

ATTACHMENT 1: 2025/26 RURAL DOCTORS SETTLEMENT PACKAGE RATES

Any items not listed in the schedule are to be paid at the rate of 140% of the current Medicare Benefits Schedule fee

EFFECTIVE 1 AUGUST 2025

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2023	Effective 1/08/2024	Effective 1/08/2025
VISITS NURSING HOME PATIENT							
32		Consultation Nursing Home Type, 2 Inpatients		Clarif'n 2025. 17	55.20	57.70	60.00
34		Consultation Nursing Home, >2 Inpatients		Clarif'n 2025. 17	46.30	48.40	50.40
PRE-OPERATIVE EXAMINATION BY ANAESTHETIST							
82		Item 82 is payable when the VMO does an examination in preparation for an anaesthetic in a place other than an operation theatre or an anaesthetic induction room.		Clarif'n 2025. 10.2	64.80	67.70	70.40
VISITS - SPECIALIST, REFERRED CONSULTATION							
88		Specialist, referred Consultation 1st			184.10	192.30	200.10
94		Specialist, referred Consultation 2nd			92.10	96.20	100.10
PROLONGED PROFESSIONAL ATTENDANCE - Professional attendance (not covered by any other item in this Part) on a patient in imminent danger of death requiring life saving emergency treatment (not being treatment of a counselling nature) - to the exclusion of all other patients							
160		Consultation, Emergency, Prolonged not less than 1 but less than 2hrs		Clarif'n 2025. 9.4	257.40	268.80	279.70
161		Consultation, Emergency, Prolonged not less than 2 but less than 3hrs		Clarif'n 2025. 9.4	419.50	438.10	455.80
162		Consultation, Emergency, Prolonged not less than 3 but less than 4hrs		Clarif'n 2025. 9.4	581.40	607.20	631.80
163		Consultation, Emergency, Prolonged not less than 4 but less than 5hrs		Clarif'n 2025. 9.4	754.30	787.80	819.70
164		Consultation, Emergency, Prolonged - after 5hrs and claimable in conjunction with item 163		Clarif'n 2025. 9.4 per hour to the nearest 15min			176.00
165		As from 1 January 2007 Prolonged professional attendance not less than one hour - ventilated patient awaiting transfer. Cannot be claimed at the same time period as items 160-164 by the same doctor.		per 15/min	94.00	98.20	102.20
OBSTETRIC ITEMS - GENERAL							

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2023	Effective 1/08/2024	Effective 1/08/2025
201		Management of labour, where the patient's care has been transferred to another medical practitioner for completion of the delivery. This item covers those occasions when a patient is handed over while in labour from the practitioner who under normal circumstances would have delivered the baby; but because of compelling circumstances decides to transfer the patient to another practitioner for the delivery.			574.40	599.90	624.20
OBSTETRIC - SPECIAL SERVICES							
210		Caesarean Section and post natal care for 9 days where the patient has been referred for management of the confinement and the practitioner does not provide the antenatal care	9039	Clarif'n 2025, 12.3	1324.90	1383.70	1439.70
275	^	Induction & Management of 2nd Trimester Labour.			625.60	653.40	679.90
290		Antenatal Cardiotocograph in the management of High Risk pregnancy (not during the course of the confinement).		Clarif'n 2025, 12.6	77.30	80.70	84.00
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		162.00	169.20	176.10
ANAESTHETIC							
401		ANAESTHETIC 1 UNIT			34.70	36.20	37.70
403		ANAESTHETIC 2 UNITS			70.00	73.10	76.10
405		ANAESTHETIC 4 UNITS			139.70	145.90	151.80
406		ANAESTHETIC 5 UNITS			174.70	182.50	189.90
407		ANAESTHETIC 6 UNITS			209.70	219.00	227.90
408		ANAESTHETIC 7 UNITS			246.70	257.70	268.10
409		ANAESTHETIC 8 UNITS			279.80	292.20	304.00
443		ANAESTHETIC 9 UNITS			316.60	330.70	344.10
450		ANAESTHETIC 10 UNITS			349.70	365.20	380.00
453		ANAESTHETIC 11 UNITS			382.80	399.80	416.00
454		ANAESTHETIC 12 UNITS			419.50	438.10	455.80

