



Medicare Benefits Schedule Comparative Review of **Radiology** Rebates in 1998 & 2007

(INCLUDING 2007 AMA FEE COMPARISON)



The 10 Year Freeze on Radiology Rebates

Total funding for Radiology services under Medicare has been capped at around 5% for the past 10 years through two five-year funding agreements (MoUs) with the Federal Government. Because growth in demand for Radiology services has exceeded 5%, patient rebates have generally decreased over the past 10 years. The consequence has been a significant increase in the gaps paid by patients.

This booklet has been produced by the Australian Diagnostic Imaging Association (ADIA) and The Royal Australian and New Zealand College of Radiologists (RANZCR) to assist Radiologists and their practice staff to explain to patients why they are being charged increasing gap payments for their imaging services.

In most cases the Medicare rebate for Radiology services is less today than it was ten years ago. This means that, dollar for dollar, the Government is actually contributing less today than it did ten years ago. When inflation is factored in, the Government is paying up to 36% less.

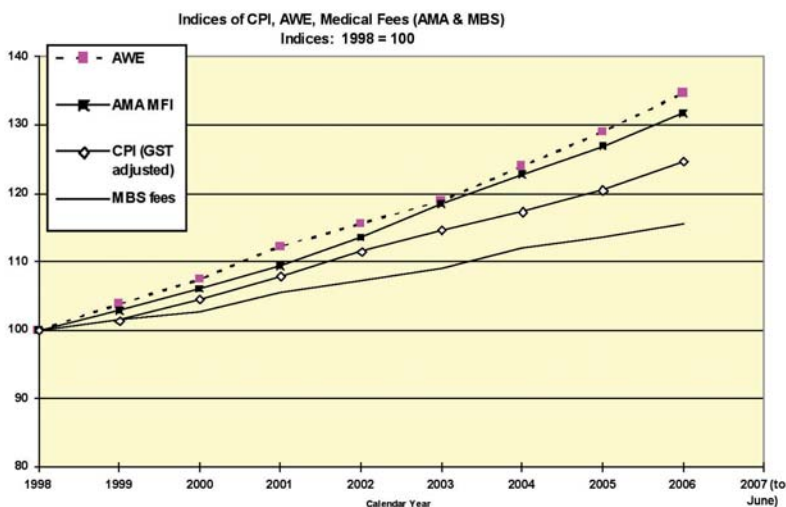
As a result, patients are inevitably being asked to bear the brunt of increasing costs. Patients are now paying twice as much for Radiology services as they were ten years ago and more than 23% of this increase was over the past four years.

While funding has been increased under the MoU to compensate for increases in services due to changes in the Government's primary care policies, ADIA and RANZCR consider that an increase in patient rebates was due on 1 November 2007 under the terms of the Radiology MOU - **the Government did not agree.**

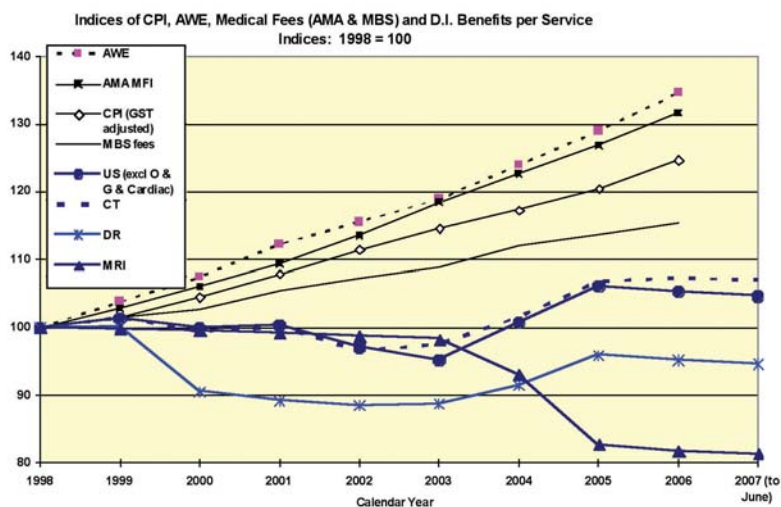
The real story

Service	Government contribution			Patient contribution	
	1998 Rebate	2007 Rebate	Variation 10 years	Average increase over 4 years	
CT Scan Chest	\$259.30	\$250.75	3% ↓	23% ↑	CT Services
X-Ray Spine	\$50.15	\$46.85	7% ↓	28% ↑	X-Ray Services
MRI Scan Head	\$424.60	\$342.75	19% ↓	26% ↑	MRI Services
Vascular UltraSound	\$147.00	\$144.10	2% ↓	43% ↑	Ultrasound Services

The following graph, developed by the Australian Medical Association (AMA), shows at a glance that MBS fees generally have not been increased in line with CPI increases or average weekly earnings over the past 10 years.



When the average benefits per service for Radiology services are overlaid on the AMA graph, the effect of the freeze on radiology rebates over the past 10 years is obvious.



