

## VMOs in Rural Doctors' Settlement Package Hospitals Indexation of Fees from 1 August 2008

**Document Number** PD2008\_068

**Publication date** 10-Dec-2008

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

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

**Replaces Doc. No.** VMO's in Rural Doctors' Settlement Package Hospitals Indexation of Fees from 1 August 2007 [PD2008\_002]

**Author Branch** Workplace Relations and Management Branch

**Branch contact** Workplace Relations & Management 9391 9357

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

**Audience** Administration

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

**Review date** 10-Dec-2009

**File No.** 08/6976

**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This Policy Directive may be varied, withdrawn or replaced at any time.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 DOCTORS' SETTLEMENT PACKAGE HOSPITALS INDEXATION OF FEES FROM 1 AUGUST 2008**

This Policy Directive provides the schedule of Rural Doctors' Settlement Package fees effective from 1 August 2008. It rescinds and replaces Policy Directive PD2008\_002.

Fees under the Rural Doctors Settlement Package are indexed from 1 August each year according to an agreed formula. The Department and the Rural Doctors Association have agreed that the new indexation factor is 4.22%, and accordingly all Settlement Package fees have been adjusted by 4.22% effective from 1 August 2008.

These fees are only applicable to Visiting Medical Officer specialists (who have elected to be so remunerated) and general practitioners who provide services at those hospitals listed in the Settlement Package. Any fees not listed in the schedule are to be paid in accordance with the 1 August 1987 Medical Benefits Schedule, at the rate of 2.33473 times the stated full schedule fee rounded off to the nearest ten cents (ie equivalent to multiplying 85% of the 1987 fee by a factor of 2.746741).

Please note that the following rates for the transport allowance have also been increased effective from 1 August 2008:

- Item 11.2A (under 1995 Clarification Rates) Mileage 36.8 c/km
- Item 11.2B (under 1995 Clarification Rates) Mileage 30.8 c/km

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

Professor Debora Picone AM  
**Director-General**

**SCHEDULE OF FEES FOR GENERAL PRACTITIONER MODIFIED FEE FOR SERVICE**  
**HOSPITAL PATIENTS PAYMENTS IN NSW RURAL PUBLIC HOSPITALS**

**AS FROM 1 AUGUST, 2008**

**SPECIAL NSW ITEMS (EXTRACT FROM ATTACHED SCHEDULE)**

<b>ITEM NO</b>	<b>SERVICE</b>	<b>FEE (\$)</b>
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.	364.40
1000	ON CALL	6.90 per hour
1001	ON CALL AFTER HOURS (outside Monday to Friday 7.00am to 6.00pm; Saturday 7.00am to Midday). Includes public holidays.	10.30 per hour
	<b>ATTENDANCE IN HOURS</b> (Mon to Friday, 7.00am to 6.00pm; Saturday, 7.00am to Midday)	
	<b>In-patients:</b>	
1002	Where only one in-patient (including a nursing home type patient) is seen	60.70
1004	Where two or more in-patients are seen on the one occasion.	45.90
	<b>Out-patients:</b>	
1010	All in-hours non-inpatients, regardless of duration of consultation (any number)	45.90
1012	<b>NON EMERGENCY/NON ROUTINE PATIENTS</b> 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.	80.20

ITEM NO	SERVICE	FEE (\$)
1016 1018	<p><b>ATTENDANCE AFTER HOURS</b> (Mon to Friday, 6.00pm to 10.00pm; Saturday, 12.00 Midday to 10.00pm; Sunday, 7.00am to 10.00pm)</p> <p><b>After hours consultation during a ward round (in and non-inpatients – any number):</b></p> <p>Sunday and public holidays (any number) All other</p>	54.90 45.90
1024 1026	<p><b>After hours consultation</b> In patient and out-patient not in the course of a ward round, all days except Saturdays, Sundays and public holidays:</p> <p>First patient Subsequent patients.</p>	94.80 68.70
1031 1034	<p>In-patient and out-patient not in the course of a ward round, Saturdays patients seen on the one occasion, Sundays and public holidays:</p> <p>First three Subsequent patients.</p>	94.80 68.70
1039 1042	<p><b>LATE NIGHT CONSULTATION</b> (All days, 10.00pm to Midnight)</p> <p>First patient Subsequent patients</p>	164.80 94.80
1046 1050	<p><b>ANTI SOCIAL HOURS CONSULTATION</b> (All days, 12.00 Midnight to 7.00am)</p> <p>First patient Subsequent patients</p>	206.00 94.80

ITEM NO	SERVICE	FEE (\$)
1054 1056	<b>EMERGENCY CONSULTATION (AS DEFINED)</b> Anti-social hours emergency, first patient All other emergency consultations (except items 160 to 164), including nursing home type patients Prolonged emergency attendances:	206.00 164.80
160	Item 160	163.40
161	Item 161	266.20
162	Item 162	368.90
163	Item 163	478.60
164	Item 164	572.00
165	Prolonged professional attendance not less than one hour - ventilated patient awaiting transfer	\$59.60 per 15 minutes
1058 1060	<b>AMBULANCE ESCORT</b> for severely ill patients Escort Expenses	239.00 per hour Reasonable return journey & out of pocket expenses
1190 1062	<b>PROCEDURES</b>  <b>Obstetrics:</b> Antenatal care attendance Confinement only, including '9 days' normal post natal care.	45.90 782.90
1064	Caesarean section, including '9 days' normal post natal care.	782.90
1070	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).	45.90

ITEM NO	SERVICE	FEE (\$)
1066	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.	1608.20
1076	<p><b>COMMITTEE ATTENDANCES</b>            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>	166.10 per hour (to nearest 15 min)
1077	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.	166.10 per hour (to nearest 15 min)

ITEM NO	SERVICE	FEE (\$)
1500	<b>SEXUAL ASSAULT FORENSIC CONSULTATION</b> Sexual assault forensic consultation taking less than 2 hours Consultation other than in anti social hours	328.30
1502	Sexual assault forensic consultation taking less than 2 hours Consultation during anti social hours	369.40
1504	Sexual assault forensic consultation taking between 2 and 3 hours Consultation other than in anti social hours	431.10
1506	Sexual assault forensic consultation taking between 2 and 3 hours Consultation during anti social hours	472.10
1508	Sexual assault forensic consultation taking over 3 hours Consultation other than in anti social hours	533.80
1510	Sexual assault forensic consultation taking over 3 hours Consultation during anti social hours	574.90

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.

<b>MOST FREQUENTLY USED RURAL DOCTORS AGREEMENT RATES</b>					
<b>EFFECTIVE 1 AUGUST 2008</b>					
<b>ITEM No</b>	<b>SPECIALIST ITEM</b>	<b>DESCRIPTION</b>	<b>ANAES. No FOR ITEM</b>	<b>Effective 1/8/08 4.22%</b>	<b>CLARIFICATIONS REFERENCE</b>
<b>VISITS NURSING HOME PATIENT</b>					
32		Consultation Nursing Home Type 2 In Patients		<b>35.00</b>	<b>Clarif'n 1995, 14.3</b>
34		Consultation Nursing Home >2 In Patients		<b>29.40</b>	<b>Clarif'n 1995, 14.4</b>
<b>PRE-OPERATIVE EXAMINATION BY ANAESTHETIST</b>					
82		Pre Operation Examination in Preparation for Anaesthetic		<b>41.10</b>	<b>Clarif'n 1995, 7.2 Clarif'n 2001</b>
<b>VISITS - SPECIALIST, REFERRED CONSULTATION</b>					
88		Specialist, referred Consultation 1st		<b>116.70</b>	
94		Specialist, referred Consultation 2nd		<b>58.40</b>	
<b>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</b>					
160		Consultation, Emergency, Prolonged not less that 1 but less than 2hrs		<b>163.40</b>	<b>Clarif'n 1995, 6.4</b>
161		Consultation, Emergency, Prolonged not less that 2 but less than 3hrs		<b>266.20</b>	<b>Clarif'n 1995, 6.4</b>
162		Consultation, Emergency, Prolonged not less that 3 but less than 4hrs		<b>368.90</b>	<b>Clarif'n 1995, 6.4</b>
163		Consultation, Emergency, Prolonged not less that 4 but less than 5hrs		<b>478.60</b>	<b>Clarif'n 1995, 6.4</b>
164		Consultation, Emergency, Prolonged - for a period of 5hrs or more		<b>572.00</b>	<b>Clarif'n 1995, 6.4</b>
165		<b>As from 1 January 2007</b> Prolonged professional attendance not less that on hour - ventilated patient awaiting transfer		<b>59.60/15mins</b>	
<b>OBSTETRIC ITEMS - GENERAL</b>					
198		Confinement as independent procedure by a Specialist, where the patient is referred by another practitioner including all attendances related to the confinement		<b>466.90</b>	
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 <b>while in labour</b> 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.		<b>364.40</b>	
<b>OBSTETRIC - SPECIAL SERVICES</b>					

