

## Rural Doctors' Settlement Package Hospitals Indexation of Fees – Visiting Medical Officers

**Summary** This Information Bulletin sets out the schedule of Rural Doctors' Settlement Package (RDSP) fees effective from 1 August 2023. Fees under the RDSP are indexed from 1 August each year according to an agreed formula. All Settlement Package fees have been adjusted by 4.26% effective from 1 August 2023.

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**Distributed to** Public Health System

**Audience** Visiting Medical Officers;Medical Administration

## **Rural Doctors' Settlement Package Hospitals Indexation of Fees – Visiting Medical Officers**

### **PURPOSE**

This Information Bulletin sets out the schedule of Rural Doctors' Settlement Package (RDSP) fees effective from 1 August 2023.

Fees under the RDSP are indexed from 1 August each year according to an agreed formula. All Settlement Package fees have been adjusted by 4.26% effective from 1 August 2023.

This Information Bulletin must be read in conjunction with the NSW Health Information Bulletin *Rural Doctors' Settlement Package Clarifications Reference Guide* ([IB2023\\_017](#)).

### **KEY INFORMATION**

Hyperlinks to the relevant item number description in the *RDSP Clarifications Reference Guide* have been added in the Clarifications Reference column of Attachment 1 *2023/24 Rural Doctors' Settlement Package Rates*.

Any items not listed in Attachment 1 are to be paid at the rate of 140% of the current Medicare Benefits Schedule (MBS) fee.

### **Implementation**

Chief Executives are to ensure:

- Attachment 1 is applied in accordance with this Information Bulletin to visiting medical officers (VMOs) who provide services under RDSP arrangements.
- This Information Bulletin is made available to and implemented by the staff responsible for managing and processing payments under the RDSP.

### **Discounting of delayed claims**

Delayed claims will be discounted as follows:

- After 12 months from the date a service was provided, the value of a claim can be discounted by 50%, subject to the local health district having provided 28 days' notice to the VMO that a discount of 50% will apply if a claim is not received.
- After 24 months from the date a service was provided, no payment is owing in respect of the service, subject to the local health district having provided 28 days' notice to the VMO that no payment will be made if a claim is not received.

Applications to submit claims later than these time limits without any, or with a lesser, discount can be made in writing (including electronically) to the relevant local health district within 4 weeks from the date of receipt of discount notice if there are exceptional

circumstances (such as serious illness of the VMO). The local health district has the discretion on how to deal with such applications.

If a VMO is dissatisfied with the decision of the local health district, the dispute resolution procedure may be invoked.

### **Penalty for late payment**

Should the local health district fail to make payment to the RDSP VMO after 90 days of receiving an account for payment, interest shall accrue on the outstanding account from the date of the receipt of the account at the Supreme Court interest rate applicable at the time. This interest payment would not necessarily apply where the dispute procedure has been invoked.