This booklet provides a comparison of the November 1, 2007 MBS rebates for Radiology services with the rebates for the same services in 1998. It also includes a comparison with the corresponding fees published in the AMA's 2007 List of Medical Services and Fees which have been calculated after careful study and investigation of practice costs and other relevant and material circumstances.

Other than some specific targeted rebate adjustments, most rebates were reduced by 2% in September 1999 and increased by 3% in November 2004. Ultrasound service rebates are slightly higher now than in 1998, but for most CT, Diagnostic Radiology and MRI services, the rebates are lower now than they were in 1998.

This freeze on Radiology rebates has led to a lower rate of bulk billing at 64% compared with the rate for GPs (78%) and Pathology (87%). MRI has the highest average co-payment (\$138.60) for patient billed Radiology services and the lowest rate of bulk billing (52%). Of course some patients pay more than the average gap and pensioner gaps are becoming the norm for many Radiology services.

The Government's failure to accept ADIA and RANZCR's claims for rebate increases will put further pressure on patient gaps and patient access to Radiology services. Please use this booklet to explain to your concerned patients that their out of pocket expenses are increasing to compensate for the 10 year freeze on rebates so that Radiologists can maintain quality services and viable practices.

10 Year Freeze on Radiology Rebates

Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
GENERAL ULTRASOUND							
55028	Head, ultrasound scan of, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55029	Head, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55030	Orbital contents, ultrasound scan of, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55031	Orbital contents, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55032	Neck, 1 or more structures of, ultrasound scan of, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55033	Neck, 1 or more structures of, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55036	Abdomen, ultrasound scan of, including scan of urinary tract when undertaken but not being a service associated with the service described in item 55600 or item 55603, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not performed with item 55038, 55044 or 55731 on the same patient within 24 hours (R)	\$94.65	\$86.70	\$7.95	9.2%	n.a.	n.a.
55037	Abdomen, ultrasound scan of, including scan of urinary tract when undertaken but not being a service associated with the service described in item 55600 or item 55603, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55038	Urinary tract, ultrasound scan of but not being a service associated with the service described in item 55600 or item 55603, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not performed with item 55036, 55044 or 55731 on the same patient within 24 hours (R)	\$92.75	\$86.70	\$6.05	7.0%	n.a.	n.a.
55039	Urinary tract, ultrasound scan of, but not being a service associated with the service described in item 55600 or item 55603, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55044	Pelvis, male, ultrasound scan of, by any or all approaches, but not being a service associated with the service described in item 55600 or item 55603, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R)	\$94.65	\$86.70	\$7.95	9.2%	n.a.	n.a.
55045	Pelvis, male, ultrasound scan of, by any or all approaches, but not being a service associated with the service described in item 55600 or item 55603, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55048	Scrotum, ultrasound scan of, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	\$93.10	\$87.00	\$6.10	7.0%	\$300.00	174%
55049	Scrotum, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55054	Ultrasonic cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this Group applies (R)	\$92.75	\$86.70	\$6.05	7.0%	\$245.00	125%
55070	Breast, one, ultrasound scan of, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	\$83.55	n.a.	n.a.	n.a.	\$270.00	175%
55073	Breast, one, ultrasound scan of, where: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in subgroup 2 or 3 of this group applies (NR)	\$28.95	n.a.	n.a.	n.a.	\$72.00	111%
55076	Breasts, both, ultrasound scan of, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55079	Breasts, both, ultrasound scan of, where: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in subgroup 2 or 3 of this group applies (NR)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55084	Urinary bladder, ultrasound scan of, by any or all approaches, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of the Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not performed with item 55600, 55603, 55036, 55038, 55044, 55731 or 11917 on the same date of service (r)	\$83.55	n.a.	n.a.	n.a.	n.a.	n.a.
55085	Urinary bladder, ultrasound scan of, by any or all approaches, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 applies; and the service is not performed with item 55600, 55603, 55037, 55039, 55045, 55733 or 11917 on the same date of service (nr)	\$28.95	n.a.	n.a.	n.a.	n.a.	n.a.
VASCULAR ULTRASOUND							
55238	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%

