

VMOs in Rural Doctors Settlement Package Hospitals Indexation of Fees from 1 August 2011

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

Summary Indexation of fees - Visiting Medical Officers in Rural Doctors Settlement Package Hospitals

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Applies to Local Health Districts, Public Hospitals

Audience Administration

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Policy Manual Not applicable

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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This Policy Directive may be varied, withdrawn or replaced at any time.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 2011

PURPOSE

This Policy Directive sets out the schedule of Rural Doctors' Settlement Package (RDSP) fees effective from 1 August 2011.

Fees under the RDSP are indexed from 1 August each year according to an agreed formula. The Ministry and the Rural Doctors Association agreed last year to an indexation factor of 3.87%, and as previously advised all Settlement Package fees were adjusted by 3.87% effective from 1 August 2011.

MANDATORY REQUIREMENTS

These fees are applicable to Visiting Medical Officer (VMO) general practitioners, locally resident VMO specialists who have elected to be remunerated under the RDSP, and non-resident VMO specialists with the agreement of the relevant Local Health District, who provide services at facilities to which the RDSP applies.

Non-resident specialist VMOs, and those who provide services at an RDSP facility as part of an outreach service from a tertiary, regional or base hospital, do not have an automatic right to elect to be remunerated under the RDSP, but can only do so with the agreement of the relevant Local Health District that RDSP arrangements will apply.

In addition, non-resident VMO specialists who have current contracts can continue to be remunerated under the RDSP for the remainder of the term of their current contract, after which it will be a matter for negotiation with the relevant Local Health District whether RDSP arrangements will apply.

A specialist VMO is locally resident for this purpose if his or her usual place of residence is within a 50 kilometre radius of the RDSP facility and that RDSP facility is the closest public hospital to that place of residence.

As previously noted, 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 2.624733 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 3.087921).

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
September 2011 (PD2011_056)	Deputy Director-General Health System Support	Replaces PD2010_076 and advised of the fees applicable from 1 August 2011
March 2012 (PD2012_017)	Deputy Director-General Governance, Workforce and Corporate	Replaces PD2011_056, advised of the fees applicable from 1 August 2011 and changes to non-locally resident specialist VMOs' automatic entitlement to RDSP fees.

ATTACHMENTS

1. Summary schedule of fees for payments in NSW rural doctors settlement package hospitals as from 1 August 2011
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 2011

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.	409.70
1000	ON CALL	7.80 per hour
1001	ON CALL AFTER HOURS (outside Monday to Friday 7.00am to 6.00pm; Saturday 7.00am to Midday). Includes public holidays.	11.50 per hour
1002 1004	<p>ATTENDANCE IN HOURS (Mon to Friday, 7.00am to 6.00pm; Saturday, 7.00am to Midday)</p> <p>In-patients:</p> <p>Where only one in-patient (including a nursing home type patient) is seen Where two or more in-patients are seen on the one occasion.</p> <p>Out-patients:</p>	68.20 51.60
1010	All in-hours non-inpatients, regardless of duration of consultation (any number)	51.60
1012	<p>NON EMERGENCY/NON ROUTINE PATIENTS</p> <p>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.</p>	90.20

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)</p> <p>All other</p>	61.70 51.60
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</p> <p>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</p> <p>Subsequent patients.</p>	106.60 77.30 106.60 77.30
1039 1042	<p>LATE NIGHT CONSULTATION (All days, 10.00pm to Midnight)</p> <p>First patient</p> <p>Subsequent patients</p>	185.30 106.60
1046 1050	<p>ANTI SOCIAL HOURS CONSULTATION (All days, 12.00 Midnight to 7.00am)</p> <p>First patient</p> <p>Subsequent patients</p>	231.60 106.60

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>	231.60 185.30 183.70 299.20 414.60 538.00 643.10 \$67.10 per 15 minutes
1058 1060	<p>AMBULANCE ESCORT for severely ill patients Escort Expenses</p>	\$268.60 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>	51.60 880.20 880.20 51.60

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>	1808.00
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>	186.80 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>	186.80 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	369.20
1502	Sexual assault forensic consultation taking less than 2 hours Consultation during anti social hours	415.30
1504	Sexual assault forensic consultation taking between 2 and 3 hours Consultation other than in anti social hours	484.70
1506	Sexual assault forensic consultation taking between 2 and 3 hours Consultation during anti social hours	530.70
1508	Sexual assault forensic consultation taking over 3 hours Consultation other than in anti social hours	600.10
1510	Sexual assault forensic consultation taking over 3 hours Consultation during anti social hours	646.30

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 2011					
ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
VISITS NURSING HOME PATIENT					
32		Consultation Nursing Home Type 2 In Patients		Clarif'n 1995, 14.3	39.40
34		Consultation Nursing Home >2 In Patients		Clarif'n 1995, 14.4	33.00
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.		Clarif'n 1995, 7.2 Clarif'n 2001	46.20
VISITS - SPECIALIST, REFERRED CONSULTATION					
88		Specialist, referred Consultation 1st			131.30
94		Specialist, referred Consultation 2nd			65.60
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		Clarif'n 1995, 6.4	183.70
161		Consultation, Emergency, Prolonged not less than 2 but less than 3hrs		Clarif'n 1995, 6.4	299.20
162		Consultation, Emergency, Prolonged not less than 3 but less than 4hrs		Clarif'n 1995, 6.4	414.60
163		Consultation, Emergency, Prolonged not less than 4 but less than 5hrs		Clarif'n 1995, 6.4	538.00
164		Consultation, Emergency, Prolonged - for a period of 5hrs or more		Clarif'n 1995, 6.4	643.10
165		As from 1 January 2007 Prolonged professional attendance not less than on hour - ventilated patient awaiting transfer			67.10 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			524.90
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.			409.70

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
OBSTETRIC - SPECIAL SERVICES					
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	Clarif'n 1995, 9.3.1 & 9.5	944.90
242		Habitual Miscarriage by Injection max 12 injections			33.00
246		Threatened Abortion/Miscarriage or Hyperemesis Gravidarum requiring admission to hospital, treatment of - each attendance that is not a routine antenatal attendance			33.00
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.			33.00
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			33.00
250		Cervix, Purse String Ligation of, for threatened miscarriage- GP	407		249.30
258	^	Cervix, Purse String Ligation of for threatened miscarriage - Spec.	407		330.70
267		Cervix removal of purse string ligature of, under general anaesthesia	406		95.90
273		Pregnancy Toxaemia (pre-eclampsia or eclampsia) Or Antepartum Haemorrhage - each attendance that is not routine antenatal attendance.			33.00
274		Induction & Management of 2nd Trimester Labour			362.10
275	^	Induction & Management of 2nd Trimester Labour.			446.20
290		Antenatal Cardiotocograph in the management of High Risk pregnancy (not during the course of the confinement).		CI.1995, 9.6; CI.2001	55.10
295		Version External under General Anaesthesia, not covered by Items 194 - 205.	407		95.90
298		Version Internal under General Anaesthetic, not covered by Items 194 - 205.	407		173.30
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		115.60
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		115.60
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		419.80

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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		191.50
ANAESTHETIC					
401		ANAESTHETIC 1 UNIT			24.90
403		ANAESTHETIC 2 UNITS			49.90
404		ANAESTHETIC 3 UNITS			74.80
405		ANAESTHETIC 4 UNITS			99.70
406		ANAESTHETIC 5 UNITS			124.60
407		ANAESTHETIC 6 UNITS			149.60
408		ANAESTHETIC 7 UNITS			175.90
409		ANAESTHETIC 8 UNITS			199.50
443		ANAESTHETIC 9 UNITS			225.80
450		ANAESTHETIC 10 UNITS			249.30
453		ANAESTHETIC 11 UNITS			273.00
454		ANAESTHETIC 12 UNITS			299.20
457		ANAESTHETIC 13 UNITS			325.40
458		ANAESTHETIC 14 UNITS			351.70
459		ANAESTHETIC 15 UNITS			372.70
460		ANAESTHETIC 16 UNITS			399.10
461		ANAESTHETIC 17 UNITS			425.10
462		ANAESTHETIC 18 UNITS			451.50
463		ANAESTHETIC 19 UNITS			472.40
464		ANAESTHETIC 20 UNITS			499.80
465		ANAESTHETIC 21 UNITS			524.90
466		ANAESTHETIC 22 UNITS			551.20
467		ANAESTHETIC 23 UNITS			577.40
468		ANAESTHETIC 24 UNITS			603.60
469		ANAESTHETIC 25 UNITS			629.90
470		ANAESTHETIC 26 UNITS			643.10
471		ANAESTHETIC 27 UNITS			669.20
472		ANAESTHETIC 28 UNITS			695.60
473		ANAESTHETIC 29 UNITS			721.90
474		ANAESTHETIC 30 UNITS			748.10