## **ATTACHMENTS**

1. 2023/24 Rural Doctors' Settlement Package Rates

## ATTACHMENT 1: 2023/24 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 2023

ITEM NUMBERS	SPECIALIST ITEM	DESCRIPTION	ANAES. No FOR ITEM	CLARIFICATIONS REFERENCE	Effective 1/08/2022	Effective 1/01/2023	Effective 1/02/2023	Effective 21/06/2023	Effective 1/08/2023
<b>VISITS NURSING HOME PATIENT</b>									
32		Consultation Nursing Home Type, 2 Inpatients		<a href="#">Clarif'n 2023, 17</a>	52.90				55.20
34		Consultation Nursing Home, >2 Inpatients		<a href="#">Clarif'n 2023, 17</a>	44.40				46.30
<b>PRE-OPERATIVE EXAMINATION BY ANAESTHETIST</b>									
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.		<a href="#">Clarif'n 2023, 10.2</a>	62.20				64.80
<b>VISITS - SPECIALIST, REFERRED CONSULTATION</b>									
88		Specialist, referred Consultation 1st			176.60				184.10
94		Specialist, referred Consultation 2nd			88.30				92.10
<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 other patients</b>									
160		Consultation, Emergency, Prolonged not less than 1 but less than 2hrs		<a href="#">Clarif'n 2023, 9.4</a>	246.90				257.40
161		Consultation, Emergency, Prolonged not less than 2 but less than 3hrs		<a href="#">Clarif'n 2023, 9.4</a>	402.40				419.50
162		Consultation, Emergency, Prolonged not less than 3 but less than 4hrs		<a href="#">Clarif'n 2023, 9.4</a>	557.60				581.40
163		Consultation, Emergency, Prolonged not less than 4 but less than 5hrs		<a href="#">Clarif'n 2023, 9.4</a>	723.50				754.30
164		Consultation, Emergency, Prolonged - for a period of 5hrs or more		<a href="#">Clarif'n 2023, 9.4</a>	864.90				901.70
165		<b>As from 1 January 2007</b> Prolonged professional attendance not less than on hour - ventilated patient awaiting transfer		per 15/min	90.20				94.00
<b>OBSTETRIC ITEMS - GENERAL</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.			550.90				574.40
<b>OBSTETRIC - SPECIAL SERVICES</b>									

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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	<a href="#">Clarif'n 2023. 12.3</a>	1,270.80				1324.90
275	^	Induction & Management of 2nd Trimester Labour.			600.00				625.60
290		Antenatal Cardiotocograph in the management of High Risk pregnancy ( <b>not</b> during the course of the confinement).		<a href="#">Clarif'n 2023. 12.6</a>	74.10				77.30
362		Evacuation of products of conception (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal as an independent procedure where the patient has been <b>referred</b> by another practitioner for this procedure	9035		155.40				162.00
<b>ANAESTHETIC</b>									
401		ANAESTHETIC 1 UNIT			33.30				34.70
403		ANAESTHETIC 2 UNITS			67.10				70.00
405		ANAESTHETIC 4 UNITS			134.00				139.70
406		ANAESTHETIC 5 UNITS			167.60				174.70
407		ANAESTHETIC 6 UNITS			201.10				209.70
408		ANAESTHETIC 7 UNITS			236.60				246.70
409		ANAESTHETIC 8 UNITS			268.40				279.80
443		ANAESTHETIC 9 UNITS			303.70				316.60
450		ANAESTHETIC 10 UNITS			335.40				349.70
453		ANAESTHETIC 11 UNITS			367.20				382.80
454		ANAESTHETIC 12 UNITS			402.40				419.50
457		ANAESTHETIC 13 UNITS			437.80				456.50
458		ANAESTHETIC 14 UNITS			473.00				493.10
459		ANAESTHETIC 15 UNITS			501.30				522.70
461		ANAESTHETIC 17 UNITS			571.70				596.10
462		ANAESTHETIC 18 UNITS			607.20				633.10

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464		ANAESTHETIC 20 UNITS			672.20				700.80
467		ANAESTHETIC 23 UNITS			776.40				809.50
574		Anaesthetic, Endotracheal, for restorative dental work > 30 mins - 6 units			335.40				349.70
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).			186.90				194.90
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			81.20				84.70
752		Epidural Injection of a Narcotic, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation			102.20				106.60
<b>MISCELLANEOUS</b>									
895		IV line in Neonate, Umbilical or scalp vein catheterisation, with or without infusion; or cannulation of a vein			116.20				121.20
944		Blood Transfusion, or bone marrow already collected		<a href="#">Clarif'n 2023, 16.3</a>	169.30				176.50
951		Central Vein Catheterisation ( via jugular of subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by item 950	407		173.10				180.50
956		Arterial Puncture and collection of Blood for diagnostic purposes			46.50				48.50
957		Intra arterial Cannulisation for purpose of taking multiple arterial blood gas analysis			141.20				147.20
960		Hormone or living tissue Implantation - by incision			104.40				108.80
<b>ON CALL</b>									
1000		On Call Fee / 1Hr in hours between Monday to Friday 7am to 6pm; Saturday 7am to Middy			10.50				10.90
1001		On call after hours outside Monday to Friday 7am to 6pm; Saturday 7am to Middy. Includes public holidays			15.40				16.10
1DAY		ON CALL - 11 HRS IN HOURS + 13 HRS AFTER HRS			317.10				330.60
2 DAY		ON CALL - 2 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			634.60				661.60
3 DAY		ON CALL - 3 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			951.90				992.50
4DAY		ON CALL - 4 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			1,269.20				1323.30

