Spine or joints and spine under GA	405	207.30	
7975		Bone Graft Femur	453	1263.50	
7977		Bone Graft Tibia	450	1010.80	
7983		Bone Graft Humerus or to Radius and Ulna	450	1263.50	
7993		Bone Graft Radius and Ulna	409	884.50	
7999		Bone Graft Scaphoid	443	834.00	
8001		Bone Graft other bones not covered by any other item in this part	409	732.90	
8009		Shoulder removal of Calcium deposit from cuff	409	414.40	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
8014		Shoulder Arthrotomy	408	434.70	
8017		Shoulder Arthroplasty or plastic reconstruction	453	1074.00	
8022		Arthrodesis, arthrectomy or arthroplasty of Small Joint	406	480.20	
8026		Arthrotomy Small Joint	406	133.80	
8040		Arthrotomy Large Joint	409	490.10	
8053		Arthroplasty Hip	450	1212.90	
8080		Knee Arthroscopy - diagnostic not associated with a procedure through the arthroscope	407	328.50	
8082		Knee Arthrotomy - including removal of one or more of loose body, removal of foreign body, biopsy or lateral capsular release	407	593.70	
8085		Knee Meniscectomy, repair of one collateral ligament, patellectomy, operation of recurrent dislocation of patella.	409	707.60	
8088		Knee - Synovectomy, arthrectomy, arthrodesis, repair of cruciate ligaments, replacement of cruciate ligaments	443	1086.70	
8092		Knee - Three or more Procedures for correction of rotary instability involving injury to cruciate ligaments	454	1389.80	
8105		Aspiration of Joint or other Synovial Cavity, Injection into or both of these procedures	406	47.50	
8113		Joint, repair of capsule or ligament of, or internal fixation of, to stabilize joint	408	593.70	
8120		Calcanean Spur Removal of	407	530.70	
8131		Keller's Operation - Hallux Valgus or Rigidus, correction of, with osteotomy or osteectomy of phalanx or metatarsal or total replacement of first metatarsophalangeal joint	408	745.60	
8135		Hallux Valgus, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon	409	1010.80	
8151		Hammer Toe correction of	407	328.50	
8153	^	Hammer Toe correction of	407	404.20	
8169		Bunion Excision of - simple removal of	407	328.50	
8173	^	Bunion Excision of - simple removal of	407	404.20	
8179		Exostosis Large Bone	407	399.20	
8182	^	Exostosis Large Bone	407	490.10	
8185		Osteotomy or Osteectomy of Phalanx, Metacarpal or Metatarsal	407	414.40	
8187		Osteotomy or Osteectomy of Phalanx, Metacarpal or Metatarsal	407	434.70	
8190		Osteotomy of Phalanx, Metacarpal or Metatarsal with internal fixation	408	434.70	
8193		Osteotomy of Phalanx, Metacarpal or Metatarsal with internal fixation	408	530.70	
8201		Osteotomy of Tibia, Humerus, Femur or Pelvic Bone with internal fixation	453	1440.40	
8219		Suture, Flexor Tendon Hand, primary	409	419.50	
8222	^	Suture, Flexor Tendon Hand, primary	409	530.70	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
8225		Suture, Flexor Tendon Hand, secondary	443	593.70	
8227		Suture, Extensor Tendon Hand, primary	409	217.40	
8230	^	Suture, Extensor Tendon Hand, primary	409	267.90	
8233		Suture, Extensor Tendon Hand, secondary	443	414.40	
8235		Suture, Achilles Tendon or other large Tendon	443	530.70	
8238	^	Suture, Achilles Tendon or other large Tendon	443	669.70	
8241		Suture, Tendon of Foot, primary suture of	409	267.90	
8243		Suture, Tendon of Foot, primary suture of	409	399.20	
8246		Tenotomy. Subcutaneous, one or more tendons	405	166.80	
8249		Tenotomy Open, with or without tenoplasty	408	404.20	
8257		Tendon Graft	409	1010.80	
8267		Tendon Sheath, Incision of, or open operation for Stenosing Tendonvaginitis	407	328.50	
8275		Tenolysos of Flexor Tendon, following tendon injury, repair or graft	409	475.20	
8279		Tenolysos of Extensor Tendon, following tendon injury, repair or graft	408	272.90	
8282		Tendon sheath of finger or thumb	409	358.80	
8287		Synovectomy of inaterphalangeal joint	409	333.60	