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
475		ANAESTHETIC 32 UNITS			800.50
476		ANAESTHETIC 36 UNITS			892.30
477		ANAESTHETIC 38 UNITS			944.90
478		ANAESTHETIC 39 UNITS			971.20
479		ANAESTHETIC 40 UNITS			997.40
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			175.90
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			24.90
487		Anaesthetic is administered as a Therapeutic procedure			249.30
566		Anaesthetic Dental, in connection with a dental operation - 4 units			99.70
568		Anaesthetic, Endotracheal, for extraction of a tooth or teeth - 6 units			149.60
570		Anaesthetic, Endotracheal, for extraction of a tooth or teeth requiring incision of soft tissue and removal of bone - 8 units			199.50
572		Anaesthetic, Endotracheal, for restorative dental work < 30 mins - 6 units			149.60
574		Anaesthetic, Endotracheal, for restorative dental work > 30 mins - 6 units			249.30

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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			175.90
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).			139.00
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			60.30
752		Epidural Injection of a Narcotic, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation			76.10
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			76.10
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			60.30
760		Nerve Block of Limb by Retrograde perfusion - IV Regional Anaesthesia			105.00
764 ^		Nerve Block of Limb by Retrograde perfusion - IV Regional Anaesthesia			133.80
MISCELLANEOUS					
791		Ultrasonic cross-sectional Echography			73.40
793		Ultrasonic cross-sectional Echography - Referred			210.00
794		Ultrasonic Echography, Unidimensional			127.20
833		Indwelling Peritoneal Catheter for Dialysis - Insertion and Fixation of	409		346.50
839		Bladder Washout Test for localisation of urinary infection			114.00
895		IV line in Neonate, Umbilical or scalp vein catheterisation, with or without infusion; or cannulation of a vein			86.50
897		Umbilical Artery catheterisation, with or without infusion			127.20
907		Blood test ,Infants, collected by femoral or external Jugular vein puncture			43.00
916		ECG monitoring during stress, exercise (bicycle ergometer or treadmill), involving continuous attendance of a medical practitioner for not less than 20mins			254.60

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
917		Restoration of Cardiac Rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery	405		147.00
920	RespFunct	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques - each attendance at which one or more tests are performed			210.00
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 agent, or before and after exercise - one or more tests performed on the one occasion			30.80
931		Intra-arterial Infusion or retrograde intra-venous perfusion of a sympatholytic agent			133.80
932		Cytotoxic agent, Administration of by intravenous drip infusion or by introduction into the bladder		Clarif'n 1995, 13	90.70
934		Intra Arterial Infusion or Intra Arterial injection of a substance incorporating a Cytotoxic agent, preparation for			127.20
944		Blood Transfusion, or bone marrow already collected		Clarif'n 1995, 13.3	126.00
949		Blood Autology, collection for autologous transfusion, or when homologous blood is required for immediate transfusion in emergency situation			73.40
951		Central Vein Catheterisation (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by item 950	407		128.70
956		Arterial Puncture and collection of Blood for diagnostic purposes			34.70
957		Intra arterial Cannulisation for purpose of taking multiple arterial blood gas analysis			105.00
960		Hormone or living tissue Implantation - by incision			77.50
963		Hormone or living tissue Implantation - by cannula			53.70
974		Gastric Lavage in the treatment of ingested poison			90.70
980		Acupuncture - Attendance at which acupuncture is performed by a medical practitioner, including any consultation on the same occasion			46.20
987		Skin Sensitivity testing for allergens, using one to twenty allergens			59.00
ON CALL					
1000		On Call Fee / 1Hr in hours between Monday to Friday 7am to 6pm; Saturday 7am to Midday			7.80
1001		On call after hours outside Monday to Friday 7am to 6pm; Saturday 7am to Midday. Includes public holidays			11.50
1DAY		ON CALL - 11 HRS IN HOURS + 13 HRS AFTER HRS			235.60
2 DAY		ON CALL - 2 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			471.30
3 DAY		ON CALL - 3 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			706.80

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
4DAY		ON CALL - 4 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			942.40
5DAY		ON CALL - 5 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			1178.10
1WEEK		ON CALL - 7 DAYS - 5 DAYS + SAT + SUN			1713.50
SAT		ON CALL - SATURDAY			258.30
SUN		ON CALL - SUNDAY			277.10
PHOL		ON CALL - PUBLIC HOLIDAY			277.10
VISITS IN HOURS - 7AM TO 6PM					
1002		Consultation: Where only one in-patient (including a nursing home type patient) is seen		Clarif'n 1995, 14.1 & 14.2	68.20
1004		Consultation: Where two or more in-patients are seen on the one occasion.			51.60
1010		Consultation: All in-hours Outpatients, regardless of duration of consultation (7am to 6pm)			51.60
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			90.20
1016		AS FROM 1 JANUARY 2007 Consultation: During a ward round - Sunday and Public Holidays - in and non-inpatients - any number			61.70
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)			51.60
1190		Antenatal Care Attendance			51.60
VISITS OUT OF HOURS - 6PM TO 7AM					
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			106.60
1026		Consultation After Hrs (exc Sat,Sun,PH) 2nd Patient, In patient & Out patients 6pm to10pm			77.30
1031		Consultation After Hrs Sat,Sun,Public Holiday, First 3 Patients - call back after ward round			106.60
1034		Consultation Sat,Sun,Public Holiday, Subsequent Patients - call back after ward round			77.30
1039		Consultation Late Night 1st Patient, 10pm to 12 midnight			185.30
1042		Consultation Late Night Subs Patients, 10pm to 12 midnight			106.60
1046		Consultation: Anti Social Hrs (M/night - 7.00am) First Patient			231.60
1050		Consultation: Anti Social Hrs (M/night - 7.00am) Subsequent patients Patient			106.60
1054		Consultation: Emergency Anti Social (M/N-7.00am) 1st Patient			231.60

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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.		Clarif'n 1995, 6	185.30
AMBULANCE TRANSPORT					
1058A		AMBULANCE ESCORT - 1 HOUR			268.60
1058B		AMBULANCE ESCORT - 2 HOURS			537.30
1058C		AMBULANCE ESCORT - 3 HOURS			805.90
1058D		AMBULANCE ESCORT - 4 HOURS			1074.50
1058E		AMBULANCE ESCORT - 5 HOURS			1343.20
1058F		AMBULANCE ESCORT - 6 HOURS			1611.90
1058G		AMBULANCE ESCORT - 7 HOURS			1880.50
1058H		AMBULANCE ESCORT - 8 HOURS			2149.20
1058I		AMBULANCE ESCORT - 9 HOURS			2417.80
1058J		AMBULANCE ESCORT - 10 HOURS			2686.40
1058K		AMBULANCE ESCORT - 11 HOURS			2955.10
1058L		AMBULANCE ESCORT - 12 HOURS			3223.70
1060		Reasonable return journey & out of pocket expenses			
OBSTETRIC ITEMS					
1062		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks		Clarif'n 1995, 9.2 & 9.5	880.20
1064		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks	9039	Clarif'n 1995, 9.2 7 9.5	880.20

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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		1808.00
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).			51.60
1072		IV Infusion performed by Practitioner. (Only payable in conjunction with an anaesthetic where there is a reasonable indication).	9023	Clarif'n 1995, 13; Clarif'n 2001	54.80
1074		IV Infusion by Open Exposure	9025	Clarif'n 1995, 13; Clarif'n 2001	90.80
MEETING					0.00
1076		Committee Attendances - per meeting. Fee is payable for meetings concerned with hospital patient management, peer review, clinical privileges, credentialling, 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 than 24 hours notice.		Clarif'n 1995, 11	186.80per hour (to nearest 15 min)

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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 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.		Clarif'n 1995, 11.2	186.80per hour (to nearest 15 min)
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 than 45 minutes	407		251.40
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		390.70
1409		Temporal Artery Biopsy	409		514.30
1430		Hartmann's operation (Rectosigmoidectomy)	462		1567.50
1431		Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma	467		2291.00
1441		Laparoscopic Appendicectomy	453		729.20
1442		Laparoscopic Repair of Femoral or Inguinal Hernia	453		706.40
1444		Laparoscopic Removal of Ectopic Pregnancy	454		983.10
1445		Laparoscopic Cholecystectomy	459		1237.30
1446		Laparoscopic Cholecystectomy when completed by Laparotomy	461		1237.30
1447		Laparoscopic Cholecystectomy involving removal of Common Duct calculi via the Cystic Duct	462		1480.10
1448		Laparoscopic Cholecystectomy with removal of Common Duct calculi via laparoscopic choledochotomy	464		1645.90
SEXUAL ASSAULT					
1500		Sex Assault Forensic Consultation taking less than 2hrs. Consultation other than anti social hours 7am to midnight			369.20
1502		Sex Assault Forensic Consultation taking less than 2hrs. Consultation during anti social hours midnight to 7am			415.30
1504		Sex Assault Forensic Consultation taking between 2 and 3 hours. Consultation other than anti social hours. 7am to midnight.			484.70
1506		Sex Assault Forensic Consultation taking between 2 and 3 hours. Consultation during anti social hours. Midnight to 7am.			530.70