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5DAY		ON CALL - 5 DAYS OF 11 HRS IN HOURS + 13 HRS AFTER HRS			1,586.50				1654.10
1WEEK		ON CALL - 7 DAYS - 5 DAYS + SAT + SUN			2,307.80				2406.10
SAT		ON CALL - <b>SATURDAY</b>			347.80				362.60
SUN		ON CALL - <b>SUNDAY</b>			373.40				389.30
PHOL		ON CALL - <b>PUBLIC HOLIDAY</b>			373.40				389.30
<b>ADMISSION AND DISCHARGE</b>									
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).		<a href="#">Clarif'n 2023, 6</a>			49.75		51.90
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.		<a href="#">Clarif'n 2023, 7</a>			74.50		77.70
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		<a href="#">Clarif'n 2023, 7</a>			74.50		77.70
<b>VISITS IN HOURS: 7AM- 6PM (MON- FRI) and 7AM to NOON (SAT)</b>									
1002		Consultation: Where only one in-patient (including a nursing home type patient) is seen		<a href="#">Clarif'n 2023, 17</a>	91.70				95.60
1004		Consultation: Where two or more in-patients are seen on the one occasion.			69.40				72.40
1010		Consultation: All in-hours Outpatients, regardless of duration of consultation (7am to 6pm)			69.40				72.40
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 <b>return</b> to the hospital primarily for this attendance			121.40				126.60

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<b>VISITS OUT OF HOURS: SUNDAY, PUBLIC HOLIDAYS and ALL OTHERS</b>									
1016		<b>AS FROM 1 JANUARY 2007</b> Consultation: During a ward round - <b>Sunday and Public Holidays - in and non-inpatients - any number</b>			83.00				86.50
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)			69.40				72.40
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			143.30				149.40
1026		Consultation After Hrs (exc Sat,Sun,PH) 2nd Patient, In patient & Out patients 6pm to 10pm			104.20				108.60
1031		Consultation After Hrs Sat,Sun,Public Holiday, First 3 Patients - call back after ward round			143.30				149.40
1034		Consultation Sat,Sun,Public Holiday, Subsequent Patients - call back after ward round			104.20				108.60
1039		Consultation Late Night 1st Patient, 10pm to 12 midnight			249.20				259.80
1042		Consultation Late Night Subs Patients, 10pm to 12 midnight			143.30				149.40
1046		Consultation: Anti Social Hrs (M/night - 7.00am) First Patient			311.60				324.90
1050		Consultation: Anti Social Hrs (M/night - 7.00am) Subsequent patients			143.30				149.40
1054		Consultation: Emergency Anti Social (M/N-7.00am) 1st Patient			311.60				324.90
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.		<a href="#">Clarif'n 2023, 9</a>	249.20				259.80
<b>SUPERVISION</b>									
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		<a href="#">Clarif'n 2023, 8</a>		249.20			259.80
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		<a href="#">Clarif'n 2023, 8</a>		311.60			324.90



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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.		<a href="#">Clarif'n 2023, 8</a>  Per hour (to nearest 15 min)				251.40	262.10
<b>AMBULANCE TRANSPORT</b>									
1058		AMBULANCE ESCORT - 1 HOUR		Per hour	361.30				376.70
<b>OBSTETRIC ITEMS</b>									
1062		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks		<a href="#">Clarif'n 2023, 12.2 &amp; 12.5</a>	1,183.80				1234.20
1064		Confinement only including 9 days normal Post Natal Care plus 2 well baby checks	9039	<a href="#">Clarif'n 2023, 12.2 &amp; 12.5</a>	1,183.80				1234.20
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		2,431.50				2535.10
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).			69.40				72.40
1190		Antenatal Care Attendance			69.40				72.40
<b>INTRAVENOUS INFUSION</b>									
1072		IV Infusion performed by Practitioner. (Only payable in conjunction with an anaesthetic where there is a reasonable indication).	9023	<a href="#">Clarif'n 2023, 16</a>	73.80				76.90
1074		IV Infusion by Open Exposure	9025	<a href="#">Clarif'n 2023, 16</a>	122.10				127.30