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
210		Caesarean Section and post natal care for 9 days where the patient has been referred for management of the confinement and the practitioner does not provide the antenatal care	9039	840.50	Clarif'n 1995, 9.3.1 & 9.5
242		Habitual Miscarriage by Injection max 12 injections		29.40	
246		Threatened Abortion/Miscarriage or Hyperemesis Gravidarum requiring admission to hospital, treatment of - each attendance that is not a routine antenatal attendance		29.40	
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 - max 2 in 7 days		29.40	
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/day		29.40	
250		Cervix, Purse String Ligation of, for threatened miscarriage- GP	407	221.80	
258	^	Cervix, Purse String Ligation of for threatened miscarriage - Spec.	407	294.20	
267		Cervix removal of purse string ligature of, under general anaesthesia	406	85.30	
273		Pregnancy Toxaemia (pre-eclampsia or eclampsia) Or Antepartum Haemorrhage - each attendance that is not routine.		29.40	
274		Induction & Management of 2nd Trimester Labour		322.10	
275	^	Induction & Management of 2Trimester Labour.		396.90	
290		Antenatal Cardiotocograph in the management of High Risk pregnancy (not during the course of the confinement).		49.00	CI.1995, 9.6; CI.2001
295		Version External under General Anaesthesia, not coevered by Items 194 - 205.	407	85.30	
298		Version Internal under General Anaesthetic, not covered by Items 194 - 205.	407	154.10	
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	102.80	
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	102.80	
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	373.50	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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	170.40	
<b>ANAESTHETIC</b>					
401		ANAESTHETIC 1 UNIT		22.20	
403		ANAESTHETIC 2 UNITS		44.40	
404		ANAESTHETIC 3 UNITS		66.50	
405		ANAESTHETIC 4 UNITS		88.70	
406		ANAESTHETIC 5 UNITS		110.90	
407		ANAESTHETIC 6 UNITS		133.10	
408		ANAESTHETIC 7 UNITS		156.40	
409		ANAESTHETIC 8 UNITS		177.50	
443		ANAESTHETIC 9 UNITS		200.80	
450		ANAESTHETIC 10 UNITS		221.80	
453		ANAESTHETIC 11 UNITS		242.80	
454		ANAESTHETIC 12 UNITS		266.20	
457		ANAESTHETIC 13 UNITS		289.50	
458		ANAESTHETIC 14 UNITS		312.90	
459		ANAESTHETIC 15 UNITS		331.50	
460		ANAESTHETIC 16 UNITS		354.90	
461		ANAESTHETIC 17 UNITS		378.20	
462		ANAESTHETIC 18 UNITS		401.60	
463		ANAESTHETIC 19 UNITS		420.20	
464		ANAESTHETIC 20 UNITS		444.60	
465		ANAESTHETIC 21 UNITS		466.90	
466		ANAESTHETIC 22 UNITS		490.30	
467		ANAESTHETIC 23 UNITS		513.60	
468		ANAESTHETIC 24 UNITS		536.90	
469		ANAESTHETIC 25 UNITS		560.30	
470		ANAESTHETIC 26 UNITS		572.00	
471		ANAESTHETIC 27 UNITS		595.30	
472		ANAESTHETIC 28 UNITS		618.80	
473		ANAESTHETIC 29 UNITS		642.10	
474		ANAESTHETIC 30 UNITS		665.40	
475		ANAESTHETIC 32 UNITS		712.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
476		ANAESTHETIC 36 UNITS		793.80	
477		ANAESTHETIC 38 UNITS		840.50	
478		ANAESTHETIC 39 UNITS		863.90	
479		ANAESTHETIC 40 UNITS		887.20	
481		In connection of forceps delivery, vacuum extraction, breech by manipulation, delivery of second twin by manipulation, rotation of head - where an epidural needle or catheter has not been inserted earlier in labour		156.40	
482		In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Item 7397 to 7472 <b>DERIVED FEE</b> - 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 <b>DERIVED FEE</b> - 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 <b>DERIVED FEE</b> - 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 <b>DERIVED FEE</b> - 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		22.20	
487		Anaesthetic is administered as a Therapeutic procedure		221.80	
566		Anaesthetic Dental, in connection with a dental operation - 4 units		88.70	
568		Anaesthetic, Endotracheal, for extraction of a tooth or teeth - 6 units		133.10	
570		Anaesthetic, Endotracheal, for extraction of a tooth or teeth requiring incision of soft tissue and removal of bone - 8 units		177.50	
572		Anaesthetic, Endotracheal, for restorative dental work < 30 mins - 6 units		133.10	
574		Anaesthetic, Endotracheal, for restorative dental work > 30 mins - 6 units		221.80	
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		156.40	
748		Nerve Block - Regional or Field		123.70	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
751		Nerve Block - Maintenance		53.70	
752		Epidural Injection of a Narcotic, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation		67.70	
753		Epidural Local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with GA		67.70	
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		53.70	
760		Nerve Block of Limb by Retrograde perfusion - IV Regional Anaesthesia		93.40	
764	^	Nerve Block of Limb by Retrograde perfusion - IV Regional Anaesthesia		119.00	
<b>MISCELLANEOUS</b>					
791		Ultrasonic cross-sectional Echography		65.30	
793		Ultrasonic cross-sectional Echography - Referred		186.80	
794		Ultrasonic Echography, Unidimensional		113.20	
833		Indwelling Peritoneal Catheter for Dialysis - Insertion and Fixation of	409	308.20	
839		Bladder Washout Test for localisation of urinary infection		101.50	
895		IV line in Neonate, Umbilical or scalp vein catheterisation, with or without infusion; or cannulation of a vein		77.00	
897		Umbilical Artery catheterisation, with or without infusion		113.20	
907		Blood test ,Infants, collected by femoral or external Jugular vein puncture		38.20	
916		ECG monitoring during stress, exercise (bicycle ergometer or treadmill), involving continuous attendance of a medical practitioner for not less than 20mins		226.50	
917		Restoration of Cardiac Rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery	405	130.80	
921		Spirometry estimation of Respiratory function, one or more test performed on the one occasion		27.50	
931		Intra-arterial Infusion or retrograde intra-venous perfusion of a sympatholytic agent		119.00	
932		Cytotoxic agent, Administration of by intravenous drip infusion or by introduction into the bladder		80.60	Clarif'n 1995, 13
934		Intra Arterial Infusion or Intra Arterial injection of a substance incorporating a Cytotoxic agent, preparation for		113.20	
944		Blood Transfusion, or bone marrow already collected		112.00	Clarif'n 1995, 13.3
949		Blood Autology, collection for autologous transfusion, or when homologous blood is required for immediate transfusion in emergency situation		65.30	
951		Central Vein Catheterisation ( via jugular or subclavian vein) by percutaneous or open exposure		114.40	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
956		Arterial Puncture and collection of Blood for diagnostic purposes		30.80	
957		Intra arterial Cannulisation for purpose of taking multiple arterial blood gas analysis		93.40	
960		Hormone or living tissue Implanaton - by incision		68.90	
963		Hormone or living tissue Implantation - by cannula		47.80	
974		Gastric Lavage in the treatment of ingested poison		80.60	
980		Acupuncture - Attendance at which acupuncture is performed by a medical practitioner, including any consultation on the same occasion		41.10	
987		Skin Sensitivity testing for allergens, suing one to twenty allergens		52.50	
<b>ON CALL</b>					
1000		On Call Fee / 1Hr in hours between Monday to Friday 7am to 6pm; Saturday 7am to Midday		6.90	
1001		On call after hours outside Monday to Friday 7am to 6pm; Saturday 7am to Midday. Includes public holidays		10.30	
1DAY		ON CALL - 11 HRS IN HOURS + 13 HRS AFTER HRS		209.80	
2 DAY		ON CALL - 2 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS		419.60	
3 DAY		ON CALL - 3 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS		629.40	
4DAY		ON CALL - 4 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS		839.20	
5DAY		ON CALL - 5 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS		1049.00	
1WEEK		ON CALL - 7 DAYS - 5 DAYS + SAT + SUN		1526.40	
SAT		ON CALL - <b>SATURDAY</b>		230.20	
SUN		ON CALL - <b>SUNDAY</b>		247.20	
PHOL		ON CALL - <b>PUBLIC HOLIDAY</b>		247.20	
<b>VISITS IN HOURS - 7AM TO 6PM</b>					
1002		Consultation: Where only one in-patient (including a nursing home type patient) is seen		60.70	Clarif'n 1995, 14.1 & 14.2
1004		Consultation: Where two or more in-patients are seen on the one occasion.		45.90	
1010		Consultation: All in-hours Outpatients, regardless of duration of consultation (7am to 6pm)		45.90	
1012		<b>Consultation: NON EMERGENCY/NON ROUTINE PATIENTS</b> 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		80.20	
1016		<b>AS FROM 1 JANUARY 2007</b> Consultation: During a ward round - <b>Sunday and</b> Public Holidays - in and non-inpatients - <b>any number</b>		54.90	
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)		45.90	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
<b>VISITS OUT OF HOURS - 6PM TO 7AM</b>					
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		94.80	
1026		Consultation After Hrs (exc Sat,Sun,PH) 2nd Patient, In patient & Out patients 6pm to10pm		68.70	
1031		Consultation After Hrs Sat,Sun,Public Holiday, First 3 Patients - call back after ward round		94.80	
1034		Consultation Sat,Sun,Public Holiday, Subsequent Patients - call back after ward round		68.70	
1039		Consultation Late Night 1st Patient, 10pm to 12 midnight		164.80	
1042		Consultation Late Night Subs Patients, 10pm to 12 midnight		94.80	
1046		Consultation: Anti Social Hrs (M/night - 7.00am) First Patient		206.00	
1050		Consultation: Anti Social Hrs (M/night - 7.00am) Subsequent patients Patient		94.80	
1054		Consultation: Emergency Anti Social (M/N-7.00am) 1st Patient		206.00	
1056		Consultation: Emergency. All other emergency consultations ( except items 160 to 164), including nursing home type patients. The definition of emergency attendance permits the additional payment of a fee equivalent to the emergency consultation fee to GP anaesthetists / surgeon requiring to attend at non-booked surgical procedures, less than 24hrs warning. The definition of emergency attendance permits the additional payment of a fee equivalent to the emergency consultation fee to GP anaesthetists required to attend at non-booked surgical procedures.		164.80	
<b>Clarif'n 1995, 6</b>					
<b>AMBULANCE TRANSPORT</b>					
1058A		AMBULANCE ESCORT - 1 HOUR		239.00	
1058B		AMBULANCE ESCORT - 2 HOURS		478.00	
1058C		AMBULANCE ESCORT - 3 HOURS		717.00	
1058D		AMBULANCE ESCORT - 4 HOURS		956.00	
1058E		AMBULANCE ESCORT - 5 HOURS		1195.00	
1058F		AMBULANCE ESCORT - 6 HOURS		1434.00	
1058G		AMBULANCE ESCORT - 7 HOURS		1673.00	
1058H		AMBULANCE ESCORT - 8 HOURS		1912.00	
1058I		AMBULANCE ESCORT - 9 HOURS		2151.00	
1058J		AMBULANCE ESCORT - 10 HOURS		2390.00	
1058K		AMBULANCE ESCORT - 11 HOURS		2629.00	
1058L		AMBULANCE ESCORT - 12 HOURS		2868.00	
1060		Reasonable return journey & out of pocket expenses			

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
<b>OBSTETRIC ITEMS</b>					
1062		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks		<b>782.90</b>	<b>Clarif'n 1995, 9.2 &amp; 9.5</b>
1064		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks	9039	<b>782.90</b>	<b>Clarif'n 1995, 9.2 7 9.5</b>
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	<b>1608.20</b>	
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).		<b>45.90</b>	
1072		IV Infusion performed by Practitioner. (Only payable in conjunction with an anaesthetic where there is a reasonable indication).	9023	<b>48.80</b>	<b>Clarif'n 1995, 13; Clarif'n 2001</b>
1074		IV Infusion by Open Exposure	9025	<b>80.70</b>	<b>Clarif'n 1995, 13; Clarif'n 2001</b>
<b>MEETING</b>					
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. <b>A one hour payment is made if meetings are cancelled by the Area Health Service with less than 24 hours notice.</b>		<b>166.10</b>	<b>Clarif'n 1995, 11</b>