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457		ANAESTHETIC 13 UNITS			456.50	476.80	496.10
458		ANAESTHETIC 14 UNITS			493.10	515.00	535.90
459		ANAESTHETIC 15 UNITS			522.70	545.90	568.00
461		ANAESTHETIC 17 UNITS			596.10	622.60	647.80
462		ANAESTHETIC 18 UNITS			633.10	661.20	688.00
464		ANAESTHETIC 20 UNITS			700.80	731.90	761.50
467		ANAESTHETIC 23 UNITS			809.50	845.40	879.60
574		Anaesthetic, Endotracheal, for restorative dental work > 30 mins - 6 units			349.70	365.20	380.00
748		REGIONAL OR FIELD NERVE BLOCK, being one of the following nerve blocks - abdominal (in association with an intra-peritoneal operation), brachial plexus, caudal, cervical plexus (not including the uterine cervix), epidural (peridural), ilio inguinal-ilio hypogastric-genitofemoral, intercostal (involving any four or more nerves, one or both sides), paravertebral (thoracic or lumbar), pudendal; retrobulbar with facial nerve; sacral or spinal (intrathecal)			194.90	203.60	211.80
751		MAINTENANCE OF A REGIONAL OR FIELD NERVE BLOCK referred to in Item 748 by the administration of local anaesthetic through an in situ needle or catheter when performed other than by the operating surgeon			84.70	88.50	92.10
752		Epidural Injection of a Narcotic, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation			106.60	111.30	115.80
MISCELLANEOUS							
895		IV line in Neonate, Umbilical or scalp vein catheterisation, with or without infusion; or cannulation of a vein			121.20	126.60	131.70
944		Blood Transfusion, or bone marrow already collected		Clarify 2025, 16.3	176.50	184.30	191.80
951		Central Vein Catheterisation (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by item 950	407		180.50	188.50	196.10
956		Arterial Puncture and collection of Blood for diagnostic purposes			48.50	50.70	52.80
957		Intra arterial Cannulisation for purpose of taking multiple arterial blood gas analysis			147.20	153.70	159.90
960		Hormone or living tissue Implantation - by incision			108.80	113.60	118.20

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ON CALL							
1000		On Call Fee / 1Hr in hours between Monday to Friday 7am to 6pm; Saturday 7am to Midday			10.90	11.40	11.90
1001		On call after hours outside Monday to Friday 7am to 6pm; Saturday 7am to Midday. Includes public holidays			16.10	16.80	17.50
1DAY		ON CALL - 11 HRS IN HOURS + 13 HRS AFTER HRS			330.60	345.30	359.30
2 DAY		ON CALL - 2 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			661.60	691.00	719.00
3 DAY		ON CALL - 3 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			992.50	1036.60	1078.60
4DAY		ON CALL - 4 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			1323.30	1382.10	1438.10
5DAY		ON CALL - 5 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			1654.10	1727.50	1797.50
1WEEK		ON CALL - 7 DAYS - 5 DAYS + SAT + SUN			2406.10	2512.90	2614.70
SAT		ON CALL - SATURDAY - 24 hours			362.60	378.70	394.00
SUN		ON CALL - SUNDAY - 24 hours			389.30	406.60	423.10
PHOL		ON CALL - PUBLIC HOLIDAY - 24 hours			389.30	406.60	423.10
ADMISSION AND DISCHARGE							
1005		Discharge summary: Where a GP VMO documents information in the format/system prescribed by the LHD for an admitted patient and provided (where appropriate) upon discharge. A GP VMO will not be eligible to claim this item if the discharge summary is substantially completed by another practitioner, e.g., a doctor in training. All discharge summaries must be written as soon as possible or within 48 hours of discharge as per NSW Health Information Bulletin 2020-21 KPI and Improvement Measure Data Supplement (IB2020_040).		Clarif'n 2025. 6	51.90	54.20	56.40
1006		Admission Medication Reconciliation: Where a GP VMO obtains, verifies and documents an accurate list of a patient's current medications and completes the medication reconciliation for inpatient medication administration. This must be documented in the format/system prescribed by the LHD. A GP VMO will not be eligible to claim this item if medication reconciliation is substantially completed by another practitioner, e.g., a doctor in training.		Clarif'n 2025. 7	77.70	81.10	84.40