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<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 local Health district with less that 24 hours notice.</b>		<a href="#">Clarif'n 2023, 14</a> Per hour (to nearest 15 min)	251.40				262.10
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.		<a href="#">Clarif'n 2023, 14</a> Per hour (to nearest 15 min)	251.40				262.10
	11.2A	11.2A Mileage 0.85 c/km		<a href="#">Clarif'n 2023, 14.4</a>	0.78 c/km				0.85 c/km
<b>MANDATORY TRAINING</b>									
1079		Mandatory Training: Public Health Organisations should provide the opportunity for VMOs to complete mandatory training during paid time. Where online mandatory training cannot be completed during paid time, and following discussion with the PHO, the VMO may claim the actual time spent undertaking the training modules subject to that time not exceeding HETI estimated duration. This fee is only payable if there is no opportunity for the VMO to undertake mandatory training during paid time. Supporting documentation to evidence completion of the training is required when making this claim. NB: Mandatory Training was previously claimed under item number 1076 "Meeting: Committee Attendances".		<a href="#">Clarif'n 2023, 25</a> Per hour (to nearest 15 min)		251.40			262.10
<b>ADDITION OPERATION NUMBERS</b>									
1409		Temporal Artery Biopsy	409		656.30				684.30
1430		Hartmann's operation (Rectosigmoidectomy)	462		2,108.00				2197.80
1431		Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma	467		3,081.00				3212.30
1441		Laparoscopic Appendicectomy	453		980.60				1022.40
1445		Laparoscopic Cholecystectomy	459		1,664.10				1735.00
1446		Laparoscopic Cholecystectomy when completed by Laparotomy	461		1,664.10				1735.00

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1447		Laparoscopic Cholecystectomy involving removal of Common Duct calculi via the Cystic Duct	462		1,990.50				2075.30
1448		Laparoscopic Cholecystectomy with removal of Common Duct calculi via laparoscopic choledochotomy	464		2,213.50				2307.80
<b>SEXUAL ASSAULT</b>									
1500		Sex Assault Forensic Consultation taking less than 2hrs. Consultation other than anti social hours 7am to midnight			496.60				517.80
1502		Sex Assault Forensic Consultation taking less than 2hrs. Consultation during anti social hours midnight to 7am			558.40				582.20
1504		Sex Assault Forensic Consultation taking between 2 and 3 hours. Consultation other than anti social hours. 7am to midnight.			652.00				679.80
1506		Sex Assault Forensic Consultation taking between 2 and 3 hours. Consultation during anti social hours. Midnight to 7am.			713.60				744.00
<b>ECG ITEM NUMBERS</b>									
1908		ECG - Twelve-lead electrocardiography: an ECG that is reported within one hour of being performed and used in making acute management decisions		<a href="#">Clarif'n 2023, 23</a>	99.30				103.50
1909		ECG - All ECGs not covered in Item 1908.		<a href="#">Clarif'n 2023, 23</a>	48.80				50.90
<b>X-RAY NUMBERS - TAKING AND READING FEE</b>									
2502		X/R Digit			88.30				92.10
2508		X/R Wrist			88.30				92.10
2524		X/R Ankle			97.10				101.20
2532		X/R Knee			146.40				152.60
2539		X/R Should			119.90				125.00
2625		X/R Chest			105.80				110.30
2837		IVP Injection		<a href="#">Clarif'n 2023, 16.5</a>	91.70				95.60
2859		Cholegram (Cholangiogram) percutaneous			352.90				367.90
<b>ASSISTANCE AT OPERATIONS</b>									