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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.		166.10	Clarif'n 1995, 11.2
<b>MBS 1987 - ADDITION OPERATION NUMBERS</b>					
1190		Antenatal Care Attendance		45.90	
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	223.60	
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	347.40	
1409		Temporal Artery Biopsy	409	457.50	
1430		Hartmann's operation (Rectosigmoidectomy)	462	1394.30	
1431		Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma	467	2037.80	
1441		Laparoscopic Appendectomy	453	648.60	
1442		Laparoscopic Repair of Femoral or Inguinal Hernia	453	628.40	
1444		Laparoscopic Removal of Ectopic Pregnancy	454	874.50	
1445		Laparoscopic Cholecystectomy	459	1100.60	
1446		Laparoscopic Cholecystectomy when completed by Laparotomy	461	1100.60	
1447		Laparoscopic Cholecystectomy involving removal of Common Duct calculi via the Cystic Duct	462	1316.60	
1448		Laparoscopic Cholecystectomy with removal of Common Duct calculi via laparoscopic choledochotomy	464	1464.10	
<b>SEXUAL ASSAULT</b>					
1500		Sex Assault Forensic Consultation taking less than 2hrs. Consultation other than anti social hours 7am to midnight		328.30	
1502		Sex Assault Forensic Consultation taking less than 2hrs. Consultation during anti social hours midnight to 7am		369.40	
1504		Sex Assault Forensic Consultation taking between 2 and 3 hours. Consultation other than anti social hours. 7am to midnight.		431.10	
1506		Sex Assault Forensic Consultation taking between 2 and 3 hours. Consultation during anti social hours. Midnight to 7am.		472.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAEs. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
1508		Sex Assault Forensic Consultation taking over 3hrs. Consultation other than anti social hours. 7am to midnight.		533.80	
1510		Sex Assault Forensic Consultation taking over 3hrs. Consultation during anti social hours. Midnight to 7am.		574.90	
<b>ECG ITEM NUMBERS</b>					
1908		ECG Tracing and Report		65.70	Clarif'n.1995, 19; Clarif'n.2001
1909		ECG Tracing only or Report only		32.30	Clarif'n 1995, 19; Clarif'n 2001
<b>X-RAY NUMBERS - TAKING AND READING FEE</b>					
2502		X/R Digit		58.40	
2508		X/R Wrist		58.40	
2516		X/R Elbow		79.40	
2524		X/R Ankle		64.20	
2532		X/R Knee		96.90	
2539		X/R Should		79.40	
2543		X/R Clavicle		64.20	
2548		X/R Hip Joint		92.20	
2551		X/R Pelvic Girdle		119.00	
2557		X/R Femur		196.10	
2597		Spine Cervical		126.10	
2625		X/R Chest		70.00	
2655		X/R Ribs		85.30	
2699		X Ray Plain Abdominal only		70.00	
2714		Barium Enema		154.10	
2762		Hysterosalpingography		130.80	
2837		IVP Injection		60.70	Clarif'n 1995, 13
2859		Cholegram (Cholangiogram) percutaneous		233.50	
<b>ASSISTANCE AT OPERATIONS</b>					