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
1508		Sex Assault Forensic Consultation taking over 3hrs. Consultation other than anti social hours. 7am to midnight.			600.10
1510		Sex Assault Forensic Consultation taking over 3hrs. Consultation during anti social hours. Midnight to 7am.			646.30
ECG ITEM NUMBERS					
1908		ECG Tracing and Report		Clarif'n.1995, 19; Clarif'n.2001	73.90
1909		ECG Tracing only or Report only		Clarif'n 1995, 19; Clarif'n 2001	36.30
X-RAY NUMBERS - TAKING AND READING FEE					
2502		X/R Digit			65.60
2508		X/R Wrist			65.60
2516		X/R Elbow			89.20
2524		X/R Ankle			72.20
2532		X/R Knee			108.90
2539		X/R Should			89.20
2543		X/R Clavicle			72.20
2548		X/R Hip Joint			103.70
2551		X/R Pelvic Girdle			133.80
2557		X/R Femur			220.50
2597		Spine Cervical			141.70
2625		X/R Chest			78.70
2655		X/R Ribs			95.90
2699		X Ray Plain Abdominal only			78.70
2714		Barium Enema			173.30
2762		Hysterosalpingography			147.00
2837		IVP Injection		Clarif'n 1995, 13	68.20
2859		Cholegram (Cholangiogram) percutaneous			262.50
ASSISTANCE AT OPERATIONS					

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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		Clarif'n 1995, 18.1.4	131.30
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			27.70
3006		Burn Localised dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.			46.20
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.			70.90
3016		Burn Localised under general anaesthesia, dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.	408		91.80
3022	^	Burn Localised under general anaesthesia, dressing of (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation.	408		111.50
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		196.80
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		236.20

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
3038		Burn excision under GA involving not more that 10% of body surface where grafting is not carried out during the same operation	450		493.60
3039		Burn excision under GA involving more that 10% of body surface where grafting is not carried out during the same operation	456		958.10
3041		Debridement under GA/ Major block, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed	450		493.60
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		78.70
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	Clarif'n 2001	136.50
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		124.60
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	Clarif'n 2001	178.40
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		136.50
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	Clarif'n 2001	217.80
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	Clarif'n 2001	278.30
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		178.40
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	Clarif'n 2001	225.80

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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	Clarif'n 2001	283.50
3104		Laceration Full Thickness, ear, eyelid or nose with accurate apposition of each leayer of tissue	450		383.30
3106		DRESSING AND REMOVAL OF SUTURES requiring a general anaesthetic, not associated with any other item in this section	406		111.50
3110		Post Operative Haemorrhage under GA, following perineal or vaginal operations	407		217.80
3113		Foreign Body Superficial Removal of	407		35.70
3116		Foreign Body Subcutaneous Removal of requiring incision and suturing , as an independent procedure	407		165.40
3120		Foreign Body in Muscle, Tendon or other Deep Tissue, removal of, as an independent procedure	408		341.20
3124	^	Foreign Body in Muscle, Tendon or other Deep Tissue, removal of, as an independent procedure	408		419.80
3130		Biopsy of Skin or Mucous Membrane, as an independent procedure	406		78.70
3135		Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407		178.40
3142	^	Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407		225.80
3148		Drill Biopsy Lymph Gland, deep tissue or organ, as an independent procedure	406		73.40
3157		Biopsy of Bone Marrow by trephine using open approach	406		165.40
3158		Biopsy of Bone Marrow by trephine using percutaneous approach with a jamshidi needle or similar device			89.20
3160		Biopsy Bone Marrow aspiration or Punch biopsy of synovial membrane of pleura	406		44.70
3168		Biopsy Scalene Node	406		278.30
3173		Sinus, Excision of involving superficial tissue only	407		136.50
3178		Sinus, Excision of involving muscle and deep tissue	408		225.80
3183	^	Sinus, Excision of involving muscle and deep tissue	408		278.30
3194		Ganglion or small burse Excision of	407		236.20
3199	^	Ganglion or small burse Excision of	407		330.70
3208		Bursa (large) including Olecranon, calcaneum or Patella excision of	407		430.40
3213	^	Bursa (large) including Olecranon, calcaneum or Patella excision of	407		564.20
3217		Baker's Cyst - Bursa Semimembranosus Excision of	408		564.20

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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		147.00
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		191.50
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		383.30
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		493.60
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		509.10
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		616.70
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		761.30

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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		1049.90
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		215.30
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		262.50
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		299.20
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		372.70
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		493.60
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		564.20
3271		Tumour Malignant Removal of, from skin, requiring wide & deep excision, excluding removal of basal cell carcinoma	409		603.60
3276		Tumour Malignant, Removal of from skin, requiring wide & deep excision with immediate block dissection of lymph glands	457		1259.80
3281		Tumour, removal of from soft tissue (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), Extensive excision without graft	409		761.30
3289		Tumour, removal of from soft tissue (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), Extensive excision with graft	450		892.30
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		1259.80

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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		603.60
3306		Lipectomy Transverse Wedge excision of abdominal apron	450		695.60
3307		Lipectomy Wedge excision of skin or fat not covered by item 3306 – One excision	450		695.60
3308		Lipectomy Wedge excision of skin or fat not covered by item 3306 – Two or more excisions	454		1049.90
3310		Lipectomy Subumbilical excision with undermining of skin edges and strengthening musculoaponeurtic wall	454		1049.90
3311		Lipectomy - radical abdominoplasty with excision of shin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus	462		1496.10
3314		Axillary Hyperhidrosis - wedge excision for	408		207.40
3315		Axillary Hyperhidrosis total excision of sweat gland area	450		372.70
3320		Plantar Wart, Removal of	406		72.20
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		95.90
3350		Cancer of Skin or Mucous Membrane curettage Excision or cryosurgery using liquid nitrogen (not covered by Item 3349)	407		191.50
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		483.00
3352		Cancer of Skin, Mucous Membrane, removal of by serial curettage Excision, liquid nitrogen (not covered by Item 3349) - MORE THAN 10 LESIONS	457		616.70
3356		Skin Lesions, multiple Injections with hydrocortisone or similar preparations			66.90
3363		Keloid, extensive, Multiple Injection of hydrocortisone or similar preparations under GA	406		246.70
3366		Aspiration of Haematoma	405		41.40
3371		Abscess (small) Haematoma, Furuncle or similar lesion NO GA incision with drainage of (excluding aftercare)			41.40
3379		Abscess (large) Haematoma, (including ischio-rectal abscess) Furuncle or similar lesion under GA incision with drainage of (excluding aftercare)	406		178.40
3384	^	Abscess (large) Haematoma, (including ischio-rectal abscess) Furuncle or similar lesion under GA incision with drainage of (excluding aftercare)	406		246.70
3391		Muscle excision of Limited	407		225.80

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
3399		Muscle excision of extensive	408		414.60
3404		Muscle Ruptured, repair of Limited not associated with external wound	408		341.20
3407		Muscle Ruptured, repair of extensive not associated with external wound	408		446.20
3417		Fascia Deep repair of for herniated muscle	408		225.80
3425		Tumour Bone Innocent excision of, not covered by any other item in this part	408		538.00
3450		Parotid Gland superficial Lobectomy or Removal of Tumour	458		1259.80
3455		Submandibular Gland, extirpation of	409		669.20
3465		Salivary Gland Dilation or Diathermy of duct	407		89.20
3468		Salivary Gland removal of Calculus from duct or meatotomy	408		178.40
3472	^	Salivary Gland removal of Calculus from duct or meatotomy	408		225.80
3477		Salivary Gland, repair of Cutaneous Fistula of	408		225.80
3480		Tongue partial Excision	408		446.20
3496		TongueTie repair of, not covered by any other item in this part	407		70.90
3505		TongueTie, mandibular frenulum or maxillary frenulum, repair of in person less that 2 years under GA	407		181.10
3509		Mouth Ranula or Mucous Cyst - Removal	443		236.20
3516	^	Mouth Ranula or Mucous Cyst - Removal	443		309.70
3526		Branchial Cyst Removal	443		603.60
3530		Branchial Fistula Removal	443		761.30
3563		Total Hemithyroidectomy or Bilateral Sub-Total Thyroidectomy	454		1246.80
3576		Thyroid excision of local tumour or unilateral Sub-Total Thyroidectomy	450		787.40
3581		Thyroglossal Cyst Removal of	450		590.60
3591		Thyroglossal Cyst and Fistula Removal of	450		879.40
3618		Lymph Gland of Neck Limited excision	466		564.20
3622		Lymph Glands of Neck Radical excision of	464		1496.10
3634		Lymph Glands of Groin of Axilla Limited Removal	443		372.70
3638		Lymph Glands of Groin of Axilla radical Removal	457		1089.30
3647		Mastectomy Simple with or without frozen section	443		493.60
3652	^	Mastectomy Simple with or without frozen section	443		669.20
3654		Breast excision of Cyst, fibro adenoma or local lesion or segmental resection for any other reason	408		299.20
3664	^	Breast excision of Cyst, fibro adenoma or local lesion or segmental resection for any other reason	408		388.50
3668		Breast excision of Cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is preformed or where specimen radiography is used	409		393.80