8296		Dupuytren's Contracture, subcutaneous fasciotomy	409	267.90	
8298		Dupuytren's Contracture, radical operation for	443	669.70	
8320		Radical Planter Fasciotomy (Steindler's Operation)	408	758.10	
8326		Subtalar Arthrodesis (Extra-Articular)	450	834.00	
OPERATIONS FOR EXCISION OF CONGENITAL ABNORMALITIES					
8428		Ligation of pedicle Extra Digit	405	70.70	
8430		Amputation of Digit Extra	407	179.50	
8432		Dermoid periorbital or superficial nasal, excision of	409	257.70	
8434	^	Dermoid periorbital or superficial nasal, excision of	409	333.60	
8436		Dermoid, Orbital, excision of	409	707.60	
8440		Dermoid, of Nose, excision of with intranasal extension	409	834.00	
PLASTIC AND RECONSTRUCTIVE					
8449		Single stage large muscle flap repair (pectoralis major, gastrocnemius, gracilis or similar large muscle)	461	922.40	
SKIN FLAP SURGERY					
8480		Skin Flap, Single stage local, simple, Small, excluding flap for male pattern baldness	408	414.40	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
8484		Skin Flap, Single stage local, complicated or large, excluding flap for male pattern baldness	450	593.70	
8485		Direct Flap repair (cross arm, abdominal or similar) first stage	453	695.00	
8486		Direct Flap repair (cross arm, abdominal or similar) second stage	453	343.70	
8487		Direct Flap, cross leg, First Stage	457	1478.20	
8488		Direct Flap, cross leg, Second Stage	443	669.70	
8490		Direct Flap, small (cross finger or similar) first Stage	408	379.10	
8492		Direct Flap, small (cross finger or similar) second Stage	408	171.80	
8494		Indirect Flap or Tubed Pedicle, formation of	450	644.30	
8502		Direct, indirect or Local Flap repair, Revision of Graft	408	379.10	
FREE GRAFTS				0.00	
8504		Skin Grafts (split skin or pitch grafts) on granulating areas, small	408	298.20	
8508		Skin Grafts (split skin) on granulating areas, extensive	453	593.70	
8509		Skin Grafts (Split skin) to Burns, including excision of burned tissue - involving not more that 2.5% of total body surface	409	434.70	
8511		Skin Grafts (Split skin) to Burns, including excision of burned tissue - involving more that 2.5% of total body surface	457	922.40	
8512		Skin Grafts (Split skin) including elective dissection, small	409	414.40	
8516		Skin Grafts (Split skin) including elective dissection, extensive; or inlay graft using a mould,	453	859.10	
8518		Skin Graft Full Thickness, excluding grafts for male pattern baldness	443	695.00	
OTHER GRAFTS AND MISCELLANEOUS PROCEDURES					
8528		Mammaplasty Reduction (unilateral) with or without repositioning of nipple	450	1314.00	
8594		Rhinoplasty, correction of lateral or alar cartilages or columella, one or more	450	745.60	
8608		Bat Ear, Lop Ear or similar deformity, correction of	409	758.10	
8614		Lip or Eyelid, Full thickness Wedge Excision, with repair by direct sutures	409	475.20	
ANAESTHETIC ITEM NUMBERS - OBSTETRIC					
9023		Anaesthetic, administration of associated with percitaneous insertion of peripheral venous cannula	4 units	96.00	
9025		Anaesthetic, administration of associated with peripheral venous cannulation of open exposure	5 units	120.00	
9035		Anaesthetic, administration of associated with manual removal of products of conception, treatment of psopartunm haemorrhage or repair of third degree tear	7units	169.30	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/08/10	CLARIFICATIONS REFERENCE
9037		Anaesthetic, administration of associated with manipulative correction of acute inversion of uterus	8 units	192.10	
9039		Anaesthetic, administration of associated with caesarean section	10 units	451.10	
MISCELLANEOUS					
		1995 Clarification Rates			
	4.1	RDA/CMBS Ratio 153.68%			
	18.1.4	On 100% * 2.526941			
		On 85% * 2.972871			
	11.2A	11.2A Mileage 37.5 c/km			
	11.2B	11.2B Mileage 31.5 c/km			