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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 \$400.90 but does not exceed \$714.10 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$400.90 but where the fee for the series or combination of operations does not exceed \$714.10.		<b>116.70</b>	<b>Clarif'n 1995, 18.1.4</b>
2951		Minimum \$401.00			
2951		Maximum \$714.00			<b>Clarif'n 1995, 18.1.3</b>
2953		Assistant at an operation for which the fee exceeds \$714.10 or at a combination of operations for which the aggregate fee exceeds \$714.10 provided that the fee for at least one of the operations exceeds \$714.10. - (20% 1st, 10% 2nd & 5% other item numbers)		<b>20% Item</b>	
<b>OPERATIONS - GENERAL SURGICAL</b>					
3004		Operative procedure on tissue or region Not Covered by Other Item, including consultation on the same occasion		<b>24.70</b>	
3006		Burn Localised dressing of (not involving grafting) - each attendance at which the procedure is performed, <b>including any associated consultation.</b>		<b>41.10</b>	
3012		Burn Extensive (more than 20%), without anaesthesia. dressing of (not involving grafting) - each attendance at which the procedure is performed, <b>including any associated consultation.</b>		<b>63.10</b>	
3016		Burn Localised under general anaesthesia, dressing of (not involving grafting) - each attendance at which the procedure is performed, <b>including any associated consultation.</b>	408	<b>81.70</b>	
3022	^	Burn Localised under general anaesthesia, dressing of (not involving grafting) - each attendance at which the procedure is performed, <b>including any associated consultation.</b>	408	<b>99.20</b>	
3027		Burn Extensive (more than 20%), under general anaesthesia. dressing of (not involving grafting) - each attendance at which the procedure is performed, <b>including any associated consultation.</b>	450	<b>175.10</b>	
3033	^	Burn Extensive (more than 20%), under general anaesthesia. dressing of (not involving grafting) - each attendance at which the procedure is performed, <b>including any associated consultation.</b>	450	<b>210.10</b>	
3038		Burn excision under GA involving not more than 10% of body surface where grafting is not	450	<b>439.00</b>	
3039		Burn excision under GA involving more than 10% of body surface where grafting is not carried out during the same operation	456	<b>852.20</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
3041		Debridement under GA/ Major block, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed	450	439.00	
3046		SUTURES <7 Cent. Superficial other than on face or neck	406	70.00	
3050		SUTURES <7 Cent. other than on face or neck, involving deeper tissue	407	121.40	Clarif'n 2001
3058		SUTURES <7 Cent. Superficial, on face or neck	408	110.90	
3063		SUTURES <7 Cent., on face or neck, involving deeper tissue	408	158.70	Clarif'n 2001
3073		SUTURES <7 Cent. Superficial, other than on face or neck	407	121.40	
3082		SUTURES <7 Cent., other than on face or neck involving deeper tissue	408	193.70	Clarif'n 2001
3087	^	SUTURES >7 Cent., other than on face or neck involving deeper tissue	408	247.50	Clarif'n 2001
3092		SUTURES >7 Cent. Superficial on face or neck	408	158.70	
3098		SUTURES >7 Cent., on face or neck involving deeper tissue	409	200.80	Clarif'n 2001
3101	^	SUTURES >7 Cent., on face or neck involving deeper tissue	409	252.10	Clarif'n 2001
3104		Laceration Full Thickness, ear, eyelid or nose with accurate apposition of each layer of tissue	450	340.90	
3106		Sutures removal of, and Dressing under GA	406	99.20	
3110		Post Operative Haemorrhage under GA, following perineal or vaginal operations	407	193.70	
3113		Foreign Body Superficial Removal of	407	31.80	
3116		Foreign Body Subcutaneous Removal of requiring incision <b>and suturing</b> , as an independent procedure	407	147.10	
3120		Foreign Body in Muscle, Tendon or other Deep Tissue, removal of, as an independent procedure	408	303.50	
3124	^	Foreign Body in Muscle, Tendon or other Deep Tissue, removal of, as an independent procedure	408	373.50	
3130		Biopsy of Skin or Mucous Membrane, as an independent procedure	406	70.00	
3135		Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407	158.70	
3142	^	Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407	200.80	
3148		Drill Biopsy Lymph Gland, deep tissue or organ, as an independent procedure	406	65.30	
3157		Biopsy of Bone Marrow by trephine using open approach	406	147.10	
3158		Biopsy of Bone Marrow by trephine using percutaneous approach with a Jamshidi needle or similar device		79.40	
3160		Biopsy Bone Marrow aspiration or Punch biopsy of synovial membrane of pleura	406	39.70	
3168		Biopsy Scalene Node	406	247.50	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
3173		Sinus, Excision of involving superficial tissue only	407	<b>121.40</b>	
3178		Sinus, Excision of involving muscle and deep tissue	408	<b>200.80</b>	
3183	^	Sinus, Excision of involving muscle and deep tissue	408	<b>247.50</b>	
3194		Ganglion or small burse Excision of	407	<b>210.10</b>	
3199	^	Ganglion or small burse Excision of	407	<b>294.20</b>	
3208		Bursa (large) including Olecranon, calcaneum or Patella excision of	407	<b>382.90</b>	
3213	^	Bursa (large) including Olecranon, calcaneum or Patella excision of	407	<b>501.90</b>	
3217		Baker's Cyst - Bursa Semimembranosus Excision of	408	<b>501.90</b>	
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	<b>130.80</b>	
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	<b>170.40</b>	
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	<b>340.90</b>	
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	<b>439.00</b>	
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	<b>452.90</b>	
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	<b>548.60</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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	<b>677.10</b>	
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	<b>933.90</b>	
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	<b>191.50</b>	
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	<b>233.50</b>	
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	<b>266.20</b>	
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	<b>331.50</b>	
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	<b>439.00</b>	
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	<b>501.90</b>	
3271		Tumour Malignant Removal of, from skin, requiring wide & deep excision, excluding removal of basal cell carcinoma	409	<b>536.90</b>	
3276		Tumour Malignant, Removal of from skin, requiring wide & deep excision with immediate block dissection of lymph glands	457	<b>1120.70</b>	
3281		Tumour, removal of from soft tissue (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), Extensive excision without graft	409	<b>677.10</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
3289		Tumour, removal of from soft tissue (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), Extensive excision <b>with graft</b>	450	<b>793.80</b>	
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	<b>1120.70</b>	
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	<b>536.90</b>	
3306		Lipectomy Transverse Wedge excision of abdominal apron	450	<b>618.80</b>	
3307		Lipectomy Wedge excision of skin or fat not covered by item 3306 – One excision	450	<b>618.80</b>	
3308		Lipectomy Wedge excision of skin or fat not covered by item 3306 – Two or more excisions	454	<b>933.90</b>	
3310		Lipectomy Subumbilical excision with undermining of skin edges and strengthening musculoaponeurtic wall	454	<b>933.90</b>	
3311		Lipectomy - radical abdominoplasty with excision of shin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus	462	<b>1330.80</b>	
3314		Axillary Hyperhidrosis - wedge excision for	408	<b>184.50</b>	
3315		Axillary Hyperhidrosis total excision of sweat gland area	450	<b>331.50</b>	
3320		Plantar Wart, Removal of	406	<b>64.20</b>	
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	<b>85.30</b>	
3350		Cancer of Skin or Mucous Membrane curettage Excision or cryosurgery using liquid nitrogen (not covered by Item 3349)	407	<b>170.40</b>	
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	<b>429.60</b>	
3352		Cancer of Skin, Mucous Membrane, removal of by serial curettage Excision, liquid nitrogen (not covered by Item 3349) - MORE THAN 10 LESIONS	457	<b>548.60</b>	
3356		Skin Lesions, multiple Injections with hydrocortisone or similar preparations		<b>59.50</b>	
3363		Keloid, extensive, Multiple Injection of hydrocortisone or similar preparations under GA	406	<b>219.50</b>	
3366		Aspiration of Haematoma	405	<b>36.90</b>	
3371		Abscess (small) Haematoma, Furuncle or similar lesion NO GA incision with drainage of (excluding aftercare)		<b>36.90</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
3379		Abscess (large) Haematoma, (including ischio-rectal abscess) Furuncle or similar lesion under GA incision with drainage of ( excluding aftercare)	406	<b>158.70</b>	
3384	^	Abscess (large) Haematoma, (including ischio-rectal abscess) Furuncle or similar lesion under GA incision with drainage of ( excluding aftercare)	406	<b>219.50</b>	
3391		Muscle excision of Limited	407	<b>200.80</b>	
3399		Muscle excision of extensive	408	<b>368.90</b>	
3404		Muscle Ruptured, repair of Limited not associated with external wound	408	<b>303.50</b>	
3407		Muscle Ruptured, repair of extensive not associated with external wound	408	<b>396.90</b>	
3417		Fascia Deep repair of for herniated muscle	408	<b>200.80</b>	
3425		Tumour Bone Innocent excision of, not covered by any other item in this part	408	<b>478.60</b>	
3450		Parotid Gland superficial Lobectomy or Removal of Tumour	458	<b>1120.70</b>	
3455		Submandibular Gland, extirpation of	409	<b>595.30</b>	
3465		Salivary Gland Dilation or Diathermy of duct	407	<b>79.40</b>	
3468		Salivary Gland removal of Calculus from duct or meatotomy	408	<b>158.70</b>	
3472	^	Salivary Gland removal of Calculus from duct or meatotomy	408	<b>200.80</b>	
3477		Salivary Gland, repair of Cutaneous Fistula of	408	<b>200.80</b>	
3480		Tongue partial Excision	408	<b>396.90</b>	
3496		TongueTie repair of, not covered by any other item in this part	407	<b>63.10</b>	
3505		TongueTie, mandibular frenulum or maxillary frenulum, repair of in person less that 2 years under GA	407	<b>161.10</b>	
3509		Mouth Ranula or Mucous Cyst - Removal	443	<b>210.10</b>	
3516	^	Mouth Ranula or Mucous Cyst - Removal	443	<b>275.50</b>	
3526		Branchial Cyst Removal	443	<b>536.90</b>	
3530		Branchial Fistula Removal	443	<b>677.10</b>	
3563		Total Hemithyroidectomy or Bilateral Sub-Total Thyroidectomy	454	<b>1109.00</b>	
3576		Thyroid excision of local tumour or unilateral Sub-Total Thyroidectomy	450	<b>700.50</b>	
3581		Thyroglossal Cyst Removal of	450	<b>525.30</b>	
3591		Thyroglossal Cyst and Fistula Removal of	450	<b>782.20</b>	
3618		Lymph Gland of Neck Limited excision	466	<b>501.90</b>	
3622		Lymph Glands of Neck Radical excision of	464	<b>1330.80</b>	
3634		Lymph Glands of Groin of Axilla Limited Removal	443	<b>331.50</b>	
3638		Lymph Glands of Groin of Axilla radical Removal	457	<b>968.90</b>	
3647		Mastectomy Simple with or without frozen section	443	<b>439.00</b>	
3652	^	Mastectomy Simple with or without frozen section	443	<b>595.30</b>	
3654		Breast excision of Cyst, fibro adenoma or local lesion or segmental resection for any other reason	408	<b>266.20</b>	
3664	^	Breast excision of Cyst, fibro adenoma or local lesion or segmental resection for any other	408	<b>345.50</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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	<b>350.20</b>	
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	<b>439.00</b>	
3678		Mastectomy Partial involving more than one quarter of the breast tissue with or without frozen section biopsy	409	<b>350.20</b>	
3683	^	Mastectomy Partial involving more than one quarter of the breast tissue with or without frozen section biopsy	409	<b>439.00</b>	
3698		Mastectomy extended Simple with or without frozen section biopsy	454	<b>793.80</b>	
3700		Mastectomy subcutaneous with or without frozen section	454	<b>735.50</b>	
3702		Mastectomy radical or modified with or without frozen section biopsy	460	<b>1167.40</b>	
3707		Nipple Inverted, surgical eversion of	408	<b>200.80</b>	
3713		Laparotomy (exploratory) including associated biopsies where no other intra-abdominal procedure is preformed	443	<b>513.60</b>	
3718	^	Laparotomy (exploratory) including associated biopsies where no other intra-abdominal procedure is preformed	443	<b>653.80</b>	
3722		Laparotomy involving caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy,	453	<b>700.50</b>	
3726		Laparotomy involving division of Peritoneal Adhesions (where no other listed intra-abdominal procedure is performed)	453	<b>700.50</b>	
3734		Laparotomy for control of Post -operative Haemorrhage, where no other procedure is performed	453	<b>448.30</b>	
3739		Laparotomy involving operation of Abdominal Viscera, not covered by any other item in this Part	454	<b>688.80</b>	
3745	^	Laparotomy involving operation of Abdominal Viscera, not covered by any other item in this Part	454	<b>852.20</b>	
3750		Subphremic Abscess, drainage of	450	<b>700.50</b>	
3752		Biopsy of Liver Percutaneous	407	<b>233.50</b>	
3754		Tumour Liver Removal of other than by biopsy	457	<b>793.80</b>	
3764		Liver Abscess, abdominal drainage of	453	<b>700.50</b>	
3783		Hydatid Cyst if Liver, peritoeum of Viscus Drainage procedure	453	<b>793.80</b>	
3789		Operative Cholangiography (including one or more cholegrams performed during the one operation) or operative pancreatography	450	<b>252.10</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
3793		Cholecystectomy	453	<b>793.80</b>	
3798	^	Cholecystectomy	453	<b>992.30</b>	
3820		Choledochotomy(with or without cholecystectomy), including dilatation of sphincter of Oddi and removal of calculi	457	<b>1167.40</b>	