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
3673	^	Breast excision of Cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is preformed or where specimen radiography is used	409		493.60
3678		Mastectomy Partial involving more than one quarter of the breast tissue with or without frozen section biopsy	409		393.80
3683	^	Mastectomy Partial involving more than one quarter of the breast tissue with or without frozen section biopsy	409		493.60
3698		Mastectomy extended Simple with or without frozen section biopsy	454		892.30
3700		Mastectomy subcutaneous with or without frozen section	454		826.90
3702		Mastectomy radical or modified with or without frozen section biopsy	460		1312.40
3707		Nipple Inverted, surgical eversion of	408		225.80
3713		Laparotomy (exploratory) including associated biopsies where no other intra-abdominal procedure is preformed	443		577.40
3718	^	Laparotomy (exploratory) including associated biopsies where no other intra-abdominal procedure is preformed	443		735.00
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 viscus, Reduction of volvulus, Pyloroplasty (adult) or Drainage or pancreas	453		787.40
3726		Laparotomy involving division of Peritoneal Adhesions (where no other listed intra-abdominal procedure is performed)	453		787.40
3734		Laparotomy for control of Post -operative Haemorrhage, where no other procedure is performed	453		504.00
3739		Laparotomy involving operation of Abdominal Viscera, not covered by any other item in this Part	454		774.50
3745	^	Laparotomy involving operation of Abdominal Viscera, not covered by any other item in this Part	454		958.10
3750		Subphreemic Abscess, drainage of	450		787.40
3752		Biopsy of Liver Percutaneous	407		262.50
3754		Tumour Liver Removal of other than by biopsy	457		892.30
3764		Liver Abscess, abdominal drainage of	453		787.40
3783		Hydatid Cyst if Liver, peritoeum of Viscus Drainage procedure	453		892.30
3789		Operative Cholangiography (including one or more cholegrams performed during the one operation) or operative pancreatography	450		283.50

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
3793		Cholecystectomy	453		892.30
3798	^	Cholecystectomy	453		1115.60
3820		Choledochotomy(with or without cholecystectomy), including dilatation of sphincter of Oddi and removal of calculi	457		1312.40
3822		Choledochotomy (with or without cholecystectomy), including dilatation of sphincter of Oddi and removal of calculi with choledochoduodenostomy, choledochogastrostomy or choledochoenterostomy	462		1535.40
3825		Transduodenal operation of sphincter of oddi including dilation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy	459		1535.40
3831		Cholecystoduodenostomy, cholecystogastrostomy or cholecystoenterostomy with or without enteroenterostomy	459		1312.40
3847		Gastroscopy, Oeophagoscopy, Duodenoscopy or Panendoscopy (one or more such procedures), with or without biopsy	407		309.70
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		383.30
3851		Gastroscopy (NOT COVERED BY Item 5464) one or more of the following procedures - polypectomy, removal FB, diathermy coagulation of bleeding upper gastrointestinal lesions	408		488.30
3875		Vagotomy Trunkal	453		892.30
3882		Vagotomy Selective	454		1063.00
3889		Vagotomy Highly Selective or Vagotomy, trunkal or selective, with pyloroplasty or gastro-enterostomy	457		1259.80
3891		Vagotomy Highly Selective with pyloroplasty or gastroenterostomy or dilation of pylorus	457		1496.10
3894		Gastroenterostomy (including gastroduodenostomy) or entro-colostomy or enteroenterostomy	454		787.40
3898	^	Gastroenterostomy (including gastroduodenostomy) or entro-colostomy or enteroenterostomy	454		1063.00
3900		Gastr-Enterostomy or Gastro-Duodenostomy, reconstruction of	458		1351.80
3902		Pancreatic Cyst - Anastomosis to Stomach or Duodenum	459		1063.00

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
3922		Gastrectomy Partial, with or without gastro-jejunostomy	459		1496.10
3930		Gastrectomy Total for Benigin Disease	463		1889.80
3937		Gastrectomy Radical Sub-total for Carcinoma	463		1902.80
3938		Gastrectomy Radical Total for Carcinoma	465		2244.10
3976		Colostomy or Enterostomy Extraperitoneal closure of	453		451.50
3981 ^		Colostomy or Enterostomy Extraperitoneal closure of	453		577.40
3986		Colostomy or Enterostomy Extraperitoneal closure not involving resection	453		787.40
4003		Intussusception Deduction of by fluid			357.00
4012		Intussusception Laparotomy and resection of	458		1443.60
4018		Colectomy transverse of Sigmoid with or without anastomosis	459		1364.90
4039		Bowel Segmental Resection of with or without anastomosis, not covered by any other item in this part	459		1089.30
4043 ^		Bowel Segmental Resection of with or without anastomosis, not covered by any other item in this part	459		1443.60
4046		Hemicolectomy, right or left	459		1496.10
4048		Colectomy Total with Ileorectal anastomosis or ileostomy	464		1889.80
4068		Rectum, Restorative Anterior Resection of with Rectosigmoidectomy	460		1889.90
4074		APPENDICECTOMY	409		538.00
4080 ^		Appendicectomy	409		669.20
4084		Appendicectomy when preformed in conjunction with any other intra-abdo	406		186.40
4087		Laparotomy for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy	450		603.60
4093 ^		Laparotomy for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy	450		748.10
4099		Small Bowel Intubation with Biopsy	406		267.70
4109		Pancreatectomy Partial	459		1811.00
4131		Pancreatic Abscess, drainage of excluding after care	453		774.50
4133		Pancreatic Duct to Bowel - Anastomosis	462		1889.80
4139		Splenectomy or partial for trauma	457		1364.90
4141		Splenectomy for trauma	457		1089.30
4144		Splenectomy other than for trauma	457		1115.60
4165		Viscera Multiple Ruptured including kidney, liver, spleen or hollow viscus	462		1666.70
4173		Tumour Retroperitoneal Removal of	459		1312.40
4179		Tumour Presacral and Sacrococcygeal excision of	457		1312.40
4185		Retroperitoneal Abscess drainage of	443		708.70

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
4192		LAPAROSCOPY Diagnostic	408		330.70
4193		LAPAROSCOPY with biopsy	408		430.40
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		616.70
4197		Paracentesis Abdominis			78.70
4202		Rectum and Anus, Abdomino-Perineal Resection - one surgeon	461		1873.70
4209		Rectum and Anus, Abdomino-Perineal Resection of combined Synchronous operation abdominal	460		1535.40
4217		Abdomino-Perineal pull through resection with colo-anal anastomosis (One or two stages), including associated colostomy	474		2309.90
4222		Hernia Femoral or Inguinal or Infantile Hydrocele, Repair of not covered by Items 4233, 4258 or 4262	450		538.00
4227	^	Hernia Femoral or Inguinal or Infantile Hydrocele, Repair of not covered by Items 4233, 4258 or 4262	450		708.70
4233		Hernia Strangulated, Incarcerated or Obstructed Repair of, without bowel resection	450		787.40
4238		Hernia Diaphragmatic, Traumatic Repair	461		1181.10
4246		Hernia, Umbilical, Epigastric or Linea alba Repair of person <10yrs	409		404.30
4249	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person <10yrs	409		538.00
4251		Hernia, Umbilical, Epigastric or Linea alba Repair of person >10yrs	409		451.50
4254	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person >10yrs	409		616.70
4258		Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450		669.20
4262	^	Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450		787.40
4265		Hydrocele Tapping of			53.70
4269		Hydrocele, Varicocele removal of Hydrocele or Insertion of testicular prosthesis when not associated with Item 4288, 4293 or 4296 - One procedure	408		357.00
4273	^	Hydrocele, Varicocele removal of Hydrocele or Insertion of testicular prosthesis when not associated with Item 4288, 4293 or 4296 - One procedure	408		441.00
4288		Orchidectomy, simple or subscapular, unilateral with or without insertion of testicular prosthesis	408		451.50
4293	^	Orchidectomy, simple or subscapular, unilateral with or without insertion of testicular prosthesis	408		616.70
4296		Orchidectomy and complete excision of spermatic cord	409		787.40
4307		Undescended Testis, orchidopexy or transplantation of with or without herial repair	409		787.40
4319		Circumcision person < 6 MTH	407		70.90
4327		Circumcision person < 10yrs	407		162.80