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1007		Discharge Medication Reconciliation: Where a GP VMO on discharge reconciles the patient's medications, writes prescriptions on discharge and ensures changes to regular medications are documented in the discharge summary and communicated to the GP and patient (where appropriate). This must be documented in the format/system prescribed by the LHD. A GP VMO will not be eligible to claim this item if the medication reconciliation is substantially completed by another practitioner, e.g., a doctor in training		Clarifn 2025, 7	77.70	81.10	84.40
VISITS IN HOURS: 7AM- 6PM (MON- FRI) and 7AM to NOON (SAT)							
1002		Consultation: Where only one in-patient (including a nursing home type patient) is seen		Clarifn 2025, 17	95.60	99.80	103.80
1004		Consultation: Where two or more in-patients are seen on the one occasion.			72.40	75.60	78.70
1010		Consultation: All in-hours Outpatients, regardless of duration of consultation (7am to 6pm)			72.40	75.60	78.70
1012		Consultation: NON EMERGENCY/NON ROUTINE PATIENTS In hours Attendance 1st patient seen, neither routine nor emergency (as defined), where the VMO is requested, or determines there is a definite clinical need following contact from the hospital to return to the hospital primarily for this attendance			126.60	132.20	137.60
VISITS OUT OF HOURS: SUNDAY, PUBLIC HOLIDAYS and ALL OTHERS							
1015		Consultation: During a ward round – Sunday and Public Holidays – where only one in-patient (including a nursing home type patient) is seen.					124.00
1016		AS FROM 1 JANUARY 2007 Consultation: During a ward round - Sunday and Public Holidays - in and non-inpatients - any number			86.50	90.30	94.00
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)			72.40	75.60	78.70
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			149.40	156.00	162.30
1026		Consultation After Hrs (exc Sat,Sun,PH) 2nd Patient, In patient & Out patients 6pm to 10pm			108.60	113.40	118.00
1031		Consultation After Hrs Sat,Sun,Public Holiday, First 3 Patients - call back after ward round			149.40	156.00	162.30
1034		Consultation Sat,Sun,Public Holiday, Subsequent Patients - call back after ward round			108.60	113.40	118.00
1039		Consultation Late Night 1st Patient, 10pm to 12 midnight			259.80	271.30	282.30
1042		Consultation Late Night Subs Patients, 10pm to 12 midnight			149.40	156.00	162.30
1046		Consultation: Anti Social Hrs (M/night - 7.00am) First Patient			324.90	339.30	353.00

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1050		Consultation: Anti Social Hrs (M/night - 7.00am) Subsequent patients			149.40	156.00	162.30
1054		Consultation: Emergency Anti Social (M/N-7.00am) 1st Patient			324.90	339.30	353.00
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.		Clarif'n 2025, 9	259.80	271.30	282.30
SUPERVISION							
1008		Supervision - Emergency: When a GP VMO is called in for an emergency from 7.01am to 11:59pm attend to a patient or patients at the request of a DiT or other hospital staff		Clarif'n 2025, 8	259.80	271.30	282.30
1009		Supervision - Emergency Anti Social: When a GP VMO is called in for an emergency from midnight to 7.00am to attend to a patient or patients at the request of a DiT or other hospital staff		Clarif'n 2025, 8	324.90	339.30	353.00
1011		The onsite clinical supervision of junior doctors at NSW Health sites. Item 1011 can only be claimed by one supervisor at any one time, and the one payment is made regardless of the number of junior doctors being supervised at the one time. No additional payments can be made for fee for service items or sessional payments for patient care whilst supervising junior doctors under this item. Clinical supervision paid under this item will be as agreed to by the medical staff and relevant LHD management in advance. Supervision activities include all aspects of clinical supervision, which may be required by NSW Health or training colleges, and may include clinical areas such as the operating theatre, ward rounds and emergency department, as well as other areas.		Clarif'n 2025, 8 Per hour (to nearest 15 min)	262.10	273.70	284.80
AMBULANCE TRANSPORT							
1058		AMBULANCE ESCORT - 1 HOUR		Per hour	376.70	393.40	409.30
OBSTETRIC ITEMS							
1062		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks		Clarif'n 2025, 12.2 & 12.5	1234.20	1289.00	1341.20
1064		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks	9039	Clarif'n 2025, 12.2 & 12.5	1234.20	1289.00	1341.20

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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 previa;,, 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		2535.10	2647.70	2754.90
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).			72.40	75.60	78.70
1190		Antenatal Care Attendance			72.40	75.60	78.70
INTRAVENOUS INFUSION							
1072		IV Infusion performed by Practitioner. (Only payable in conjunction with an anaesthetic where there is a reasonable indication).	9023	Clarif'n 2025, 16	76.90	80.30	83.60
1074		IV Infusion by Open Exposure	9025	Clarif'n 2025, 16	127.30	133.00	138.40
MEETING							
1076		Committee Attendances - per meeting. Fee is payable for meetings concerned with hospital patient management, peer review, clinical privileges, credentialling, clinical planning and Quality Assurance where meetings are of a type recommended by the Health Service Medical Council and approved by the Health Service Chief Executive Officer or Delegate. Approved meetings do not include meetings of the Medical Staff Council or local/health Service Boards. A one hour payment is made if meetings are cancelled by the local Health district with less that 24 hours notice.		Clarif'n 2025, 14 Per hour (to nearest 15 min)	262.10	273.70	284.80
1077		Committee Meeting Travel - To be eligible for payment under this item, a VMO must be attending a meeting in accordance with Item 1076. The meeting venue must be more than more than 25 kilometres (by road) from the health facility to which the VMO is appointed, and involve more than 25 kilometres travel each way for the VMO attending the meeting.		Clarif'n 2025, 14 Per hour (to nearest 15 min)	262.10	273.70	284.80