3822		Choledochotomy (with or without cholecystectomy), including dilatation of sphincter of Oddi and removal of calculi with choledochoduodenostomy, choledochogastrostomy or choledochointerostomy	462	<b>1365.80</b>	
3825		Transduodenal operation of sphincter of oddi including dilation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy	459	<b>1365.80</b>	
3831		Cholecystoduodenostomy, cholecystogastrostomy or cholecystoenterostomy with or without enteroenterostomy	459	<b>1167.40</b>	
3847		Gastroscopy, Oeophagoscopy, Duodenoscopy or Panendoscopy (one or more such procedures), with or without biopsy	407	<b>275.50</b>	
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	<b>340.90</b>	
3851		Gastroscopy with polypectomy, removal FB, diathermy coagulation of bleeding upper gastrointestinal lesions	408	<b>434.30</b>	
3875		Vagotomy Trunkal	453	<b>793.80</b>	
3882		Vagotomy Selective	454	<b>945.60</b>	
3889		Vagotomy Highly Selective or Vagotomy, trunkal or selective, with pyloroplasty or gastroenterostomy	457	<b>1120.70</b>	
3891		Vagotomy Highly Selective with pyloroplasty or gastroenterostomy or dilation of pylorus	457	<b>1330.80</b>	
3894		Gastroenterostomy (including gastroduodenostomy) or entro-colostomy or enteroenterostomy	454	<b>700.50</b>	
3898	^	Gastroenterostomy (including gastroduodenostomy) or entro-colostomy or enteroenterostomy	454	<b>945.60</b>	
3900		Gastr-Enterostomy or Gastro-Duodenostomy, reconstruction of	458	<b>1202.40</b>	
3902		Pancreatic Cyst - Anastomosis to Stomach or Duodenum	459	<b>945.60</b>	
3922		Gastrectomy Partial, with or without gastro-jejunostomy	459	<b>1330.80</b>	
3930		Gastrectomy Total for Benigin Disease	463	<b>1681.00</b>	
3937		Gastrectomy Radical Sub-total for Carcinoma	463	<b>1692.60</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
3938		Gastrectomy Radical Total for Carcinoma	465	1996.20	
3976		Colostomy or Enterostomy Extraperitoneal closure of	453	401.60	
3981	^	Colostomy or Enterostomy Extraperitoneal closure of	453	513.60	
3986		Colostomy or Enterostomy Extraperitoneal closure not involving resection	453	700.50	
4003		Intussusception Deduction of by fluid		317.60	
4012		Intussusception Laparotomy and resection of	458	1284.10	
4018		Colectomy transverse of Sigmoid with or without anastomosis	459	1214.10	
4039		Bowel Segmental Resection of with or without anastomosis, not covered by any other item in this part	459	968.90	
4043	^	Bowel Segmental Resection of with or without anastomosis, not covered by any other item in this part	459	1284.10	
4046		Hemicolectomy, right or left	459	1330.80	
4048		Colectomy Total with Ileorectal anastomosis or ileostomy	464	1681.00	
4068		Rectum, Restorative Anterior Resection of with Rectosigmoidectomy	460	1681.10	
4074		APPENDICECTOMY	409	478.60	
4080	^	Appendicectomy	409	595.30	
4084		Appendicectomy when preformed in conjunction with any other intra-abdo	406	165.80	
4087		Laparotomy for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy	450	536.90	
4093	^	Laparotomy for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy	450	665.40	
4099		Small Bowel Intubation with Biopsy	406	238.10	
4109		Pancreatectomy Partial	459	1610.90	
4131		Pancreatic Abscess, drainage of excluding after care	453	688.80	
4133		Pancreatic Duct to Bowel - Anastomosis	462	1681.00	
4139		Splenectomy or partial for trauma	457	1214.10	
4141		Splenectomy for trauma	457	968.90	
4144		Splenectomy other than for trauma	457	992.30	
4165		Viscera Multiple Ruptured including kidney, liver, spleen or hollow viscus	462	1482.50	
4173		Tumour Retroperitoneal Removal of	459	1167.40	
4179		Tumour Presacral and Sacrococcygeal excision of	457	1167.40	
4185		Retroperitoneal Abscess drainage of	443	630.40	
4192		LAPAROSCOPY Diagnostic	408	294.20	
4193		LAPAROSCOPY with biopsy	408	382.90	
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	548.60	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
4197		Paracentesis Abdominis		<b>70.00</b>	
4202		Rectum and Anus, Abdomino-Perineal Resection - one surgeon	461	<b>1666.70</b>	
4209		Rectum and Anus, Abdomino-Perineal Resection of combined Synchronous operation	460	<b>1365.80</b>	
4217		Abdomino-Perineal pull through resection with colo-anal anastomosis (One or two stages), including associated colostomy	474	<b>2054.60</b>	
4222		Hernia Femoral or Inguinal or Infantile Hydrocele, Repair of not covered by Items 4233, 4258 or 4262	450	<b>478.60</b>	
4227	^	Hernia Femoral or Inguinal or Infantile Hydrocele, Repair of not covered by Items 4233, 4258 or 4262	450	<b>630.40</b>	
4233		Hernia Strangulated, Incarcerated or Obstructed Repair of, without bowel resection	450	<b>700.50</b>	
4238		Hernia Diaphragmatic, Traumatic Repair	461	<b>1050.60</b>	
4246		Hernia, Umbilical, Epigastric or Linea alba Repair of person <10yrs	409	<b>359.60</b>	
4249	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person <10yrs	409	<b>478.60</b>	
4251		Hernia, Umbilical, Epigastric or Linea alba Repair of person >10yrs	409	<b>401.60</b>	
4254	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person >10yrs	409	<b>548.60</b>	
4258		Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450	<b>595.30</b>	
4262	^	Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450	<b>700.50</b>	
4265		Hydrocele Tapping of		<b>47.80</b>	
4269		Hydrocele, Varicocele removal of Hydrocele or Insertion of testicular prosthesis when not associated with Item 4288, 4293 or 4296 - One procedure	408	<b>317.60</b>	
4273	^	Hydrocele, Varicocele removal of Hydrocele or Insertion of testicular prosthesis when not associated with Item 4288, 4293 or 4296 - One procedure	408	<b>392.30</b>	
4288		Orchidectomy, simple or subscapular, unilateral with or without insertion of testicular prosthesis	408	<b>401.60</b>	
4293	^	Orchidectomy, simple or subscapular, unilateral with or without insertion of testicular prosthesis	408	<b>548.60</b>	
4296		Orchidectomy and complete excision of spermatic cord	409	<b>700.50</b>	
4307		Undescended Testis, orchidopexy or transplantation of with or without herial repair	409	<b>700.50</b>	
4319		Circumcision person < 6 MTH	407	<b>63.10</b>	
4327		Circumcision person < 10yrs	407	<b>144.80</b>	
4338		Circumcision person 10yrs or over	407	<b>200.80</b>	
4345	^	Circumcision person 10yrs or over	407	<b>252.10</b>	
4351		Paraphimosis reduction of under GA with or without dorsal incision, not associated with any other item in this Part	406	<b>64.20</b>	
4354		Sigmoidoscopic Examination (with rigid sigmoidoscope), with or without biopsy		<b>73.60</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
4363		Sigmoidoscopic Examination (with rigid sigmoidoscope), under GA with or without biopsy, not associated with any other Item in this Part	406	112.00	
4366		Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408	191.50	
4367	^	Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408	252.10	
4380		Rectal Biopsy under GA Full or partial Thickness	407	219.50	
4383		Colonoscopy, Flexible fibreoptic Sigmoidoscopy or Fibreoptic up to the hepatic flexure, with or with out biopsy	407	170.40	
4386		Colonoscopy, Flexible fibreoptic Sigmoidoscopy or Fibreoptic up to the hepatic flexure, with removal of one or more polyps - not covered by Item 4366 or 4367	409	308.20	
4388		Colonoscopy, Fibreoptic examination of colon beyond the hepatic flexure, with or with out biopsy	409	501.90	
4394		Colonoscopy, Fibreoptic examination of colon beyond the hepatic flexure, with removal of one or more polyps	450	700.50	
4397		Tumour (Villous) of Rectum greater than 3cm local excision	443	536.90	
4399		Tumour Rectal excision of via trans-sphincteric approach	457	852.20	
4413		Rectum, Radical Operation for Prolapse of, involving laparotomy	457	1109.00	
4455		Anus Dilatation of under GA with or without disimpaction of faeces, not associated with any other item in this Part	405	94.50	
4467		Anal Prolapse - Circum Anal suture.	407	158.70	
4482		Anal Stricture repair of	408	378.20	
4490		Anal Sphincterotomy as an independent procedure for Hirschsprung's disease	407	359.60	
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	770.50	
4509		Haemorrhoids, rubber band ligation of or incision of thrombosed external haemorrhoids	406	73.60	
4523		Haemorrhoidectomy Radical	409	387.60	
4527	^	Hemorrhoidectomy Radical	409	490.30	
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	135.40	
4537		Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407	270.90	
4544	^	Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407	340.90	
4552		Anal Fistula in Ano, Subcutaneous excision of	408	308.20	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
4557	^	Anal Fistula in Ano, Subcutaneous excision of	408	<b>396.90</b>	
4568		Anal Fistula in Ano, excision of involving incision of external sphincter	408	<b>439.00</b>	
4573	^	Anal Fistula in Ano, excision of involving incision of external sphincter	408	<b>536.90</b>	
4590		Faecal Fistula, repair of	454	<b>945.60</b>	
4611		Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409	<b>401.60</b>	
4617	^	Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409	<b>513.60</b>	
4622		Injection Pilonidal Sinus under GA	407	<b>130.80</b>	
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)		<b>189.20</b>	
4637		Varicose veins, multiple ligations with or without local stripping or excision - one leg	408	<b>364.20</b>	
4641		Varicose Veins, high ligation & stripping or excision of long or short saphenous vein or its major tributaries - one leg	450	<b>665.40</b>	
4649		Varicose Veins, high ligation & stripping or excision of BOTH long or short saphenous vein or its major tributaries - one leg	454	<b>1004.00</b>	
4651		Varicose Veins, complete dissection at Sapheno-Femoral Junction, with or without ligation - one leg	407	<b>439.00</b>	
4655		Varicose Veins, high ligations of short saphenous vein at saphenous Popliteal Junction - one leg	407	<b>439.00</b>	
4658		Varicose Veins, sub-fascial ligation of single deep perforating vein not associated with any other varicose vein operation on the same leg - one leg	407	<b>270.90</b>	
4662		Varicose Veins, sub fascial ligation of multiple deep perforating veins, (Cockett's operation)	408	<b>677.10</b>	
4664		Varicose Veins, Re-operation for Sapheno-Femoral or Sapheno-Popliteal Incompetence, with or without multiple ligation, local stripping or excision - one leg	457	<b>723.80</b>	
4693		Major artery or vein of neck or extremity, repair of wound of, with restoration of continuity	457	<b>968.90</b>	
4778		Embolus, removal from an Artery or by-pass graft of Neck of extremities	454	<b>945.60</b>	
4784		Embolus or thrombus, removal of from an Artery or prosthetic graft of Trunk	459	<b>1214.10</b>	
4789		Embolus, removal of from Femoral, Iliac or other similar large Vein	454	<b>852.20</b>	
4794		Ruptured Abdominal Aortic Aneurysm, excision of and insertion of graft or repair of Aorto-duodenal Fistula, including repair of	470	<b>2369.80</b>	
<b>OPERATIONS FOR ACUTE OSTEOMYELITIS</b>					
4832		Osteomyelitis, operation for acute Phalanx	408	<b>165.80</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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	275.50	
4844		Osteomyelitis, operation for acute, Humerus or femur - on bone	450	478.60	
4860		Osteomyelitis Chronic - One bone or any combination of adjoining bones	454	478.60	
4864		Osteomyelitis Chronic - One bone Humerus or Femur	453	478.60	
<b>AMPUTATION OR DISARTICULATION OF LIMB</b>					
4927		Amputation One Digit of hand	407	210.10	
4930	^	Amputation One Digit of hand	407	261.50	
4934		Amputation Two Digits of hand	409	317.60	
4940	^	Amputation Two Digits of hand	409	387.60	
4943		Amputation Three Digits of hand	409	373.50	
4948	^	Amputation Three Digits of hand	409	452.90	
4950		Amputation Four Digits of hand	443	420.20	
4954	^	Amputation Four Digits of hand	443	513.60	
4957		Amputation Five Digits of hand	450	478.60	
4961	^	Amputation Five Digits of hand	450	595.30	
4972		Amputation Midcarpal or Transmetacarpal	408	308.20	
4976	^	Amputation Midcarpal or Transmetacarpal	408	396.90	
4990		Amputation One Digit of foot	407	158.70	
4993	^	Amputation One Digit of foot	407	193.70	
4995		Amputation Two Digits of foot	408	238.10	
4997	^	Amputation Two Digits of foot	408	294.20	
4999		Amputation Three Digits of foot	409	275.50	
5002	^	Amputation Three Digits of foot	409	340.90	
5006		Amputation Four Digits of foot	443	317.60	
5009	^	Amputation Four Digits of foot	443	387.60	
5015		Amputation Five Digits of foot	450	359.60	
5018	^	Amputation Five Digits of foot	450	443.60	
5024		Amputation, including Metatarsal or part of metatarsal - each toe	408	193.70	
5029	^	Amputation, including Metatarsal or part of metatarsal - each toe	408	247.50	
5034		Amputation Foot at Ankle (Syme, Pirogoff types)	409	478.60	
5038		Amputation Foot or Midtarsal or Transmetatarsal	408	396.90	
5050		Amputation thigh, at Knee or below knee	450	700.50	
<b>EAR, NOSE AND THROAT</b>					
5059		Ear Foreign Body, Removal of, otherwise than by simple syringing	405	110.90	
5062		Ear Foreign body in, involving incision of external auditory canal	407	322.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
5066		Ear Polyp Removal	405	193.70	
5172		GROMMETTS - insertion of tube for drainage of	408	322.10	
5182		Ear Toilet requiring use of operating microscope and microinspection of tympanic membrane with or without GA	408	147.10	
5186		Ear Tympanic membrane microinspection of one or both under GA	408	147.10	
5192		Nose Examination of cavity or Post nasal cavity and Post nasal space under GA	407	96.90	
5196		Nose Haemorrhage Posterior Arrest Packing with or without cauterisation	409	165.80	
5201		Nose Foreign Body Removal other than by simple probing	407	105.10	
5205		Nose Polyp or Polypi Removal of (simple)		110.90	
5210		Nose Polyp or Polypi Removal of (requiring admission to hospital)	408	233.50	
5214	^	Nose Polyp or Polypi Removal of (requiring admission to hospital)	408	294.20	
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	135.40	
5230		Nose Haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both	408	121.40	