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
4338		Circumcision person 10yrs or over	407		225.80
4345	^	Circumcision person 10yrs or over	407		283.50
4351		Paraphimosis reduction of under GA with or without dorsal incision, not associated with any other item in this Part	406		72.20
4354		Sigmoidoscopic Examination (with rigid sigmoidoscope), with or without biopsy			82.80
4363		Sigmoidoscopic Examination (with rigid sigmoidoscope), under GA with or without biopsy, not associated with any other Item in this Part	406		126.00
4366		Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408		215.30
4367	^	Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408		283.50
4380		Rectal Biopsy under GA Full or partial Thickness	407		246.70
4383		Colonoscopy, Flexible fiberoptic Sigmoidoscopy or Fiberoptic up to the hepatic flexure, with or with out biopsy	407		191.50
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		346.50
4388		Colonoscopy, Fiberoptic examination of colon beyond the hepatic flexure, with or with out biopsy	409		564.20
4394		Colonoscopy, Fiberoptic examination of colon beyond the hepatic flexure, with removal of one or more polyps	450		787.40
4397		Tumour (Villous) of Rectum greater than 3cm local excision	443		603.60
4399		Tumour Rectal excision of via trans-sphincteric approach	457		958.10
4413		Rectum, Radical Operation for Prolapse of, involving laparotomy	457		1246.80
4455		Anus Dilatation of under GA with or without disimpaction of faeces, not associated with any other item in this Part	405		106.20
4467		Anal Prolapse - Circum Anal suture.	407		178.40
4482		Anal Stricture repair of	408		425.10
4490		Anal Sphincterotomy as an independent procedure for Hirschsprung's disease	407		404.30
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		866.30
4509		Haemorrhoids, rubber band ligation of or incision of thrombosed external haemorrhoids	406		82.80
4523		Haemorrhoidectomy Radical	409		435.70
4527	^	Hemorrhoidectomy Radical	409		551.20

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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		152.20
4537		Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407		304.50
4544	^	Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407		383.30
4552		Anal Fistula in Ano, Subcutaneous excision of	408		346.50
4557	^	Anal Fistula in Ano, Subcutaneous excision of	408		446.20
4568		Anal Fistula in Ano, excision of involving incision of external sphincter	408		493.60
4573	^	Anal Fistula in Ano, excision of involving incision of external sphincter	408		603.60
4590		Faecal Fistula, repair of	454		1063.00
4611		Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409		451.50
4617	^	Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409		577.40
4622		Injection Pilonidal Sinus under GA	407		147.00
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)			212.70
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		409.50
4641		Varicose Veins, high ligation & stripping or excision of long or short saphenous vein or its major tributaries - one leg	450		748.10
4649		Varicose Veins, high ligation & stripping or excision of BOTH long or short saphenous vein or its major tributaries - one leg	454		1128.80
4651		Varicose Veins, complete dissection at Sapheno-Femoral Junction, with or without ligation - one leg	407		493.60
4655		Varicose Veins, high ligations of short saphenous vein at saphenous Popliteal Junction - one leg	407		493.60
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		304.50
4662		Varicose Veins, sub fascial ligation of multiple deep perforating veins, (Cockett's operation)	408		761.30

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
4664		Varicose Veins, Re-operation for Sapheno-Femoral or Sapheno-Popliteal Incompetence, with or without multiple ligation, local stripping or excision - one leg	457		813.70
4693		Major artery or vein of neck or extremity, repair of wound of, with restoration of continuity	457		1089.30
4778		Embolus, removal from an Artery or by-pass graft of Neck of extremities	454		1063.00
4784		Embolus or thrombus, removal of from an Artery or prosthetic graft of Trunk	459		1364.90
4789		Embolus, removal of from Femoral, Iliac or other similar large Vein	454		958.10
4794		Ruptured Abdominal Aortic Aneurysm, excision of and insertion of graft or repair of Aorto-duodenal Fistula, including repair of	470		2664.20
OPERATIONS FOR ACUTE OSTEOMYELITIS					
4832		Osteomyelitis, operation for acute Phalanx	408		186.40
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		309.70
4844		Osteomyelitis, operation for acute, Humerus or femur - on bone	450		538.00
4860		Osteomyelitis Chronic - One bone or any combination of adjoining bones	454		538.00
4864		Osteomyelitis Chronic - One bone Humerus or Femur	453		538.00
AMPUTATION OR DISARTICULATION OF LIMB					
4927		Amputation One Digit of hand	407		236.20
4930	^	Amputation One Digit of hand	407		294.10
4934		Amputation Two Digits of hand	409		357.00
4940	^	Amputation Two Digits of hand	409		435.70
4943		Amputation Three Digits of hand	409		419.80
4948	^	Amputation Three Digits of hand	409		509.10
4950		Amputation Four Digits of hand	443		472.40
4954	^	Amputation Four Digits of hand	443		577.40
4957		Amputation Five Digits of hand	450		538.00
4961	^	Amputation Five Digits of hand	450		669.20
4972		Amputation Midcarpal or Transmetacarpal	408		346.50
4976	^	Amputation Midcarpal or Transmetacarpal	408		446.20
4990		Amputation One Digit of foot	407		178.40
4993	^	Amputation One Digit of foot	407		217.80
4995		Amputation Two Digits of foot	408		267.70
4997	^	Amputation Two Digits of foot	408		330.70
4999		Amputation Three Digits of foot	409		309.70
5002	^	Amputation Three Digits of foot	409		383.30

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
5006		Amputation Four Digits of foot	443		357.00
5009	^	Amputation Four Digits of foot	443		435.70
5015		Amputation Five Digits of foot	450		404.30
5018	^	Amputation Five Digits of foot	450		498.80
5024		Amputation, including Metatarsal or part of metatarsal - each toe	408		217.80
5029	^	Amputation, including Metatarsal or part of metatarsal - each toe	408		278.30
5034		Amputation Foot at Ankle (Syme, Pirogoff types)	409		538.00
5038		Amputation Foot or Midtarsal or Transmetatarsal	408		446.20
5050		Amputation thigh, at Knee or below knee	450		787.40
EAR, NOSE AND THROAT					
5059		Ear Foreign Body, Removal of, otherwise than by simple syringing	405		124.60
5062		Ear Foreign body in, involving incision of external auditory canal	407		362.10
5066		Ear Polyp Removal	405		217.80
5172		GROMMETTS - insertion of tube for drainage of	408		362.10
5182		Ear Toilet requiring use of operating microscope and microinspection of tympanic membrane with or without GA	408		165.40
5186		Ear Tympanic membrane microinspection of one or both under GA	408		165.40
5192		Nose Examination of cavity or Post nasal cavity and Post nasal space under GA	407		108.90
5196		Nose Haemorrhage Posterior Arrest Packing with or without cauterisation	409		186.40
5201		Nose Foreign Body Removal other than by simple probing	407		118.20
5205		Nose Polyp or Polypi Removal of (simple)			124.60
5210		Nose Polyp or Polypi Removal of (requiring admission to hospital)	408		262.50
5214	^	Nose Polyp or Polypi Removal of (requiring admission to hospital)	408		330.70
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		152.20
5230		Nose Haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both	408		136.50
5245		Maxillary Antrum, Proof Puncture and Lavage of	407		49.30
5254		Maxillary Antrum, Proof Puncture and Lavage of under GA	407		139.00
5264		Maxillary Antrum, Lavage of - each attendance at which the procedure is performed, including any associated cons.	407		41.40
5348		Post Nasal Space, direct examination of, with or without biopsy	408		186.40
5363		Tonsils or Tonsils and Adenoids, removal of in person <12 years	408		330.70
5366	^	Tonsils or Tonsils and Adenoids, removal of in person <12 years	408		446.20

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
5389		Tonsils or Tonsils and Adenoids, removal of in person >12 years	409		419.80
5392	^	Tonsils or Tonsils and Adenoids, removal of in person >12 years	409		564.20
5396		Tonsils or Tonsils and Adenoids, Arrest or haemorrhage requiring GA following removal of	443		173.30
5401	^	Tonsils or Tonsils and Adenoids, Arrest or haemorrhage requiring GA following removal of	443		217.80
5407		Adenoids, Removal of	407		178.40
5411	^	Adenoids, Removal of	407		246.70
5445		Quinsy - Peritonsillar Abscess Incision of	408		106.20
5464		Oesophagoscopy (with rigid oesophagoscope)	407		283.50
5470		Oesophagoscopy with dilation or insertion of prosthesis - each occasion	408		551.20
5480		Oesophagoscopy (with rigid oesophagoscope) with biopsy	408		362.10
5486		Oesophagoscopy (with rigid oesophagoscope) with removal of Foreign body	408		538.00
5490		Oesophageal Stricture, Dilatation of, without oesophagoscopy	407		78.70
5492		Oesophagus Endoscopic Pneumatic Dilation	409		346.50
5520		Larynx, direct examination of the supraglottic, glottic and subglottic regions not associated with any other procedure under GA	409		283.50
5524		Larynx, direct examination of, with biopsy	409		414.60
5530		Larynx, direct examination of, with removal of tumour	443		446.20
5572		Tracheostomy	450		278.30
5598	^	Tracheostomy	450		362.10
5601		Trachea, removal of Foreign body	408		267.70
5605		Bronchoscopy, as an independent procedure	408		267.70
5611		Bronchoscopy, with biopsy or other diagnostic or therapeutic procedure	409		357.00
5613		Bronchus, removal of foreign body	443		551.20
UROLOGICAL					
5691		Kidney Stone Removal - nephrolithotomy or pyelolithotomy	454		1443.60
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		1666.70
5705		Ureterolithotomy (Stone Removal)	453		1312.40
5715		Nephrostomy, nephrotomy or pyelostomy with drainage	453		1181.10
5744		Kidney Repair of , wound or injury	457		1443.60
5840		Catherterisation of Bladder, no other surgical procedure is preformed	405		49.30
5841		Ureteroscopy, Cystoscopy with or without Pyeloscopy including, where performed,	406		656.10