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	11.2A	11.2A Mileage 88 c/km:		Clarif'n 2025, 14.4	85 c/km	88 c/km	88 c/km
MANDATORY TRAINING							
1079		Mandatory Training: The VMO may claim the actual time spent undertaking mandatory training modules subject to that time not exceeding HETI estimated duration. Supporting documentation to evidence completion of the training is required when making this claim. N.B. Mandatory Training was previously claimed under item number 1076 "Meeting: Committee		Clarif'n 2025, 25	262.10	273.70	284.80
ADDITION OPERATION NUMBERS							
1409		Temporal Artery Biopsy	409		684.30	714.70	743.60
1430		Hartmann's operation (Rectosigmoidectomy)	462		2197.80	2295.40	2388.40
1431		Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma	467		3212.30	3354.90	3490.80
1441		Laparoscopic Appendicectomy	453		1022.40	1067.80	1111.00
1445		Laparoscopic Cholecystectomy	459		1735.00	1812.00	1885.40
1446		Laparoscopic Cholecystectomy when completed by Laparotomy	461		1735.00	1812.00	1885.40
1447		Laparoscopic Cholecystectomy involving removal of Common Duct calculi via the Cystic Duct	462		2075.30	2167.40	2255.20
1448		Laparoscopic Cholecystectomy with removal of Common Duct calculi via laparoscopic choledochotomy	464		2307.80	2410.30	2507.90
SEXUAL ASSAULT							
1500		Sexual Assault Forensic Consultation taking less than 2hrs. Consultation other than anti social hours 7am to midnight			517.80	540.80	562.70
1502		Sexual Assault Forensic Consultation taking less than 2hrs. Consultation during anti social hours midnight to 7am			582.20	608.00	632.60
1504		Sexual Assault Forensic Consultation taking between 2 and 3 hours. Consultation other than anti social hours. 7am to midnight.			679.80	710.00	738.80
1506		Sexual Assault Forensic Consultation taking between 2 and 3 hours. Consultation during anti social hours. Midnight to 7am.			744.00	777.00	808.50
1507		Travel time to and from the consultation site (maximum 2hrs in each direction)		Per hour (to the nearest 15min)			284.40
1508		Court attendance up to 4hrs		Per hour (to the nearest 15min) Clarif'n 2025, 26			284.40

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1509		Travel time to and from Court (maximum 2hrs in each direction)		Per hour (to the nearest 15min)			284.40
ECG ITEM NUMBERS							
1908		ECG - Twelve-lead electrocardiography: an ECG that is reported within one hour of being performed and used in making acute management decisions		Clarif'n 2025, 23	103.50	108.10	112.50
1909		ECG - All ECGs not covered in Item 1908.		Clarif'n 2025, 23	50.90	53.20	55.40
X-RAY NUMBERS - TAKING AND READING FEE							
2502		X/R Digit			92.10	96.20	100.10
2508		X/R Wrist			92.10	96.20	100.10
2524		X/R Ankle			101.20	105.70	110.00
2532		X/R Knee			152.60	159.40	165.90
2539		X/R Should			125.00	130.60	135.90
2625		X/R Chest			110.30	115.20	119.90
2837		IVP Injection		Clarif'n 2025, 16.5	95.60	99.80	103.80
2859		Cholegram (Cholangiogram) percutaneous			367.90	384.20	399.80
ASSISTANCE AT OPERATIONS							
2951		Assistant at an operation. Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant 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 \$661.30 but does not exceed \$1183.50 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$661.30 but where the fee for the series or combination of operations does not exceed \$1183.50		Clarif'n 2025, 21	184.10	192.30	200.10
2951		Minimum			608.60	635.60	661.30
2951		Maximum		Clarif'n 2025, 21	1089.00	1137.40	1183.50