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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 \$608.60 but does not exceed \$1089.00 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$608.60 but where the fee for the series or combination of operations does not exceed \$1089.00.		<a href="#">Clarif'n 2023, 21</a>	176.60				184.10
2951		Minimum			583.70				608.60
2951		Maximum		<a href="#">Clarif'n 2023, 21</a>	1,044.50				1089.00
2953		Assistant at an operation for which the fee exceeds \$1089.00 or at a combination of operations for which the aggregate fee exceeds \$1089.00 provided that the fee for at least one of the operations exceeds \$1089.00 - (20% 1st, 10% 2nd & 5% other item numbers).		<a href="#">Clarif'n 2023, 21</a>	20% Item				20% Item
<b>OPERATIONS - GENERAL SURGICAL</b>									
3041		Debridement under GA/ Major block, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed	450		663.70				692.00
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		105.80				110.30
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	<a href="#">Clarif'n 2023, 22</a>	183.50				191.30
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		167.60				174.70
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	<a href="#">Clarif'n 2023, 22</a>	240.00				250.20
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		183.50				191.30
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	<a href="#">Clarif'n 2023, 22</a>	293.00				305.50
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		240.00				250.20
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	<a href="#">Clarif'n 2023, 22</a>	303.70				316.60
3104		Laceration Full Thickness, ear, eyelid or nose with accurate apposition of each layer of tissue	450		515.60				537.60

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3113		Foreign Body Superficial Removal of	407		48.10				50.10
3116		Foreign Body Subcutaneous Removal of requiring incision <b>and suturing</b> , as an independent procedure	407		222.20				231.70
3120		Foreign Body in Muscle, Tendon or other Deep Tissue, removal of, as an independent procedure	408		458.80				478.30
3130		Biopsy of Skin or Mucous Membrane, as an independent procedure	406		105.80				110.30
3135		Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407		240.00				250.20
3142	^	Biopsy Lymph Gland, muscle or other deep tissue or organ, as an independent procedure	407		303.70				316.60
3148		Drill Biopsy Lymph Gland, deep tissue or organ, as an independent procedure	406		98.70				102.90
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		197.40				205.80
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		257.40				268.40
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		402.40				419.50
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		758.70				791.00
3271		Tumour Malignant Removal of, from skin, requiring wide & deep excision, excluding removal of basal cell carcinoma	409		811.60				846.20
3307		Lipectomy Wedge excision of skin or fat – One excision	450		935.50				975.40
3349		Cutaneous Neoplastic Lesions treatment by Electrosurgical destruction, chemotherapy, simple curettage or shaving not covered by Item 3350 - one or more lesions	405		128.90				134.40
3350		Cancer of Skin or Mucous Membrane curettage Excision or cryosurgery using liquid nitrogen (not covered by Item 3349)	407		257.40				268.40
3366		Aspiration of Haematoma	405		55.70				58.10
3371		Abscess (small) Haematoma, Furuncle or similar lesion NO GA incision with drainage of ( excluding aftercare)			55.70				58.10
3384	^	Abscess (large) Haematoma, (including ischio-rectal abscess) Furuncle or similar lesion under GA incision with drainage of (excluding aftercare)	406		331.90				346.00
3465		Salivary Gland Dilation or Diathermy of duct	407		119.90				125.00