5245		Maxillary Antrum, Proof Puncture and Lavage of	407	43.90	
5254		Maxillary Antrum, Proof Puncture and Lavage of under GA	407	123.70	
5264		Maxillary Antrum, Lavage of - each attendance at which the procedure is performed, including any associated cons.	407	36.90	
5348		Post Nasal Space, direct examination of, with or without biopsy	408	165.80	
5363		Tonsils or Tonsils and Adenoids, removal of in person <12 years	408	294.20	
5366	^	Tonsils or Tonsils and Adenoids, removal of in person <12 years	408	396.90	
5389		Tonsils or Tonsils and Adenoids, removal of in person >12 years	409	373.50	
5392	^	Tonsils or Tonsils and Adenoids, removal of in person >12 years	409	501.90	
5396		Tonsils or Tonsils and Adenoids, Arrest or haemorrhage requiring GA following removal of	443	154.10	
5401	^	Tonsils or Tonsils and Adenoids, Arrest or haemorrhage requiring GA following removal of	443	193.70	
5407		Adenoids, Removal of	407	158.70	
5411	^	Adenoids, Removal of	407	219.50	
5445		Quinsy - Peritonsillar Abscess Incision of	408	94.50	
5464		Oesophagoscopy ( with rigid oesophagoscope)	407	252.10	
5470		Oesophagoscopy with dilation or insertion of prosthesis - each occasion	408	490.30	
5480		Oesophagoscopy ( with rigid oesophagoscope) with biopsy	408	322.10	
5486		Oesophagoscopy ( with rigid oesophagoscope) with removal of Foreign body	408	478.60	
5490		Oesophageal Stricture, Dilatation of, without oesophagoscopy	407	70.00	
5492		Oesophagus Endoscopic Pneumatic Dilation	409	308.20	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
5520		Larynx, direct examination of the supraglottic, glottic and subglottic regions not associated with any other procedure under GA	409	<b>252.10</b>	
5524		Larynx, direct examination of, with biopsy	409	<b>368.90</b>	
5530		Larynx, direct examination of, with removal of tumour	443	<b>396.90</b>	
5572		Tracheostomy	450	<b>247.50</b>	
5598	^	Tracheostomy	450	<b>322.10</b>	
5601		Trachea, removal of Foreign body	408	<b>238.10</b>	
5605		Bronchoscopy, as an independent procedure	408	<b>238.10</b>	
5611		Bronchoscopy, with biopsy or other diagnostic or therapeutic procedure	409	<b>317.60</b>	
5613		Bronchus, removal of foreign body	443	<b>490.30</b>	
<b>UROLOGICAL</b>					
5691		Kidney Stone Removal - nephrolithotomy or pyelolithotomy	454	<b>1284.10</b>	
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	<b>1482.50</b>	
5705		Ureterolithotomy (Stone Removal)	453	<b>1167.40</b>	
5715		Nephrostomy, nephrotomy or pyelostomy with drainage	453	<b>1050.60</b>	
5744		Kidney Repair of , wound or injury	457	<b>1284.10</b>	
5840		Catherterisation of Bladder, no other surgical procedure is preformed	405	<b>43.90</b>	
5841		Ureteroscopy, Cystoscopy with or without Pyeloscopy including, where performed,	406	<b>583.60</b>	
5843		Ureteroscopy, Cystoscopy with or without Pyeloscopy including, where performed, ureteric meatotomy or dilatation of the ureter with one or more procedures	407	<b>957.30</b>	
5845		Cystoscopy, with or without urethral dilatation	406	<b>198.40</b>	
5851		Cystoscopy, with ureteric catheterisation, with or without introduction of opaque medium	406	<b>294.20</b>	
5853		Cystoscopy with controlled hydro-dilatation of the bladder	406	<b>322.10</b>	
5864		Cystoscopic Removal of Foreign body	407	<b>387.60</b>	
5868		Cystoscopy, with biopsy of bladder tumour	407	<b>322.10</b>	
5871		Cystoscopy, with diathermy or resection of superficial bladder tumours with other diathermy of bladder or prostate	407	<b>452.90</b>	
5875		Cystoscopy & Diathermy or Resection of superficial Bladder Tumours or with other diathermy of bladder or prostate	407	<b>968.90</b>	
5878		Cystoscopy with Diathermy or Resection of invasive bladder tumours or solitary tumour over 2 cm in diameter	407	<b>368.90</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
5881		Cystoscopy with Endoscopic resection of bladder neck or cystoscopy with endoscopic incision of bladder neck or both	408	653.80	
5885		Cystoscopy with Endoscopic removal or manipulation of uretic calculus	407	595.30	
5888		Litholapaxy with or without cyctoscopy	408	653.80	
5891		Bladder Repair of rupture of, or partial excision of, or plastic repair of	457	793.80	
5894	^	Bladder Repair of rupture of, or partial excision of, or plastic repair of	457	968.90	
5897		Cystostomy or Cystotomy, Suprapubic (not covered by item 5903)	409	478.60	
5901	^	Cystostomy or Cystotomy, Suprapubic (not covered by item 5903)	409	595.30	
5903		Cystotomy Suprapubic stab	407	110.90	
5947		Vesico-Colic Fistula, closure of, excluding bowel resection	453	933.90	
5964		Bladder Aspiration by needle		65.30	
5968		Cystotomy, with removal of calculus as an independent procedure	409	653.80	
5977		Urethropexy (Marshall-Marchetti operation)	443	933.90	
6001		Prostatectomy (suprapubic, perineal or retropubic)	457	1470.90	
6005		Prostatectomy (endoscopic) with or without cystoscopy and including services covered by item 6039, 6061, 6066 or 6069	450	1529.20	
6022		Prostate, open perineal biopsy of	407	396.90	
6027		Prostate, biopsy of, endoscopic with or without cystoscopy	407	595.30	
6030		Prostate, needle biopsy of , or injection into	406	193.70	
6033		Prostatic Abscess, retropubic or endoscopic drainage of	408	653.80	
6036		Urethral Sounds, passage of, as an independent procedure	406	65.30	
6039		Urethral Stricture, dilatation of	406	110.90	
6041		Urethra, repair of Rupture	450	1284.10	
6044		Urethral Fistula, closure of	409	387.60	
6066		Urethral Meatotomy, External	405	130.80	
6069		Urethrotomy, external or internal	406	322.10	
6140		Urethra, Diathermy of	405	261.50	
6146		Urethra, excision of prolapse of Prol	408	261.50	
6189		Penis Repair of laceration or fracture involving cavernous tissue	409	653.80	
6199		Penis, Peyronie's disease, Injection procedure for		65.30	
6218		Testicular Biopsy	407	261.50	
6221		Epididymal or Spermatocele Cyst, excision of	407	317.60	
6224	^	Epididymal or Spermatocele Cyst, excision of	407	387.60	
6228		Testis Exploration of, with or without fixation for torsion	406	387.60	
6236		Epididymectomy	409	439.00	
6249		Vasectomy or Vasotomy (unilateral or bilateral)	406	261.50	
6253	^	Vasectomy or Vasotomy (unilateral or bilateral)	406	322.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
<b>GYNAECOLOGICAL</b>					
6258		Gynaecological Examination under GA, not associated with any other item in this part	406	<b>109.70</b>	
6262		IUD Introduction of	406	<b>72.30</b>	
6264		IUD Removal of under GA	406	<b>72.30</b>	
6271		Hymenectomy	406	<b>121.40</b>	
6274		Bartholin's Cyst, excision of	408	<b>242.80</b>	
6277	^	Bartholin's Cyst, excision of	408	<b>298.80</b>	
6278		Bartholin's Cyst or Gland, marsupialisation of	407	<b>156.40</b>	
6280	^	Bartholin's Cyst or Gland, marsupialisation of	407	<b>196.10</b>	
6284		Bartholin's Abscess, incision of	406	<b>78.20</b>	
6290		Urethra or Urethral Caruncle, Cauterisation of	405	<b>78.20</b>	
6292		Urethral Caruncle, excision of	407	<b>156.40</b>	
6296	^	Urethral Caruncle, excision of	407	<b>196.10</b>	
6299		Clitoris, amputation of, where medically indicated	408	<b>364.20</b>	
6302		Vulvectomy (simple) Vulvoplasty or Labioplasty, where medically indicated	443	<b>478.60</b>	
6313		Vagina Dilatation of as an independent procedure including any associated consultation	405	<b>58.40</b>	
6321		Vagina, removal of simple tumour ( including Gartner duct cyst)	409	<b>289.50</b>	
6332		Vagina , partial or complete removal of	454	<b>536.90</b>	
6336		Vaginal orifice enlarge - plastic repair	443	<b>217.10</b>	
6347		Vaginal Repair, Anterior or Posterio (involving repair of rectocele or enterocele or both) not covered by 6358, 6363, 6367 or 6373	450	<b>466.90</b>	
6352	^	Vaginal Repair, Anterior or Posterio (involving repair of rectocele or enterocele or both) not covered by 6358, 6363, 6367 or 6374	450	<b>572.00</b>	
6358		Vaginal Repair, Anterior or Posterior (involving repair of rectocele or enterocele or both) not covered by , 6367 or 6373	450	<b>572.00</b>	
6363	^	Vaginal Repair, Anterior or Posterior (involving repair of rectocele or enterocele or both) not covered by , 6367 or 6374	450	<b>723.80</b>	
6367		Donald Fothergill or Manchester Operation for Genital Prolapse	450	<b>688.80</b>	
6373	^	Donald Fothergill or Manchester Operation for Genital Prolapse	450	<b>910.60</b>	
6396		Operation involving ABDOMINAL APPROACH for repair of Enterocele or Suspension of Vaginal vault or enterocele and suspension of vaginal vault	443	<b>723.80</b>	
6406		Stress Incontinence, Sling operation for	454	<b>910.60</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
6407		Stress Incontinence combined synchronous Abdomino-Vaginal operation; abdominal procedure (including after care)	454	<b>910.60</b>	
6411		Cervix, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix	406	<b>86.40</b>	
6413		Cervix removal of Polyp or polypi, with or without dilatation of cervix, not associated with 6411	406	<b>85.30</b>	
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	<b>86.40</b>	
6430		Cervix, Cone biopsy, amputation or repair of not covered by item 6367 or 6373	408	<b>233.50</b>	
6431	^	Cervix, Cone biopsy, amputation or repair of not covered by item 6367 or 6373	408	<b>289.50</b>	
6446		Cervix Dilatation of , under GA, not covered by item 6460, 6464 or 6469	406	<b>109.70</b>	
6451		Hysteroscopy under GA or Culdoscopy	408	<b>144.80</b>	
6460		D & C under GA with or without dilatation ( including curettage for incomplete miscarriage)	406	<b>182.10</b>	
6464	^	D & C under GA with or without dilatation ( including curettage for incomplete miscarriage)	406	<b>247.50</b>	
6469		Preg-D&C not covered by Item 6460/6464	406	<b>294.20</b>	
6483		Uterus - Coploscopy, cervical biopsy and radial diathermy of	409	<b>275.50</b>	
6508		Hysterotomy or Uterine Myomectomy	450	<b>723.80</b>	
6513		Hysterectomy Abdominal, Sub-total or total or vaginal hysterectomy not covered by 6544	453	<b>723.80</b>	
6517	^	Hysterectomy Abdominal, Sub-total or total or vaginal hysterectomy not covered by 6545	453	<b>910.60</b>	
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	<b>945.60</b>	
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	<b>1202.40</b>	
6544		Hysterectomy - Vaginal (with or without uterine curettage) with salpingectomy, oophorectomy for excision of ovarian cyst, one or both sides	454	<b>1015.60</b>	
6553		Ectopic Gestation removal of	443	<b>572.00</b>	
6557	^	Ectopic Gestation removal of	443	<b>723.80</b>	
6585		Uterus Suspension of fixation of, as an independent procedure	409	<b>478.60</b>	
6594	^	Uterus Suspension of fixation of, as an independent procedure	409	<b>630.40</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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	439.00	
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	536.90	
6631		Tuboplasty, Unilateral or Bilateral, one or more procedures	453	863.90	
6638		Hydrotubation of Fallopian Tubes	408	91.10	
6643		Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian, Fimbrial or Board Ligament Cyst, Laparotomy	443	490.30	
6644	^	Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian, Fimbrial or Board Ligament Cyst, Laparotomy	443	607.10	
6648		Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian,	450	583.60	
6649	^	Oophorectomy, Salpingectomy, Salpingo-oophorectomy, removal of Ovarian, parovarian,	450	735.50	
6655		Ovarium Tumour including omentectomy - Radical or Debulking	460	910.60	
6657		Ovarian Cancer 2nd Look, Laparotomy, for reassessment	457	910.60	
<b>OPHTHALMOLOGICAL</b>					
6686		Ophthalmological (Eye) examination under GA not associated with any other item in this part	406	137.80	
6752		Abscess Intraorbital Drainage of	407	158.70	
6754		Tarsal Cyst, Extripation of	407	112.00	
6802		Tear Duct (Lacrimal Passages) Lavage of, unilateral not associated with Item 6799 (excluding after-care)	405	65.30	
6818		Sclera or Cornea, removal of Foreign Body from	409	96.90	
6824		Cornea, epithelial debridement for corneal ulcer or corneal erosion	409	96.90	
6837		Pterygium, removal of	407	368.90	
6848		Lens Extraction	453	1050.60	
6852		Artificial Lens , insertion of	453	583.60	
6873		GLAUCOMA FILTERING AND ALLIED OPERATION	450	1284.10	
<b>THORACIC</b>					
6940		Aspiration Chest, or paracentesis of, or both ( excluding after-care)		93.40	
6953		Catheter Chest, (Drain), insertion of, not involving resection of rib 9 excluding after-care)	408	151.70	
<b>NEURO-SURGICAL</b>					
7085		Lumbar Puncture, or Spinal or Epidural injection, not covered by Item 748	406	102.80	
7118		Nerve Cutaneous (including digital nerve), primary Repair of	409	322.10	
7119		Nerve Cutaneous (including digital nerve), secondary Repair of	443	415.60	
7120		Nerve Cutaneous (including digital nerve), primary Repair of using the operating microscope	443	478.60	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
7124		NERVE TRUNK PRIMARY repair of	409	595.30	
7143		Nerve Transposition of	409	595.30	
7148		Neurectomy, Neurotomy or removal of Tumour from superficial peripheral nerve	409	252.10	
7152	^	Neurectomy, Neurotomy or removal of Tumour from superficial peripheral nerve	409	317.60	
7156		Neurectomy, Neurotomy or removal of Tumour from deep peripheral nerve	450	595.30	
7178		Neurlysis by open operation without transposition, not associated with item 7133	408	350.20	
7182	^	Neurlysis by open operation without transposition, not associated with item 7134	408	439.00	
7184		Subdural haemorrhage, Tap for, each tap	407	110.90	
7212		Burr-Hole craniotomy for, - Intracranial haemorrhage	453	642.10	
<b>TREATMENT OF DISLOCATIONS NOT REQUIRING OPEN OPERATION</b>					
7397		Dislocation Mandible	405	64.20	
7410		Dislocation Clavical	405	99.20	
7412		Dislocation Shoulder 1st or 2nd dislocation	405	121.40	
7416		Dislocation Shoulder - 3rd or subsequent dislocation requiring Anaesthesia	405	99.20	
7419		Dislocation Shoulder - 3rd or subsequent dislocation not requiring Anaesthesia		79.40	
7423		Dislocation Elbow	405	147.10	
7426		Dislocation Carpus	405	94.50	