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2953		Assistant at an operation for which the fee exceeds \$1183.50 or at a combination of operations for which the aggregate fee exceeds \$1183.50 provided that the fee for at least one of the operations exceeds \$1183.50 - (20% 1st, 10% 2nd & 5% other item numbers).		Clarif'n 2025, 21	20% Item	20% Item	20% Item
OPERATIONS - GENERAL SURGICAL							
3041		Debridement under GA/ Major block, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed	450		692.00	722.70	752.00
3046		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, small (NOT MORE THAN 7 CENTIMETERS LONG), superficial, not covered by any item in this section	406		110.30	115.20	119.90
3050		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, small (NOT MORE THAN 7 CENTIMETERS LONG), involving deeper tissue, not covered by any item in this section	407	Clarif'n 2025, 22	191.30	199.80	207.90
3058		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, small (NOT MORE THAN 7 CENTIMETERS LONG), superficial	408		174.70	182.50	189.90
3063		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, small (NOT MORE THAN 7 CENTIMETERS LONG), involving deeper tissue	408	Clarif'n 2025, 22	250.20	261.30	271.90
3073		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, large (MORE THAN 7 CENTIMETERS LONG), superficial, not covered by any item in this section	407		191.30	199.80	207.90
3082		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF other that on face or neck, large (MORE THAN 7 CENTIMETERS LONG), involving deeper tissue, not covered by any item in this section	408	Clarif'n 2025, 22	305.50	319.10	332.00
3092		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, large (MORE THAN 7 CENTIMETERS LONG), superficial	408		250.20	261.30	271.90
3098		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF on face or neck, large (MORE THAN 7 CENTIMETERS LONG), involving deeper tissue	409	Clarif'n 2025, 22	316.60	330.70	344.10
3104		Laceration Full Thickness, ear, eyelid or nose with accurate apposition of each layer of tissue	450		537.60	561.50	584.20
3113		Foreign Body Superficial Removal of	407		50.10	52.30	54.40
3116		Foreign Body Subcutaneous Removal of requiring incision and suturing , as an independent procedure	407		231.70	242.00	251.80
3120		Foreign Body in Muscle, Tendon or other Deep Tissue, removal of, as an independent procedure	408		478.30	499.50	519.70

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3130		Biopsy of Skin or Mucous Membrane, as an independent procedure	406		110.30	115.20	119.90
3135		Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407		250.20	261.30	271.90
3142	^	Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407		316.60	330.70	344.10
3148		Drill Biopsy Lymph Gland, deep tissue or organ, as an independent procedure	406		102.90	107.50	111.90
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 3349	407		205.80	214.90	223.60
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 3349	407		268.40	280.30	291.70
3247		Tumour, Cyst (excluding a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure), Ulcer or Scar (excluding a scar removed during the surgical approach to an operation), not covered by any other item in this Part, involving muscle bone or other deep tissue	409		419.50	438.10	455.80
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		791.00	826.10	859.60
3271		Tumour Malignant Removal of, from skin, requiring wide & deep excision, excluding removal of basal cell carcinoma	409		846.20	883.80	919.60
3307		Lipectomy Wedge excision of skin or fat – One excision	450		975.40	1018.70	1060.00
3349		Cutaneous Neoplastic Lesions treatment by Electrosurgical destruction, chemotherapy, simple curettage or shaving not covered by Item 3350 - one or more lesions	405		134.40	140.40	146.10
3350		Cancer of Skin or Mucous Membrane curettage Excision or cryosurgery using liquid nitrogen (not covered by Item 3349)	407		268.40	280.30	291.70
3366		Aspiration of Haematoma	405		58.10	60.70	63.20
3371		Abscess (small) Haematoma, Furuncle or similar lesion NO GA incision with drainage of (excluding aftercare)			58.10	60.70	63.20
3384	^	Abscess (large) Haematoma, (including ischio-rectal abscess) Furuncle or similar lesion under GA incision with drainage of (excluding aftercare)	406		346.00	361.40	376.00
3465		Salivary Gland Dilatation or Diathermy of duct	407		125.00	130.60	135.90
3477		Salivary Gland, repair of Cutaneous Fistula of	408		316.60	330.70	344.10