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3477		Salivary Gland, repair of Cutaneous Fistula of	408		303.70				316.60
3647		Mastectomy Simple with or without frozen section	443		663.70				692.00
3664	^	Breast excision of Cyst, fibro adenoma or local lesion or segmental resection for any other reason	408		522.60				544.90
3718	^	Laparotomy (exploratory) including associated biopsies where no other intra-abdominal procedure is preformed	443		988.30				1030.40
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		1,058.70				1103.80
3726		Laparotomy involving division of Peritoneal Adhesions (where no other listed intra-abdominal procedure is performed)	453		1,058.70				1103.80
3745	^	Laparotomy involving operation of Abdominal Viscera, not covered by any other item in this Part	454		1,288.40				1343.30
3750		Subphrenic Abscess, drainage of	450		1,058.70				1103.80
3789		Operative Cholangiography (including one or more cholegrams performed during the one operation) or operative pancreatography	450		381.30				397.50
3798	^	Cholecystectomy	453		1,500.20				1564.10
3847		Gastroscopy, Esophagoscopy, Duodenoscopy or Panendoscopy (one or more such procedures), with or without biopsy	407		416.40				434.10
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		515.60				537.60
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		656.70				684.70
3898	^	Gastroenterostomy (including gastroduodenostomy) or entro-colostomy or enteroenterostomy	454		1,429.50				1490.40
3981	^	Colostomy or Enterostomy Extraperitoneal closure of	459		776.40				809.50
4018		Colectomy transverse of Sigmoid with or without anastomosis	459		1,835.60				1913.80
4043	^	Bowel Segmental Resection of with or without anastomosis, not covered by any other item in this part	459		1,941.50				2024.20
4046		Hemicolectomy, right or left	459		2,012.10				2097.80
4048		Colectomy Total with Ileorectal anastomosis or ileostomy	464		2,541.20				2649.50
4068		Rectum, Restorative Anterior Resection of with Rectosigmoidectomy	460		2,541.40				2649.70
4074		APPENDICECTOMY	409		723.50				754.30

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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		829.50				864.80
4197		Paracentesis Abdominis			105.80				110.30
4227	^	Hernia Femoral or Inguinal or Infantile Hydrocele, Repair of not covered by Items 4233, 4258 or 4262	450		953.10				993.70
4233		Hernia Strangulated, Incarcerated or Obstructed Repair of, without bowel resection	450		1,058.70				1103.80
4249	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person <10yrs	409		723.50				754.30
4254	^	Hernia, Umbilical, Epigastric or Linea alba Repair of person >10yrs	409		829.50				864.80
4258		Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450		900.10				938.40
4262	^	Hernia, Ventral, Incisional, Lumbar or recurrent or burst Abdomen	450		1,058.70				1103.80
4273	^	Hydrocele, Varicocele removal of Hydrocele or Insertion of testicular prosthesis - One procedure	408		592.90				618.20
4319		Circumcision person under six months for medical reasons	407		95.20				99.30
4327		Circumcision person greater than six months but less than 10yrs for medical reasons	407		218.60				227.90
4338		Circumcision person 10yrs or over for medical reasons	407		303.70				316.60
4354		Sigmoidoscopic Examination (with rigid sigmoidoscope), with or without biopsy			111.50				116.20
4363		Sigmoidoscopic Examination (with rigid sigmoidoscope), under GA with or without biopsy, not associated with any other Item in this Part	406		169.30				176.50
4366		Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408		289.50				301.80
4367		Sigmoidoscopic Examination with diathermy or resection of one or more rectal polyps or tumours	408		381.30				397.50
4383		Colonoscopy, Flexible fibreoptic Sigmoidoscopy or Fibreoptic up to the hepatic flexure, with or with out biopsy	407		257.40				268.40
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		466.00				485.90
4388		Colonoscopy, Fibreoptic examination of colon beyond the hepatic flexure, with or with out biopsy	409		758.70				791.00
4394		Colonoscopy, Fibreoptic examination of colon beyond the hepatic flexure, with removal of one or more polyps	450		1,058.70				1103.80
4509		Haemorrhoids, rubber band ligation of or incision of thrombosed external haemorrhoids	406		111.50				116.20