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
5843		Ureterscopy, Cystoscopy with or without Pyeloscopy including, where performed, ureteric meatotomy or dilatation of the ureter with one or more procedures	407		1076.20
5845		Cystoscopy, with or without urethral dilatation	406		223.10
5851		Cystoscopy, with ureteric catheterisation, with or without introduction of opaque medium	406		330.70
5853		Cystoscopy with controlled hydro-dilatation of the bladder	406		362.10
5864		Cystoscopic Removal of Foreign body	407		435.70
5868		Cystoscopy, with biopsy of bladder tumour	407		362.10
5871		Cystoscopy, with diathermy or resection of superficial bladder tumours with other diathermy of bladder or prostate	407		509.10
5875		Cystoscopy & Diathermy or Resection of superficial Bladder Tumours or with other diathermy of bladder or prostate	407		1089.30
5878		Cystoscopy with Diathermy or Resection of invasive bladder tumours or solitary tumour over 2 cm in diameter	407		414.60
5881		Cystoscopy with Endoscopic resection of bladder neck or cystoscopy with endoscopic incision of bladder neck or both	408		735.00
5885		Cystoscopy with Endoscopic removal or manipulation of uretic calculus	407		669.20
5888		Litholapaxy with or without cystoscopy	408		735.00
5891		Bladder Repair of rupture of, or partial excision of, or plastic repair of	457		892.30
5894 ^		Bladder Repair of rupture of, or partial excision of, or plastic repair of	457		1089.30
5897		Cystostomy or Cystotomy, Suprapubic (not covered by item 5903)	409		538.00
5901 ^		Cystostomy or Cystotomy, Suprapubic (not covered by item 5903)	409		669.20
5903		Cystotomy Suprapubic stab	407		124.60
5947		Vesico-Colic Fistula, closure of, excluding bowel resection	453		1049.90
5964		Bladder Aspiration by needle			73.40
5968		Cystotomy, with removal of calculus as an independent procedure	409		735.00
5977		Urethropexy (Marshall-Marchetti operation)	443		1049.90
6001		Prostatectomy (suprapubic, perineal or retropubic)	457		1653.60
6005		Prostatectomy (endoscopic) with or without cystoscopy and including services covered by item 6039, 6061, 6066 or 6069	450		1719.20
6022		Prostate, open perineal biopsy of	407		446.20
6027		Prostate, biopsy of, endoscopic with or without cystoscopy	407		669.20
6030		Prostate, needle biopsy of, or injection into	406		217.80
6033		Prostatic Abscess, retropubic or endoscopic drainage of	408		735.00
6036		Urethral Sounds, passage of, as an independent procedure	406		73.40

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6039		Urethral Stricture, dilatation of	406		124.60
6041		Urethra, repair of Rupture	450		1443.60
6044		Urethral Fistula, closure of	409		435.70
6066		Urethral Meatotomy, External	405		147.00
6069		Urethrotomy, external or internal	406		362.10
6140		Urethra, Diathermy of	405		294.10
6146		Urethra, excision of prolapse of Prol	408		294.10
6189		Penis Repair of laceration or fracture involving cavernous tissue	409		735.00
6199		Penis, Peyronie's disease, Injection procedure for			73.40
6218		Testicular Biopsy	407		294.10
6221		Epididymal or Spermatocele Cyst, excision of	407		357.00
6224	^	Epididymal or Spermatocele Cyst, excision of	407		435.70
6228		Testis Exploration of, with or without fixation for torsion	406		435.70
6236		Epididymectomy	409		493.60
6249		Vasectomy or Vasotomy (unilateral or bilateral)	406		294.10
6253	^	Vasectomy or Vasotomy (unilateral or bilateral)	406		362.10
GYNAECOLOGICAL					
6258		Gynaecological Examination under GA, not associated with any other item in this part	406		123.40
6262		IUD Introduction of	406		81.20
6264		IUD Removal of under GA	406		81.20
6271		Hymenectomy	406		136.50
6274		Bartholin's Cyst, excision of	408		273.00
6277	^	Bartholin's Cyst, excision of	408		335.90
6278		Bartholin's Cyst or Gland, marsupialisation of	407		175.90
6280	^	Bartholin's Cyst or Gland, marsupialisation of	407		220.50
6284		Bartholin's Abscess, incision of	406		88.00
6290		Urethra or Urethral Caruncle, Cauterisation of	405		88.00
6292		Urethral Caruncle, excision of	407		175.90
6296	^	Urethral Caruncle, excision of	407		220.50
6299		Clitoris, amputation of, where medically indicated	408		409.50
6302		Vulvectomy (simple) Vulvoplasty or Labioplasty, where medically indicated	443		538.00
6313		Vagina Dilatation of as an independent procedure including any associated consultation	405		65.60
6321		Vagina, removal of simple tumour (including Gartner duct cyst)	409		325.40

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
6332		Vagina , partial or complete removal of	454		603.60
6336		Vaginal orifice enlarge - plastic repair	443		244.00
6347		Vaginal Repair, Anterior or Posterio (involving repair of rectocele or enterocele or both) not covered by 6358, 6363, 6367 or 6373	450		524.90
6352	^	Vaginal Repair, Anterior or Posterio (involving repair of rectocele or enterocele or both) not covered by 6358, 6363, 6367 or 6374	450		643.10
6358		Vaginal Repair, Anterior or Posterior (involving repair of rectocele or enterocele or both) not covered by , 6367 or 6373	450		643.10
6363	^	Vaginal Repair, Anterior or Posterior (involving repair of rectocele or enterocele or both) not covered by , 6367 or 6374	450		813.70
6367		Donald Fothergill or Manchester Operation for Genital Prolapse	450		774.50
6373	^	Donald Fothergill or Manchester Operation for Genital Prolapse	450		1023.70
6396		Operation involving ABDOMINAL APPROACH for repair of Enterocele or Suspension of Vaginal vault or enterocele and suspension of vaginal vault	443		813.70
6406		Stress Incontinence, Sling operation for	454		1023.70
6407		Stress Incontinence combined synchronous Abdomino-Vaginal operation; abdominal procedure (including after care)	454		1023.70
6411		Cervix, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix	406		97.10
6413		Cervix removal of Polyp or polypi, with or without dilatation of cervix, not associated with 6411	406		95.90
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		97.10
6430		Cervix, Cone biopsy, amputation or repair of not covered by item 6367 or 6373	408		262.50
6431	^	Cervix, Cone biopsy, amputation or repair of not covered by item 6367 or 6373	408		325.40
6446		Cervix Dilatation of , under GA, not covered by item 6460, 6464 or 6469	406		123.40
6451		Hysteroscopy under GA or Culdoscopy	408		162.80
6460		D & C under GA with or without dilatation (including curettage for incomplete miscarriage)	406		204.70
6464	^	D & C under GA with or without dilatation (including curettage for incomplete miscarriage)	406		278.30

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
6469		Preg-D&C not covered by Item 6460/6464	406		330.70
6483		Uterus - Coploscopy, cervical biopsy and radial diathermy of	409		309.70
6508		Hysterotomy or Uterine Myomectomy	450		813.70
6513		Hysterectomy Abdominal, Sub-total or total or vaginal hysterectomy not covered by 6544	453		813.70
6517	^	Hysterectomy Abdominal, Sub-total or total or vaginal hysterectomy not covered by 6545	453		1023.70
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		1063.00
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		1351.80
6544		Hysterectomy - Vaginal (with or without uterine curettage) with salpingectomy, oophorectomy for excision of ovarian cyst, one or both sides	454		1141.70
6553		Ectopic Gestation removal of	443		643.10
6557	^	Ectopic Gestation removal of	443		813.70
6585		Uterus Suspension of fixation of, as an independent procedure	409		538.00
6594	^	Uterus Suspension of fixation of, as an independent procedure	409		708.70
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		493.60
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		603.60
6631		Tuboplasty, Unilateral or Bilateral, one or more procedures	453		971.20
6638		Hydrotubation of Fallopian Tubes	408		102.40
6643		Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian, Fimbrial or Board Ligament Cyst, Laparotomy	443		551.20
6644	^	Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian, Fimbrial or Board Ligament Cyst, Laparotomy	443		682.50
6648		Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian,	450		656.10
6649	^	Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian,	450		826.90
6655		Ovarium Tumour including omentectomy - Radical or Debulking	460		1023.70
6657		Ovarian Cancer 2nd Look, Laparotomy, for reassessment	457		1023.70
OPHTHALMOLOGICAL					0.00
6686		Ophthalmological (Eye) examination under GA not associated with any other item in this part	406		154.90
6752		Abscess Intraorbital Drainage of	407		178.40