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2023	Effective 1/08/2024	Effective 1/08/2025
3647		Mastectomy Simple with or without frozen section	443		692.00	722.70	752.00
3664	^	Breast excision of Cyst, fibro adenoma or local lesion or segmental resection for any other reason	408		544.90	569.10	592.10
3718	^	Laparotomy (exploratory) including associated biopsies where no other intra-abdominal procedure is preformed	443		1030.40	1076.10	1119.70
3722		Laparotomy involving caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, gastrotomy, Reduction of intussusception, Removal of Meckel's diverticulum, Sutures of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus, Pyloroplasty (adult) or Drainage or pancreas	453		1103.80	1152.80	1199.50
3726		Laparotomy involving division of Peritoneal Adhesions (where no other listed intra-abdominal procedure is performed)	453		1103.80	1152.80	1199.50
3745	^	Laparotomy involving operation of Abdominal Viscera, not covered by any other item in this Part	454		1343.30	1402.90	1459.70
3750		Subphrenic Abscess, drainage of	450		1103.80	1152.80	1199.50
3789		Operative Cholangiography (including one or more cholegrams performed during the one operation) or operative pancreatography	450		397.50	415.10	431.90
3798	^	Cholecystectomy	453		1564.10	1633.50	1699.70
3847		Gastroscopy, Esophagoscopy, Duodenoscopy or Panendoscopy (one or more such procedures), with or without biopsy	407		434.10	453.40	471.80
3849		Gastroscopy, Esophagoscopy, Duodenoscopy or Panendoscopy (one or more such procedures) (not covered by Item 5464), with endoscopic sclerosing injection of oesophageal or gastric varices	408		537.60	561.50	584.20
3851		Gastroscopy (NOT COVERED BY Item 5464) one or more or the following procedures - polypectomy, removal FB, diathermy coagulation of bleeding upper gastrointestinal lesions	408		684.70	715.10	744.10
3898	^	Gastroenterostomy (including gastroduodenostomy) or entro-colostomy or enteroenterostomy	454		1490.40	1556.60	1619.60
3981	^	Colostomy or Enterostomy Extraperitoneal closure of	459		809.50	845.40	879.60
4018		Colectomy transverse of Sigmoid with or without anastomosis	459		1913.80	1998.80	2079.80
4043	^	Bowel Segmental Resection of with or without anastomosis, not covered by any other item in this part	459		2024.20	2114.10	2199.70
4046		Hemicolectomy, right or left	459		2097.80	2190.90	2279.60
4048		Colectomy Total with Ileorectal anastomosis or ileostomy	464		2649.50	2767.10	2879.20
4068		Rectum, Restorative Anterior Resection of with Rectosigmoidectomy	460		2649.70	2767.30	2879.40

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2023	Effective 1/08/2024	Effective 1/08/2025
4074		APPENDICECTOMY	409		754.30	787.80	819.70
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		864.80	903.20	939.80
4197		Paracentesis Abdominis			110.30	115.20	119.90
4227	^	Hernia Femoral or Inguinal or Infantile Hydrocele, Repair of not covered by Items 4233, 4258 or 4262	450		993.70	1037.80	1079.80
4233		Hernia Strangulated, Incarcerated or Obstructed Repair of, without bowel resection	450		1103.80	1152.80	1199.50
4249	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person <10yrs	409		754.30	787.80	819.70
4254	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person >10yrs	409		864.80	903.20	939.80
4258		Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450		938.40	980.10	1019.80
4262	^	Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450		1103.80	1152.80	1199.50
4273	^	Hydrocele, Varicocele removal of Hydrocele or Insertion of testicular prosthesis - One procedure	408		618.20	645.60	671.70
4319		Circumcision person under six months for medical reasons	407		99.30	103.70	107.90
4327		Circumcision person greater than six months but less than 10yrs for medical reasons	407		227.90	238.00	247.60
4338		Circumcision person 10yrs or over for medical reasons	407		316.60	330.70	344.10
4354		Sigmoidoscopic Examination (with rigid sigmoidoscope), with or without biopsy			116.20	121.40	126.30
4363		Sigmoidoscopic Examination (with rigid sigmoidoscope), under GA with or without biopsy, not associated with any other Item in this Part	406		176.50	184.30	191.80
4366		Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408		301.80	315.20	328.00
4367		Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408		397.50	415.10	431.90
4383		Colonoscopy, Flexible fibreoptic Sigmoidoscopy or Fibreoptic up to the hepatic flexure, with or with out biopsy	407		268.40	280.30	291.70
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		485.90	507.50	528.10
4388		Colonoscopy, Fibreoptic examination of colon beyond the hepatic flexure, with or with out biopsy	409		791.00	826.10	859.60

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2023	Effective 1/08/2024	Effective 1/08/2025
4394		Colonoscopy, Fiberoptic examination of colon beyond the hepatic flexure, with removal of one or more polyps	450		1103.80	1152.80	1199.50
4509		Haemorrhoids, rubber band ligation of or incision of thrombosed external haemorrhoids	406		116.20	121.40	126.30
4523		Haemorrhoidectomy Radical	409		610.90	638.00	663.80
4527	^	Hemorrhoidectomy Radical	409		772.80	807.10	839.80
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		213.40	222.90	231.90
4537		Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407		427.20	446.20	464.30
4544	^	Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407		537.60	561.50	584.20
4557		Anal Fistula in Ano, Subcutaneous excision of	408		625.60	653.40	679.90
4573		Anal Fistula in Ano, excision of involving incision of external sphincter	408		846.20	883.80	919.60
4611		Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409		633.10	661.20	688.00
4617	^	Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409		809.50	845.40	879.60
5172		GROMMETTS - insertion of tube for drainage of	408		507.50	530.00	551.50
5214		Nose Polyp or Polypi Removal of (requiring admission to hospital)	408		463.60	484.20	503.80
5348		Post Nasal Space, direct examination of, with or without biopsy	408		261.30	272.90	284.00
5363		Tonsils or Tonsils and Adenoids, removal of in person <12 years	408		463.60	484.20	503.80
5366	^	Tonsils or Tonsils and Adenoids, removal of in person <12 years	408		625.60	653.40	679.90
5392	^	Tonsils or Tonsils and Adenoids, removal of in person >12 years	409		791.00	826.10	859.60
5411		Adenoids, Removal of	407		346.00	361.40	376.00
5520		Larynx, direct examination of the supraglottic, glottic and subglottic regions not associated with any other procedure under GA	409		397.50	415.10	431.90
5524		Larynx, direct examination of, with biopsy	409		581.40	607.20	631.80