7430		Dislocation Carpus on Radius and Ulna	405	191.50	
7432	^	Dislocation Carpus on Radius and Ulna	405	238.10	
7435		Dislocation Finger	405	40.10	
7436		Dislocation Metacarpo-Phalangeal joint of Thumb	405	121.40	
7440		Dislocation Hip	406	308.20	
7443	^	Dislocation Hip	406	396.90	
7446		Dislocation Knee	405	224.20	
7451	^	Dislocation Knee	405	275.50	
7457		Dislocation Patella	405	94.50	
7461		Dislocation Ankle	405	158.70	
7464		Dislocation Toe	405	47.80	
7468		Dislocation Tarsus	405	121.40	
<b>DISLOCATIONS REQUIRING OPEN OPERATION</b>					
7480		Dislocation requiring Open Operation referred to in Item 7397, 7410, 7416, 7419, 7426, 7435, 7457, 7464	482	161.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
7483		Dislocation requiring Open Operation referred to in an Item (other than an item referred to in Item 7480) under the heading Dislocations Not Requiring Open Operation in this Division. <b>DERIVED FEE</b> - The fee for the treatment of the dislocation, had such dislocation not required open operation, plus one half of the fee	482	<b>1.5 x Item</b>	
<b>TREATMENT OF FRACTURES SIMPLE AND UNCOMPLICATED NOT REQUIRING OPEN OPERA</b>					
7505		# Terminal Phalanx of finger or thumb	405	<b>59.50</b>	
7508		# Proximal Phalanx of finger or thumb	405	<b>123.70</b>	
7512	^	# Proximal Phalanx of finger or thumb	405	<b>184.50</b>	
7516		# Middle Phalanx of finger	405	<b>81.70</b>	
7520		# Metacarpals 1 or more, not involving base of first carpometacarpal joint	405	<b>184.50</b>	
7524	^	# Metacarpals 1 or more, not involving base of first carpometacarpal joint	405	<b>252.10</b>	
7527		# Bennett's - First metacarpal involving carpometacarpal joint	405	<b>210.10</b>	
7530	^	Epidural Local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with GA	405	<b>294.20</b>	
7533		# Carpus ( excluding navicular)	406	<b>94.50</b>	
7535		# Scaphoid (Carpal) or navicular	406	<b>184.50</b>	
7538	^	# Scaphoid (Carpal) or navicular	406	<b>219.50</b>	
7540		# Colles' fracture of wrist	406	<b>247.50</b>	
7544	^	# Colles' fracture of wrist	406	<b>368.90</b>	
7547		# Radius or Ulna Distal end, involving wrist	406	<b>184.50</b>	
7550		# Radius	406	<b>210.10</b>	
7552	^	# Radius	406	<b>294.20</b>	
7559		# Ulna	406	<b>191.50</b>	
7563	^	# Ulna	406	<b>233.50</b>	
7567		# Radius & Ulna & Humerus of forearm	407	<b>275.50</b>	
7572	^	# Radius & Ulna & Humerus of forearm	407	<b>401.60</b>	
7588		# Clavicle or Sternum	407	<b>130.80</b>	
7593	^	# Clavicle or Sternum	407	<b>184.50</b>	
7597		# Scapula	407	<b>158.70</b>	
7601		# Ribs 1 or more - each attendance &	408	<b>41.10</b>	
7605	^	# Ribs 1 or more - each attendance &	408	<b>58.40</b>	
7608		# Pelvis ( excluding symphysis pubis) or sacrum	409	<b>238.10</b>	
7610	^	# Pelvis ( excluding symphysis pubis) or sacrum	409	<b>317.60</b>	
7615		# Symphysis Pubis	408	<b>184.50</b>	
7619	^	# Symphysis Pubis	408	<b>238.10</b>	
7624		# Femur	409	<b>548.60</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
7627	^	# Femur	409	700.50	
7632		# Fibula or Tarsus ( excepting os calcis or os talus)	407	137.80	
7637	^	# Fibula or Tarsus ( excepting os calcis or os talus)	407	198.40	
7641		# Tibia or Patella	407	219.50	
7643	^	# Tibia or Patella	407	294.20	
7647		# Pott's - Tibia & Fibula, with or without dislocation, Os calcis (calcaneus), Os Talus or both shafts of leg	408	359.60	
7652		# Pott's - Tibia & Fibula, with or without dislocation, Os calcis (calcaneus), Os Talus or both shafts of leg	408	478.60	
7673		# Metatarsals - one or more	406	126.10	
7677	^	# Metatarsals - one or more	406	184.50	
7681		# Toe, Phalanx of, (other than great toe)	405	50.20	
7683		# Toe, Phalanx of - more than one (other than great toe)	405	79.40	
7687	^	#Toe- distal Phalanx of great toe	405	123.70	
7691		# Toe Proximal Phalanx of great toe	405	123.70	
7694		# Skull not requiring operation		41.10	
7697		# Skull not requiring operation		58.40	
7701		# Nose bones, not requiring reduction - each attendance		41.10	
7706	^	# Nose bones, not requiring reduction - each attendance		58.40	
7709		# Nose bones, requiring reduction	407	233.50	
7712	^	# Nose bones, requiring reduction	407	322.10	
7715		# Nose bones, requiring reduction and involving osteotomies	409	653.80	
7719		# Mandible or Maxilla, unilateral or bilateral, not requiring splining		212.50	
7764		# Zygoma	408	161.10	
7766	^	# Zygoma	408	219.50	
7774		# Spine (excluding sacrum) not requiring Immobilisation in plaster each attendance		41.10	
7777	^	# Spine (excluding sacrum) not requiring Immobilisation in plaster each attendance		58.40	
7781		# Spint (excluding sacrum) Vertebral Body, without involvement of cord not requiring immobilisation in plaster	443	41.10	
7785	^	# Spint (excluding sacrum) Vertebral Body, without involvement of cord not requiring immobilisation in plaster	443	58.40	
7789		# Spint (excluding sacrum) Vertebral Body, with involvement of cord	443	275.50	
<b>FRACTURES SIMPLE AND UNCOMPLICATED REQUIRING OPEN OPERATION</b>					
7802		# Open Operation, Simple & Uncomplicated	483	161.10	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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. <b>DERIVED FEE</b> - The fee for the treatment of the fracture, had such fracture not required open operation, plus one-third of that fee.	483	<b>1.33 x Item</b>	
7808		# Internal Fixation of simple and Uncomplicated	484	<b>161.10</b>	
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. <b>DERIVED FEE</b> - The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.		<b>1.5 x Item</b>	
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	<b>161.10</b>	
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. <b>DERIVED FEE</b> - The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.		<b>1.5 x Item</b>	
<b>FRACTURES COMPLICATED REQUIRING OPEN OPERATION</b>					
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	<b>161.10</b>	
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. <b>DERIVED FEE</b> - The fee for the treatment of the fracture, had such fracture not required open operation, plus three-quarters of that fee.		<b>1.75 x Item</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
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 <b>DERIVED FEE</b> - 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. <b>DERIVED FEE</b> - The fee specified for the administration of the anaesthetic for the reduction of the fracture.		.5 x Item	
7834		EACH SUBSEQUENT REDUCTION (without full post-operative treatment) in a series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this division <b>DERIVED FEE</b> - 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. <b>DERIVED FEE</b> - 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 <b>DERIVED FEE</b> - 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. <b>DERIVED FEE</b> - 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 <b>DERIVED FEE</b> - The fee specified for the treatment of the fracture plus one-third of that fee.		1.33 x Item	
<b>ORTHOPAEDIC</b>					
7853		Accessory or Sesamoid Bone Removal of	407	382.90	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
7855		Bone Cyst, injection of steroids into	409	<b>275.50</b>	
7861		Nail , Digital - Removal of	406	<b>47.80</b>	
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	<b>40.10</b>	
7868		Thenar or Hypothenar, Middle Palmar spaces, drainage of	407	<b>96.90</b>	
7872		Wedge Resection - Ingrowing toenail, excision of nail bed	407	<b>224.20</b>	
7878	^	Wedge Resection - Ingrowing toenail, excision of nail bed	407	<b>294.20</b>	
7883		Pin or Wire, Insertion of as an independent procedure	406	<b>165.80</b>	
7886		Wire Pin Screw, Nail or Plate - removal of requiring incision under GA	409	<b>252.10</b>	
7898		# Femur Internal Fixation of neck or intertrochanteric (pertrochanteric) fracture	453	<b>1330.80</b>	
7911		Manipulation of Joint, Joints, spine, joint & Spine or joints and spine under GA not associated with any other Item in this Part	405	<b>154.10</b>	
7915	^	Manipulation of Joint, Joints, spine, joint & Spine or joints and spine under GA	405	<b>191.50</b>	
7975		Bone Graft Femur	453	<b>1167.40</b>	
7977		Bone Graft Tibia	450	<b>933.90</b>	
7983		Bone Graft Humerus or to Radius and Ulna	450	<b>1167.40</b>	
7993		Bone Graft Radius and Ulna	409	<b>817.20</b>	
7999		Bone Graft Scaphoid	443	<b>770.50</b>	
8001		Bone Graft other bones not covered by any other item in this part	409	<b>677.10</b>	
8009		Shoulder removal of Calcium deposit from cuff	409	<b>382.90</b>	
8014		Shoulder Arthrotomy	408	<b>401.60</b>	
8017		Shoulder Arthroplasty or plastic reconstruction	453	<b>992.30</b>	
8022		Arthrodesis, arthrectomy or arthroplasty of Small Joint	406	<b>443.60</b>	
8026		Arthrotomy Small Joint	406	<b>123.70</b>	
8040		Arthrotomy Large Joint	409	<b>358.10</b>	
8053		Arthroplasty Hip	450	<b>1120.70</b>	
8080		Knee Arthroscopy - diagnostic not associated with a procedure through the arthroscope	407	<b>303.50</b>	
8082		Knee Arthrotomy - including removal of one or more of loose body, removal of foreign body, biopsy or lateral capsular release	407	<b>548.60</b>	
8085		Knee Meniscectomy, repair of one collateral ligament, patellectomy, operation of recurrent dislocation of patella.	409	<b>653.80</b>	
8088		Knee - Synovectomy, arthrectomy, arthodesis, repair of cruciate ligaments, replacement of cruciate ligaments	443	<b>1004.00</b>	
8092		Knee - Three or more Procedures for correction of rotary instability involving injury to cruciate ligaments	454	<b>1284.10</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
8105		Aspiration of Joint or other Synovial Cavity, Injection into or both of these procedures	406	<b>43.90</b>	
8113		Joint, repair of capsule or ligament of, or internal fixation of, to stabilize joint	408	<b>548.60</b>	
8120		Calcanean Spur Removal of	407	<b>490.30</b>	
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	<b>688.80</b>	
8135		Hallux Valgus, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon	409	<b>933.90</b>	
8151		Hammer Toe correction of	407	<b>303.50</b>	
8153	^	Hammer Toe correction of	407	<b>373.50</b>	
8169		Bunion Excision of - simple removal of	407	<b>303.50</b>	
8173	^	Bunion Excision of - simple removal of	407	<b>373.50</b>	
8179		Exostosis Large Bone	407	<b>368.90</b>	
8182	^	Exostosis Large Bone	407	<b>452.90</b>	
8185		Osteotomy or Osteectomy of Phalanx, Metacarpal or Metatarsal	407	<b>382.90</b>	
8187		Osteotomy or Osteectomy of Phalanx, Metacarpal or Metatarsal	407	<b>401.60</b>	
8190		Osteotomy of Phalanx, Metacarpal or Metatarsal with internal fixation	408	<b>401.60</b>	
8193		Osteotomy of Phalanx, Metacarpal or Metatarsal with internal fixation	408	<b>490.30</b>	
8201		Osteotomy of Tibia, Humerus, Femur or Pelvic Bone with internal fixation	453	<b>1330.80</b>	
8219		Suture, Flexor Tendon Hand, primary	409	<b>387.60</b>	
8222	^	Suture, Flexor Tendon Hand, primary	409	<b>490.30</b>	
8225		Suture, Flexor Tendon Hand, secondary	443	<b>548.60</b>	
8227		Suture, Extensor Tendon Hand, primary	409	<b>200.80</b>	
8230	^	Suture, Extensor Tendon Hand, primary	409	<b>247.50</b>	
8233		Suture, Extensor Tendon Hand, secondary	443	<b>382.90</b>	
8235		Suture, Achilles Tendon or other large Tendon	443	<b>490.30</b>	
8238	^	Suture, Achilles Tendon or other large Tendon	443	<b>618.80</b>	
8241		Suture, Tendon of Foot, primary suture of	409	<b>247.50</b>	
8243		Suture, Tendon of Foot, primary suture of	409	<b>368.90</b>	
8246		Tenotomy. Subcutaneous, one or more tendons	405	<b>154.10</b>	
8249		Tenotomy Open, with or without tenoplasty	408	<b>373.50</b>	
8257		Tendon Graft	409	<b>933.90</b>	
8267		Tendon Sheath, Incision of, or open operation for Stenosing Tendonvaginitis	407	<b>303.50</b>	
8275		Tenolysos of Flexor Tendon, following tendon injury, repair or graft	409	<b>439.00</b>	
8279		Tenolysos of Extensor Tendon, following tendon injury, repair or graft	408	<b>252.10</b>	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
8282		Tendon sheath of finger or thumb	409	331.50	
8287		Synovectomy of inaterphalangeal joint	409	308.20	
8296		Dupuytren's Contracture, subcutaneous fasciotomy	409	247.50	
8298		Dupuytren's Contracture, radical operation for	443	618.80	
8320		Radical Planter Fasciotomy ( Steindler's Operation)	408	700.50	
8326		Subtalar Arthrodesis ( Extra-Articular)	450	770.50	
<b>OPERATIONS FOR EXCISION OF CONGENITAL ABNORMALITIES</b>					
8428		Ligation of pedicle Extra Digit	405	65.30	
8430		Amputation of Digit Extra	407	165.80	
8432		Dermoid periorbital or superficial nasal, excision of	409	238.10	
8434	^	Dermoid periorbital or superficial nasal, excision of	409	308.20	
8436		Dermoid, Orbital, excision of	409	653.80	
8440		Dermoid, of Nose, excision of with intranasal extension	409	770.50	
<b>PLASTIC AND RECONSTRUCTIVE</b>					
8449		Single stage large muscle flap repair (pectoralis major, gastrocnemius, gracilis or similar large muscle)	461	852.20	
<b>SKIN FLAP SURGERY</b>					
8480		Skin Flap, Single stage local, simple, Small, excluding flap for male pattern baldness	408	382.90	
8484		Skin Flap, Single stage local, complicated or large, excluding flap for male pattern baldness	450	548.60	
8485		Direct Flap repair (cross arm, abdominal or similar) first stage	453	642.10	
8486		Direct Flap repair (cross arm, abdominal or similar) second stage	453	317.60	
8487		Direct Flap, cross leg, First Stage	457	1365.80	
8488		Direct Flap, cross leg, Second Stage	443	618.80	
8490		Direct Flap, small (cross finger or similar) first Stage	408	350.20	
8492		Direct Flap, small (cross finger or similar) second Stage	408	158.70	
8494		Indirect Flap or Tubed Pedicle, formation of	450	595.30	
8502		Direct, indirect or Local Flap repair, Revision of Graft	408	350.20	
<b>FREE GRAFTS</b>					
8504		Skin Grafts (split skin or pitch grafts) on granulating areas, small	408	275.50	
8508		Skin Grafts (split skin ) on granulating areas, extensive	453	548.60	
8509		Skin Grafts (Split skin) to Burns, including excision of burned tissue - involving not more that 2.5% of total body surface	409	401.60	