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
6754		Tarsal Cyst, Extripation of	407		126.00
6762		ECTROPION, tarsal cauterisation for			178.40
6767		CYROTHERAPY or ELECTROLYSIS EPILATION for trichiasis, each treatment	407		78.70
6768		CANTHOPLASTY, medical or lateral	443		509.10
6802		Tear Duct (Lacrimal Passages) Lavage of, unilateral not associated with Item 6799 (excluding after-care)	405		73.40
6805		PUNCTUM SNIP operation	405		207.40
6810		CONJUNCTIVAL GRAFT OVER CORNEA	408		577.40
6818		Sclera or Cornea, removal of Foreign Body from	409		108.90
6824		Cornea, epithelial debridement for corneal ulcer or corneal erosion	409		108.90
6837		Pterygium, removal of	407		414.60
6848		Lens Extraction	453		1181.10
6852		Artificial Lens , insertion of	453		656.10
6865		CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension	408		461.90
6873		GLAUCOMA FILTERING AND ALLIED OPERATION	450		1443.60
6932		Ruptured MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRA-OCULAR MUSCLE, repair of	443		616.80
THORACIC					
6940		Aspiration Chest, or paracentesis of, or both (excluding after-care)			105.00
6953		Catheter Chest, (Drain), insertion of, not involving resection of rib 9 excluding after-care)	408		170.60
NEURO-SURGICAL					
7079		Injection into Trigeminal Ganglion or Primary Branch or Trigeminal Nerve with alcohol	409		414.60
7085		Lumbar Puncture, or Spinal or Epidural injection, not covered by Item 748	406		115.60
7118		Nerve Cutaneous (including digital nerve), primary Repair of	409		362.10
7119		Nerve Cutaneous (including digital nerve), secondary Repair of	443		467.20
7120		Nerve Cutaneous (including digital nerve), primary Repair of using the operating microscope	443		538.00
7124		NERVE TRUNK PRIMARY repair of	409		669.20
7143		Nerve Transposition of	409		669.20
7148		Neurectomy, Neurotomy or removal of Tumour from superficial peripheral nerve	409		283.50
7152	^	Neurectomy, Neurotomy or removal of Tumour from superficial peripheral nerve	409		357.00
7156		Neurectomy, Neurotomy or removal of Tumour from deep peripheral nerve	450		669.20

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
7178		Neurlysis by open operation without transposition, not associated with item 7133	408		393.80
7182	^	Neurlysis by open operation without transposition, not associated with item 7134	408		493.60
7184		Subdural haemorrhage, Tap for, each tap	407		124.60
7212		Burr-Hole craniotomy for, - Intacranial haemorrhage	453		721.90
TREATMENT OF DISLOCATIONS NOT REQUIRING OPEN OPERATION					
7397		Dislocation Mandibule	405		72.20
7410		Dislocation Clavical	405		111.50
7412		Dislocation Shoulder 1st or 2nd dislocation	405		136.50
7416		Dislocation Shoulder - 3rd or subsequent dislocation requiring Anaesthesia	405		111.50
7419		Dislocation Shoulder - 3rd or subsequent dislocation not requiring Anaesthesia			89.20
7423		Dislocation Elbow	405		165.40
7426		Dislocation Carpus	405		106.20
7430		Dislocation Carpus on Radius and Ulna	405		215.30
7432	^	Dislocation Carpus on Radius and Ulna	405		267.70
7435		Dislocation Finger	405		45.10
7436		Dislocation Metacarpo-Phalangeal joint of Thumb	405		136.50
7440		Dislocation Hip	406		346.50
7443	^	Dislocation Hip	406		446.20
7446		Dislocation Knee	405		252.00
7451	^	Dislocation Knee	405		309.70
7457		Dislocation Patella	405		106.20
7461		Dislocation Ankle	405		178.40
7464		Dislocation Toe	405		53.70
7468		Dislocation Tarsus	405		136.50
DISLOCATIONS REQUIRING OPEN OPERATION					
7480		Dislocation requiring Open Operation referred to in Item 7397, 7410, 7416, 7419, 7426, 7435, 7457, 7464	482		181.10
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 ion 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		66.90
7508		# Proximal Phalanx of finger or thumb	405		139.00

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
7512	^	# Proximal Phalanx of finger or thumb	405		207.40
7516		# Middle Phalanx of finger	405		91.80
7520		# Metacarpals 1 or more, not involving base of first carpometacarpal joint	405		207.40
7524	^	# Metacarpals 1 or more, not involving base of first carpometacarpal joint	405		283.50
7527		# Bennett's - First metacarpal involving carpometacarpal joint	405		236.20
7530	^	Epidural Local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with GA	405		330.70
7533		# Carpus (excluding navicular)	406		106.20
7535		# Scaphoid (Carpal) or navicular	406		207.40
7538	^	# Scaphoid (Carpal) or navicular	406		246.70
7540		# Colles' fracture of wrist	406		278.30
7544	^	# Colles' fracture of wrist	406		414.60
7547		# Radius or Ulna Distal end, involving wrist	406		207.40
7550		# Radius	406		236.20
7552	^	# Radius	406		330.70
7559		# Ulna	406		215.30
7563	^	# Ulna	406		262.50
7567		# Radius & Ulna & Humerus of forearm	407		309.70
7572	^	# Radius & Ulna & Humerus of forearm	407		451.50
7588		# Clavicle or Sternum	407		147.00
7593	^	# Clavicle or Sternum	407		207.40
7597		# Scapula	407		178.40
7601		# Ribs 1 or more - each attendance &	408		46.20
7605	^	# Ribs 1 or more - each attendance &	408		65.60
7608		# Pelvis (excluding symphysis pubis) or sacrum	409		267.70
7610	^	# Pelvis (excluding symphysis pubis) or sacrum	409		357.00
7615		# Symphysis Pubis	408		207.40
7619	^	# Symphysis Pubis	408		267.70
7624		# Femur	409		616.70
7627	^	# Femur	409		787.40
7632		# Fibula or Tarsus (excepting os calcis or os talus)	407		154.90
7637	^	# Fibula or Tarsus (excepting os calcis or os talus)	407		223.10
7641		# Tibia or Patella	407		246.70
7643	^	# Tibia or Patella	407		330.70

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
7647		# Pott's - Tibia & Fibula, with or without dislocation, Os calcis (calcaneus), Os Talus or both shafts of leg	408		404.30
7652		# Pott's - Tibia & Fibula, with or without dislocation, Os calcis (calcaneus), Os Talus or both shafts of leg	408		538.00
7673		# Metatarsals - one or more	406		141.70
7677	^	# Metatarsals - one or more	406		207.40
7681		# Toe, Phalanx of, (other than great toe)	405		56.40
7683		# Toe, Phalanx of - more than one (other than great toe)	405		89.20
7687	^	#Toe- distal Phalanx of great toe	405		139.00
7691		# Toe Proximal Phalanx of great toe	405		139.00
7694		# Skull not requiring operation			46.20
7697		# Skull not requiring operation			65.60
7701		# Nose bones, not requiring reduction - each attendance			46.20
7706	^	# Nose bones, not requiring reduction - each attendance			65.60
7709		# Nose bones, requiring reduction	407		262.50
7712	^	# Nose bones, requiring reduction	407		362.10
7715		# Nose bones, requiring reduction and involving osteotomies	409		735.00
7719		# Mandible or Maxilla, unilateral or bilateral, not requiring splinting			238.90
7764		# Zygoma	408		181.10
7766	^	# Zygoma	408		246.70
7774		# Spine (excluding sacrum) not requiring Immobilisation in plaster each attendance			46.20
7777	^	# Spine (excluding sacrum) not requiring Immobilisation in plaster each attendance			65.60
7781		# Spine (excluding sacrum) Vertebral Body, without involvement of cord not requiring immobilisation in plaster	443		46.20
7785	^	# Spine (excluding sacrum) Vertebral Body, without involvement of cord not requiring immobilisation in plaster	443		65.60
7789		# Spine (excluding sacrum) Vertebral Body, with involvement of cord	443		309.70
FRACTURES SIMPLE AND UNCOMPLICATED REQUIRING OPEN OPERATION					
7802		# Open Operation, Simple & Uncomplicated	483		181.10
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		181.10

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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		181.10
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					
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		181.10
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

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
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
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		430.40
7855		Bone Cyst, injection of steroids into	409		309.70
7861		Nail , Digital - Removal of	406		53.70
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		45.10
7868		Thenar or Hypothenar, Middle Palmar spaces, drainage of	407		108.90
7872		Wedge Resection - Ingrowing toenail, excision of nail bed	407		252.00
7878	^	Wedge Resection - Ingrowing toenail, excision of nail bed	407		330.70
7883		Pin or Wire, Insertion of as an independent procedure	406		186.40