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2023	Effective 1/08/2024	Effective 1/08/2025
5530		Larynx, direct examination of, with removal of tumour	443		625.60	653.40	679.90
EAR, NOSE AND THROAT							
5059		Ear Foreign Body, Removal of, otherwise than by simple syringing	405		174.70	182.50	189.90
5172		GROMMETTS - insertion of tube for drainage of	408		507.50	530.00	551.50
5392	^	Tonsils or Tonsils and Adenoids, removal of in person >12 years	409		791.00	826.10	859.60
5470		Oesophagoscopy with dilation or insertion of prosthesis - each occasion	408		772.80	807.10	839.80
UROLOGICAL							
5840		Catheterisation of Bladder, no other surgical procedure is preformed	405		69.20	72.30	75.20
5845		Cystoscopy, with or without urethral dilatation	406		312.80	326.70	339.90
6249		Vasectomy or Vasotomy (unilateral or bilateral)	406		412.50	430.80	448.20
6253	^	Vasectomy or Vasotomy (unilateral or bilateral)	406		507.50	530.00	551.50
GYNAECOLOGICAL							
6262		IUD Introduction of	406		113.90	119.00	123.80
6292		Urethral Caruncle, excision of	407		246.70	257.70	268.10
6451		Hysteroscopy under GA or Culdoscopy	408		227.90	238.00	247.60
6460		D & C under GA with or without dilatation (including curettage for incomplete miscarriage)	406		287.10	299.80	311.90
6464	^	D & C under GA with or without dilatation (including curettage for incomplete miscarriage)	406		390.30	407.60	424.10
6469		Preg-D&C not covered by Item 6460/6464	406		463.60	484.20	503.80
6513		Hysterectomy Abdominal, Sub-total or total or vaginal hysterectomy not covered by 6544	453		1141.00	1191.70	1240.00
6544		Hysterectomy - Vaginal (with or without uterine curettage) with salpingectomy, oophorectomy for excision of ovarian cyst, one or both sides	454		1600.90	1672.00	1739.70
6611		Tubal Ligation by transection or resection of fallopian tubes, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method	409		692.00	722.70	752.00

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2023	Effective 1/08/2024	Effective 1/08/2025
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		846.20	883.80	919.60
OPHTHALMOLOGICAL							
6754		Tarsal Cyst, Extirpation of	407		176.50	184.30	191.80
6762		ECTROPION OR ENTROPION, tarsal cauterisation of			230.40	240.60	250.30
6768		CANTHOPLASTY, medial or lateral			664.00	693.50	721.60
6805		PUNCTUM SNIP operation			268.80	280.70	292.10
6818		Sclera or Cornea, removal of Foreign Body from	409		152.60	159.40	165.90
6848		Lens Extraction and Insertion (item fixed at 140% of CMBS item number 42702)	453		1166.30	1213.10	1242.22
6873		GLAUCOMA FILTERING AND ALLIED OPERATION	450		2024.20	2114.10	2199.70
THORACIC							
6940		Aspiration Chest, or paracentesis of, or both (excluding after-care)			147.20	153.70	159.90
NEURO-SURGICAL							
7085		Lumbar Puncture, or Spinal or Epidural injection, not covered by Item 748	406		162.00	169.20	176.10
7148		Neurectomy, Neurotomy or removal of Tumour from superficial peripheral nerve	409		397.50	415.10	431.90
7178		Neurolysis by open operation without transposition, not associated with item 7133	408		552.30	576.80	600.20
7182	^	Neurolysis by open operation without transposition, not associated with item 7134	408		692.00	722.70	752.00
TREATMENT OF DISLOCATIONS NOT REQUIRING OPEN OPERATION							
7412		Dislocation Shoulder 1st or 2nd dislocation	405		191.30	199.80	207.90
7416		Dislocation Shoulder - 3rd or subsequent dislocation requiring Anaesthesia	405		156.30	163.20	169.80
7435		Dislocation Finger	405		63.10	65.90	68.60
7440		Dislocation Hip	406		485.90	507.50	528.10