ITEM No	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	Effective 1/8/08 4.22%	CLARIFICATIONS REFERENCE
8511		Skin Grafts (Split skin) to Burns, including excision of burned tissue - involving more than 2.5% of total body surface	457	<b>852.20</b>	
8512		Skin Grafts (Split skin) including elective dissection, small	409	<b>382.90</b>	
8516		Skin Grafts (Split skin) including elective dissection, extensive; or inlay graft using a mould,	453	<b>793.80</b>	
8518		Skin Graft Full Thickness, excluding grafts for male pattern baldness	443	<b>642.10</b>	
<b>OTHER GRAFTS AND MISCELLANEOUS PROCEDURES</b>					
8528		Mammoplasty Reduction (unilateral) with or without repositioning of nipple	450	<b>1214.10</b>	
8594		Rhinoplasty, correction of lateral or alar cartilages or columella, one or more	450	<b>688.80</b>	
8608		Bat Ear, Lop Ear or similar deformity, correction of	409	<b>700.50</b>	
8614		Lip or Eyelid, Full thickness Wedge Excision, with repair by direct sutures	409	<b>439.00</b>	
<b>ANAESTHETIC ITEM NUMBERS - OBSTETRIC</b>					
9023		Anaesthetic, administration of associated with percutaneous insertion of peripheral venous cannula	4 units	<b>88.70</b>	
9025		Anaesthetic, administration of associated with peripheral venous cannulation of open exposure	5 units	<b>110.90</b>	
9035		Anaesthetic, administration of associated with manual removal of products of conception, treatment of postpartum haemorrhage or repair of third degree tear	7units	<b>156.40</b>	
9037		Anaesthetic, administration of associated with manipulative correction of acute inversion of uterus	8 units	<b>177.50</b>	
9039		Anaesthetic, administration of associated with caesarean section	10 units	<b>416.80</b>	
<b>MISCELLANEOUS</b>					
		<b>1995 Clarification Rates</b>			
	4.1	RDA/CMBS Ratio 148.60%			
	18.1.4	On 100% * 2.33473			
		On 85% * 2.746741			
	11.2A	11.2A Mileage 36.8 c/km			
	11.2B	11.2B Mileage 30.8 c/km			