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4523		Haemorrhoidectomy Radical	409		585.90				610.90
4527	^	Hemorrhoidectomy Radical	409		741.20				772.80
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		204.70				213.40
4537		Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407		409.70				427.20
4544		Anal Fissure-in-ano including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only	407		515.60				537.60
4557		Anal Fistula in Ano, Subcutaneous excision of	408		600.00				625.60
4573		Anal Fistula in Ano, excision of involving incision of external sphincter	408		811.60				846.20
4611		Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409		607.20				633.10
4617		Pilonidal sinus or Cyst or Sacral Sinus or Cyst, excision of in person >10yrs	409		776.40				809.50
5172		GROMMETTS - insertion of tube for drainage of	408		486.80				507.50
5214		Nose Polyp or Polypi Removal of (requiring admission to hospital)	408		444.70				463.60
5348		Post Nasal Space, direct examination of, with or without biopsy	408		250.60				261.30
5363		Tonsils or Tonsils and Adenoids, removal of in person <12 years	408		444.70				463.60
5366		Tonsils or Tonsils and Adenoids, removal of in person <12 years	408		600.00				625.60
5392		Tonsils or Tonsils and Adenoids, removal of in person >12 years	409		758.70				791.00
5411		Adenoids, Removal of	407		331.90				346.00
5520		Larynx, direct examination of the supraglottic, glottic and subglottic regions not associated with any other procedure under GA	409		381.30				397.50
5524		Larynx, direct examination of, with biopsy	409		557.60				581.40
5530		Larynx, direct examination of, with removal of tumour	443		600.00				625.60
<b>EAR, NOSE AND THROAT</b>									
5059		Ear Foreign Body, Removal of, otherwise than by simple syringing	405		167.60				174.70
5172		GROMMETTS - insertion of tube for drainage of	408		486.80				507.50



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5392	^	Tonsils or Tonsils and Adenoids, removal of in person >12 years	409		758.70				791.00
5470		Oesophagoscopy with dilation or insertion of prosthesis - each occasion	408		741.20				772.80
<b>UROLOGICAL</b>									
5840		Catheterisation of Bladder, no other surgical procedure is preformed	405		66.40				69.20
5845		Cystoscopy, with or without urethral dilatation	406		300.00				312.80
6249		Vasectomy or Vasotomy (unilateral or bilateral)	406		395.60				412.50
6253	^	Vasectomy or Vasotomy (unilateral or bilateral)	406		486.80				507.50
<b>GYNAECOLOGICAL</b>									
6262		IUD Introduction of	406		109.20				113.90
6292		Urethral Caruncle, excision of	407		236.60				246.70
6451		Hysteroscopy under GA or Culdoscopy	408		218.60				227.90
6460		D & C under GA with or without dilatation ( including curettage for incomplete miscarriage)	406		275.40				287.10
6464	^	D & C under GA with or without dilatation ( including curettage for incomplete miscarriage)	406		374.40				390.30
6469		Preg-D&C not covered by Item 6460/6464	406		444.70				463.60
6513		Hysterectomy Abdominal, Sub-total or total or vaginal hysterectomy not covered by 6544	453		1,094.40				1141.00
6544		Hysterectomy - Vaginal (with or without uterine curettage) with salpingectomy, oophorectomy for excision of ovarian cyst, one or both sides	454		1,535.50				1600.90
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		663.70				692.00
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		811.60				846.20
<b>OPHTHALMOLOGICAL</b>									
6754		Tarsal Cyst, Extirpation of	407		169.30				176.50
6762		ECTROPION OR ENTROPION, tarsal cauterisation of			221.00				230.40

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6768		CANTHOPLASTY, medial or lateral			636.90				664.00
6805		PUNCTUM SNIP operation			257.80				268.80
6818		Sclera or Cornea, removal of Foreign Body from	409		146.40				152.60
6848		Lens Extraction and Insertion (item fixed at 140% of CMBS item number 42702)	453		1,130.40				1166.30
6873		GLAUCOMA FILTERING AND ALLIED OPERATION	450		1,941.50				2024.20
<b>THORACIC</b>									
6940		Aspiration Chest, or paracentesis of, or both (excluding after-care)			141.20				147.20
<b>NEURO-SURGICAL</b>									
7085		Lumbar Puncture, or Spinal or Epidural injection, not covered by Item 748	406		155.40				162.00
7148		Neurectomy, Neurotomy or removal of Tumour from superficial peripheral nerve	409		381.30				397.50
7178		Neurolysis by open operation without transposition, not associated with item 7133	408		529.70				552.30
7182	^	Neurolysis by open operation without transposition, not associated with item 7134	408		663.70				692.00
<b>TREATMENT OF DISLOCATIONS NOT REQUIRING OPEN OPERATION</b>									
7412		Dislocation Shoulder 1st or 2nd dislocation	405		183.50				191.30
7416		Dislocation Shoulder - 3rd or subsequent dislocation requiring Anaesthesia	405		149.90				156.30
7435		Dislocation Finger	405		60.50				63.10
7440		Dislocation Hip	406		466.00				485.90
7446		Dislocation Knee	405		339.10				353.50
<b>TREATMENT OF FRACTURES SIMPLE AND UNCOMPLICATED NOT REQUIRING OPEN OPERATION</b>									
7505		# Terminal Phalanx of finger or thumb	405		89.90				93.70
7508		# Proximal Phalanx of finger or thumb	405		186.90				194.90
7512	^	# Proximal Phalanx of finger or thumb	405		279.00				290.90