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
7886		Wire Pin Screw, Nail or Plate - removal of requiring incision under GA	409		283.50
7898		# Femur Internal Fixation of neck or intertrochanteric (pertrochanteric) fracture	453		1496.10
7911		Manipulation of Joint, Joints, spine, joint & Spine or joints and spine under GA not associated with any other Item in this Part	405		173.30
7915	^	Manipulation of Joint, Joints, spine, joint & Spine or joints and spine under GA	405		215.30
7975		Bone Graft Femur	453		1312.40
7977		Bone Graft Tibia	450		1049.90
7983		Bone Graft Humerus or to Radius and Ulna	450		1312.40
7993		Bone Graft Radius and Ulna	409		918.70
7999		Bone Graft Scaphoid	443		866.30
8001		Bone Graft other bones not covered by any other item in this part	409		761.30
8009		Shoulder removal of Calcium deposit from cuff	409		430.40
8014		Shoulder Arthrotomy	408		451.50
8017		Shoulder Arthroplasty or plastic reconstruction	453		1115.60
8022		Arthrodesis, arthrectomy or arthroplasty of Small Joint	406		498.80
8026		Arthrotomy Small Joint	406		139.00
8040		Arthrotomy Large Joint	409		509.10
8053		Arthroplasty Hip	450		1259.80
8080		Knee Arthroscopy - diagnostic not associated with a procedure through the arthroscope	407		341.20
8082		Knee Arthrotomy - including removal of one or more of loose body, removal of foreign body, biopsy or lateral capsular release	407		616.70
8085		Knee Meniscectomy, repair of one collateral ligament, patellectomy, operation of recurrent dislocation of patella.	409		735.00
8088		Knee - Synovectomy, arthrectomy, arthodesis, repair of cruciate ligaments, replacement of cruciate ligaments	443		1128.80
8092		Knee - Three or more Procedures for correction of rotary instability involving injury to cruciate ligaments	454		1443.60
8105		Aspiration of Joint or other Synovial Cavity, Injection into or both of these procedures	406		49.30
8113		Joint, repair of capsule or ligament of, or internal fixation of, to stabilize joint	408		616.70
8120		Calcanean Spur Removal of	407		551.20
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		774.50

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
8135		Hallux Valgus, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplanted of adductor hallucis tendon	409		1049.90
8151		Hammer Toe correction of	407		341.20
8153	^	Hammer Toe correction of	407		419.80
8169		Bunion Excision of - simple removal of	407		341.20
8173	^	Bunion Excision of - simple removal of	407		419.80
8179		Exostosis Large Bone	407		414.60
8182	^	Exostosis Large Bone	407		509.10
8185		Osteotomy or Osteectomy of Phalanx, Metacarpal or Metatarsal	407		430.40
8187		Osteotomy or Osteectomy of Phalanx, Metacarpal or Metatarsal	407		451.50
8190		Osteotomy of Phalanx, Metacarpal or Metatarsal with internal fixation	408		451.50
8193		Osteotomy of Phalanx, Metacarpal or Metatarsal with internal fixation	408		551.20
8201		Osteotomy of Tibia, Humerus, Femur or Pelvic Bone with internal fixation	453		1496.10
8219		Suture, Flexor Tendon Hand, primary	409		435.70
8222	^	Suture, Flexor Tendon Hand, primary	409		551.20
8225		Suture, Flexor Tendon Hand, secondary	443		616.70
8227		Suture, Extensor Tendon Hand, primary	409		225.80
8230	^	Suture, Extensor Tendon Hand, primary	409		278.30
8233		Suture, Extensor Tendon Hand, secondary	443		430.40
8235		Suture, Achilles Tendon or other large Tendon	443		551.20
8238	^	Suture, Achilles Tendon or other large Tendon	443		695.60
8241		Suture, Tendon of Foot, primary suture of	409		278.30
8243		Suture, Tendon of Foot, primary suture of	409		414.60
8246		Tenotomy. Subcutaneous, one or more tendons	405		173.30
8249		Tenotomy Open, with or without tenoplasty	408		419.80
8257		Tendon Graft	409		1049.90
8267		Tendon Sheath, Incision of, or open operation for Stenosing Tendonvaginitis	407		341.20
8275		Tenolysis of Flexor Tendon, following tendon injury, repair or graft	409		493.60
8279		Tenolysis of Extensor Tendon, following tendon injury, repair or graft	408		283.50
8282		Tendon sheath of finger or thumb	409		372.70
8287		Synovectomy of interphalangeal joint	409		346.50
8296		Dupuytren's Contracture, subcutaneous fasciotomy	409		278.30
8298		Dupuytren's Contracture, radical operation for	443		695.60
8320		Radical Planter Fasciotomy (Steindler's Operation)	408		787.40

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
8326		Subtalar Arthrodesis (Extra-Articular)	450		866.30
OPERATIONS FOR EXCISION OF CONGENITAL ABNORMALITIES					
8412		URACHAL FISTULA, operation for	453		787.30
8428		Ligation of pedicle Extra Digit	405		73.40
8430		Amputation of Digit Extra	407		186.40
8432		Dermoid periorbital or superficial nasal, excision of	409		267.70
8434 ^		Dermoid periorbital or superficial nasal, excision of	409		346.50
8436		Dermoid, Orbital, excision of	409		735.00
8440		Dermoid, of Nose, excision of with intranasal extension	409		866.30
PLASTIC AND RECONSTRUCTIVE					
8448		METICULOUS PLASTIC REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL OR COSMETIC RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR SINGLE STAGE LOCAL MUSCLE FLAT REPAIR, simple, small	453		555.70
8449		Single stage large muscle flap repair (pectoralis major, gastrocnemius, gracilis or similar large muscle)	461		958.10
SKIN FLAP SURGERY					
8480		Skin Flap, Single stage local, simple, Small, excluding flap for male pattern baldness	408		430.40
8484		Skin Flap, Single stage local, complicated or large, excluding flap for male pattern baldness	450		616.70
8485		Direct Flap repair (cross arm, abdominal or similar) first stage	453		721.90
8486		Direct Flap repair (cross arm, abdominal or similar) second stage	453		357.00
8487		Direct Flap, cross leg, First Stage	457		1535.40
8488		Direct Flap, cross leg, Second Stage	443		695.60
8490		Direct Flap, small (cross finger or similar) first Stage	408		393.80
8492		Direct Flap, small (cross finger or similar) second Stage	408		178.40
8494		Indirect Flap or Tubed Pedicle, formation of	450		669.20
8502		Direct, indirect or Local Flap repair, Revision of Graft	408		393.80
FREE GRAFTS					
8504		Skin Grafts (split skin or pitch grafts) on granulating areas, small	408		309.70
8508		Skin Grafts (split skin) on granulating areas, extensive	453		616.70

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
8509		Skin Grafts (Split skin) to Burns, including excision of burned tissue - involving not more that 2.5% of total body surface	409		451.50
8511		Skin Grafts (Split skin) to Burns, including excision of burned tissue - involving more that 2.5% of total body surface	457		958.10
8512		Skin Grafts (Split skin) including elective dissection, small	409		430.40
8516		Skin Grafts (Split skin) including elective dissection, extensive; or inlay graft using a mould,	453		892.30
8518		Skin Graft Full Thickness, excluding grafts for male pattern baldness	443		721.90
OTHER GRAFTS AND MISCELLANEOUS PROCEDURES					
8528		Mammoplasty Reduction (unilateral) with or without repositioning of nipple	450		1364.90
8584		REDUCTION OF UPPER EYELID for skin redundancy obscuring vision, herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of one of these conditions, then restoration of symmetry of the contralateral upper eyelid.	408		360.10
8586		Correction of Ptosis - unilateral	454		1181.10
8588		ECTROPION OR ENTROPION, correction of (unilateral)	443		493.50
8594		Rhinoplasty, correction of lateral or alar cartilages or columella, one or more	450		774.50
8606		COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid	453		761.20
8608		Bat Ear, Lop Ear or similar deformity, correction of	409		787.40
8614		Lip or Eyelid, Full thickness Wedge Excision, with repair by direct sutures	409		493.60
ANAESTHETIC ITEM NUMBERS - OBSTETRIC					
9023		Anaesthetic, administration of associated with percutaneous insertion of peripheral venous cannula	4 units		99.70
9025		Anaesthetic, administration of associated with peripheral venous cannulation of open exposure	5 units		124.60
9035		Anaesthetic, administration of associated with manual removal of products of conception, treatment of psopartunm haemorrhage or repair of third degree tear	7units		175.90
9037		Anaesthetic, administration of associated with manipulative correction of acute inversion of uterus	8 units		199.50
9039		Anaesthetic, administration of associated with caesarean section	10 units		468.60
MISCELLANEOUS					

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/11
		1995 Clarification Rates			
	4.1	RDA/CMBS Ratio 156.82 %	1.568213		
	18.1.4	On 100% * 2.624733			
		On 85% * 3.087921			
	11.2A	11.2A Mileage 37.5 c/km			
	11.2B	11.2B Mileage 31.5 c/km			