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7446		Dislocation Knee	405		353.50	369.20	384.20
TREATMENT OF FRACTURES SIMPLE AND UNCOMPLICATED NOT REQUIRING OPEN OPERATION							
7505		# Terminal Phalanx of finger or thumb	405		93.70	97.90	101.90
7508		# Proximal Phalanx of finger or thumb	405		194.90	203.60	211.80
7512	^	# Proximal Phalanx of finger or thumb	405		290.90	303.80	316.10
7520		# Metacarpals 1 or more, not involving base of first carpometacarpal joint	405		290.90	303.80	316.10
7530	^	Epidural Local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with GA	405		463.60	484.20	503.80
7535		# Scaphoid (Carpal) or navicular	406		290.90	303.80	316.10
7540		# Colles' fracture of wrist	406		390.30	407.60	424.10
7547		# Radius or Ulna Distal end, involving wrist	406		290.90	303.80	316.10
7550		# Radius	406		330.90	345.60	359.60
7567		# Radius & Ulna & Humerus of forearm	407		434.10	453.40	471.80
7588		# Clavicle or Sternum	407		205.80	214.90	223.60
7597		# Scapula	407		250.20	261.30	271.90
7601		# Ribs 1 or more - each attendance &	408		64.80	67.70	70.40
7632		# Fibula or Tarsus (excepting os calcis or os talus)	407		217.10	226.70	235.90
7641		# Tibia or Patella	407		346.00	361.40	376.00
7647		# Pott's - Tibia & Fibula, with or without dislocation, Os calcis (calcaneus), Os Talus or both shafts of leg	408		567.00	592.20	616.20
7673		# Metatarsals - one or more	406		198.50	207.30	215.70
ORTHOPAEDIC							
7861		Nail , Digital - Removal of	406		75.50	78.90	82.10

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7868		Thenar or Hypothenar, Middle Palmar spaces, drainage of	407		152.60	159.40	165.90
7872		Wedge Resection - Ingrowing toenail, excision of nail bed	407		353.50	369.20	384.20
8080		Knee Arthroscopy - diagnostic not associated with a procedure through the arthroscope	407		478.30	499.50	519.70
8105		Aspiration of Joint or other Synovial Cavity, Injection into or both of these procedures	406		69.20	72.30	75.20
8296		Dupuytren's Contracture, subcutaneous fasciotomy	409		390.30	407.60	424.10
8298		Dupuytren's Contracture, radical operation for	443		975.40	1018.70	1060.00
PLASTIC AND RECONSTRUCTIVE							
8448		METICULOUS REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR (Note: See Explanatory notes to this Category for definition of "Local skin flap") SINGLE STAGE LOCAL MUSCLE FLAP REPAIR, on eyelid, nose, lip, neck, hand, thumb, finger or genitals			1062.70	1109.90	1154.90
SKIN FLAP SURGERY							
8480		Skin Flap, Single stage local, simple, Small, excluding flap for male pattern baldness	408		603.50	630.30	655.80
8484		Skin Flap, Single stage local, complicated or large, excluding flap for male pattern baldness	450		864.80	903.20	939.80
FREE GRAFTS							
8508		Skin Grafts (split skin) on granulating areas, extensive	453		864.80	903.20	939.80
8512		Skin Grafts (Split skin) including elective dissection, small	409		603.50	630.30	655.80
8518		Skin Graft Full Thickness, excluding grafts for male pattern baldness	443		1012.20	1057.10	1099.90
OTHER GRAFTS AND MISCELLANEOUS PROCEDURES							

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2023	Effective 1/08/2024	Effective 1/08/2025
8584		UPPER EYELID, REDUCTION OF, for skin redundancy obscuring vision (as evidenced by upper eyelid skin resting on lashes on straight ahead gaze), herniation of orbital fat in exophthalmos, facial nerve palsy or posttraumatic scarring, or the restoration of symmetry of contralateral upper eyelid in respect of 1 of these conditions			461.20	481.70	501.20
8588		ECTROPION OR ENTROPION, correction of (unilateral)			457.30	477.60	496.90
8614		Lip or Eyelid, Full thickness Wedge Excision, with repair by direct sutures	409		692.00	722.70	752.00
ANAESTHETIC ITEM NUMBERS - OBSTETRIC							
9023		Anaesthetic, administration of associated with percutaneous insertion of peripheral venous cannula	4 units		139.70	145.90	151.80
9035		Anaesthetic, administration of associated with manual removal of products of conception, treatment of postpartum haemorrhage or repair of third degree tear	7 units		246.70	257.70	268.10
9039		Anaesthetic, administration of associated with caesarean section	10 units		656.80	686.00	713.80