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7520		# Metacarpals 1 or more, not involving base of first carpometacarpal joint	405		279.00				290.90
7530	^	Epidural Local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with GA	405		444.70				463.60
7535		# Scaphoid (Carpal) or navicular	406		279.00				290.90
7540		# Colles' fracture of wrist	406		374.40				390.30
7547		# Radius or Ulna Distal end, involving wrist	406		279.00				290.90
7550		# Radius	406		317.40				330.90
7567		# Radius & Ulna & Humerus of forearm	407		416.40				434.10
7588		# Clavicle or Sternum	407		197.40				205.80
7597		# Scapula	407		240.00				250.20
7601		# Ribs 1 or more - each attendance &	408		62.20				64.80
7632		# Fibula or Tarsus ( excepting os calcis or os talus)	407		208.20				217.10
7641		# Tibia or Patella	407		331.90				346.00
7647		# Pott's - Tibia & Fibula, with or without dislocation, Os calcis (calcaneus), Os Talus or both shafts of leg	408		543.80				567.00
7673		# Metatarsals - one or more	406		190.40				198.50
<b>ORTHOPAEDIC</b>									
7861		Nail , Digital - Removal of	406		72.40				75.50
7868		Thenar or Hypothenar, Middle Palmar spaces, drainage of	407		146.40				152.60
7872		Wedge Resection - Ingrowing toenail, excision of nail bed	407		339.10				353.50
8080		Knee Arthroscopy - diagnostic not associated with a procedure through the arthroscope	407		458.80				478.30
8105		Aspiration of Joint or other Synovial Cavity, Injection into or both of these procedures	406		66.40				69.20
8296		Dupuytren's Contracture, subcutaneous fasciotomy	409		374.40				390.30
8298		Dupuytren's Contracture, radical operation for	443		935.50				975.40

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<b>PLASTIC AND RECONSTRUCTIVE</b>									
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			1,019.30				1062.70
<b>SKIN FLAP SURGERY</b>									
8480		Skin Flap, Single stage local, simple, Small, excluding flap for male pattern baldness	408		578.80				603.50
8484		Skin Flap, Single stage local, complicated or large, excluding flap for male pattern baldness	450		829.50				864.80
<b>FREE GRAFTS</b>									
8508		Skin Grafts (split skin ) on granulating areas, extensive	453		829.50				864.80
8512		Skin Grafts (Split skin) including elective dissection, small	409		578.80				603.50
8518		Skin Graft Full Thickness, excluding grafts for male pattern baldness	443		970.80				1012.20
<b>OTHER GRAFTS AND MISCELLANEOUS PROCEDURES</b>									
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			442.40				461.20
8588		ECTROPION OR ENTROPION, correction of (unilateral)			438.60				457.30
8614		Lip or Eyelid, Full thickness Wedge Excision, with repair by direct sutures	409		663.70				692.00
<b>ANAESTHETIC ITEM NUMBERS - OBSTETRIC</b>									
9023		Anaesthetic, administration of associated with percutaneous insertion of peripheral venous cannula	4 units		134.00				139.70
9035		Anaesthetic, administration of associated with manual removal of products of conception, treatment of postpartum haemorrhage or repair of third degree tear	7 units		236.60				246.70
9039		Anaesthetic, administration of associated with caesarean section	10 units		630.00				656.80