10 Year Freeze on Radiology Rebates

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55244	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55246	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55248	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb or of arteries and bypass grafts in the upper limb, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55252	Duplex scanning, unilateral, involving b mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55274	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of extra-cranial bilateral carotid and vertebral vessels, with or without subclavian and innominate vessels, with or without oculo-plethysmography or per-orbital Doppler examination, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55276	Duplex scanning involving b mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins or of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (r)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55278	Duplex scanning involving b mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels or of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (r)	\$144.10	\$147.00	-\$2.90	-2.0%	\$405.00	139%
55280	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-cranial vessels, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55282	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent, performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence, where a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is rendered, immediately prior to or for a period during the rendering of the service, and that specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55284	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis and, where indicated, assess the progress and management of: (a) priapism; or (b) fibrosis of any type; or (c) fracture of the tunica; or (d) arteriovenous malformations; where a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is rendered, immediately prior to or for a period during the rendering of the service, and that specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (R)	\$144.10	\$147.00	-\$2.90	-2.0%	\$410.00	142%
55292	Duplex scanning, unilateral, involving b mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of surgically created arteriovenous fistula or surgically created arteriovenous access graft in the upper or lower limb, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - (r)	\$144.10	n.a.	n.a.	n.a.	\$410.00	142%
55294	Duplex scanning, involving b mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or veins or arteries and veins, for mapping of bypass conduit prior to vascular surgery, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054), 3 or 4 of this Group applies - including any associated skin marking (r)	\$144.10	n.a.	n.a.	n.a.	\$410.00	142%
55296	Duplex scanning, unilateral, involving b mode ultrasound imaging and integrated Doppler flow spectral analysis and marking of veins in the lower limb below the inguinal ligament prior to varicose vein surgery, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054), 3 or 4 of this Group applies - including any associated skin marking (r)	\$94.40	n.a.	n.a.	n.a.	\$245.00	121%
UROLOGICAL ULTRASOUND							
55600	Prostate, bladder base and urethra, transrectal ultrasound scan of, where performed: (a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in (c)) using a transducer probe or probes that: (i) have a nominal frequency of 7 to 7.5 megahertz; or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and can obtain both axial and sagittal scans in 2 planes at right angles; and (b) following a digital rectal examination of the prostate by that medical practitioner; and (c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has: (i) examined the patient in the 60 days prior to the scan; and (ii) recommended the scan for the management of the patient's current prostatic disease (R)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55603	PROSTATE, bladder base and urethra, transrectal ultrasound scan of, where performed: (a) personally by a medical practitioner who undertook the assessment referred to in (c) using a transducer probe or probes that: (i) have a nominal frequency of 7 to 7.5 megahertz; or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and (ii) can obtain both axial and sagittal scans in 2 planes at right angles; and (b) following a digital rectal examination of the prostate by that medical practitioner; and (c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has: (i) examined the patient in the 60 days prior to the scan; and (ii) recommended the scan for the management of the patient's current prostatic disease (R)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
MUSCULOSKELETAL ULTRASOUND							
55800	Hand or wrist, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55802	Hand or wrist, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%

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Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
55804	Forearm or elbow, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55806	Forearm or elbow, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55808	Note: Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific shoulder pain alone. shoulder or upper arm, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member, and where the service is provided, for the assessment of one or more of the following conditions or suspected conditions:- evaluation of injury to tendon, muscle or muscle/tendon junction; or- rotator cuff tear/calcification/tendinitis (biceps, subscapular, supraspinatus, infraspinatus); or-biceps subluxation; or- capsulitis and bursitis; or-evaluation of mass including ganglion; or-ocult fracture; or- acromioclavicular joint pathology (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55810	Note: Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific shoulder pain alone. shoulder or upper arm, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the patient is not referred by a medical practitioner, and where the service is provided, for the assessment of one or more of the following conditions or suspected conditions:- evaluation of injury to tendon, muscle or muscle/tendon junction; or- rotator cuff tear/calcification/tendinitis (biceps, subscapular, supraspinatus, infraspinatus); or- biceps subluxation; or- capsulitis and bursitis; or- evaluation of mass including ganglion; or- occult fracture; or- acromioclavicular joint pathology (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55812	Chest or abdominal wall, 1 or more areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.30	\$6.45	7.5%	\$300.00	175%
55814	Chest or abdominal wall, 1 or more areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55816	Hip or groin, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55818	Hip or groin, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55820	Paediatric hip examination for dysplasia, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55822	Paediatric hip examination for dysplasia, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55824	Buttock or thigh, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55826	Buttock or thigh, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55828	Note: Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific knee pain alone or other knee condition including:- meniscal and cruciate ligament tears- assessment of chondral surfaces knee, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member, and where the service is provided for the assessment of one or more of the following conditions or suspected conditions:- abnormality of tendons or bursae about the knee; or- meniscal cyst, popliteal fossa cyst, mass or pseudomass; or- nerve entrapment, nerve or nerve sheath tumour; or-injury of collateral ligaments (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55830	Note: Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific knee pain alone or other knee condition including:- meniscal and cruciate ligament tears- assessment of chondral surfaces knee, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the patient is not referred by a medical practitioner and where the service is provided for the assessment of one or more of the following conditions or suspected conditions:- abnormality of tendons or bursae about the knee; or- meniscal cyst, popliteal fossa cyst, mass or pseudomass; or- nerve entrapment, nerve or nerve sheath tumour; or- injury of collateral ligaments (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55832	Lower leg, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55834	Lower leg, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55836	Ankle or hind foot, 1 or both sides, ultrasound scan of, where: (a) the services is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55838	Ankle or hind foot, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55840	Mid foot or fore foot, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55842	Mid foot or fore foot, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55844	Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, 1 or more areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$74.25	n.a.	n.a.	n.a.	\$240.00	175%

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Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
55846	Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, 1 or more areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in subgroups 2 or 3 of this group applies; and (b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
55848	Musculoskeletal cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with item 55054 (r)	\$92.75	\$86.70	\$6.05	7.0%	\$300.00	175%
55850	Musculoskeletal cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, where: (a) the referring practitioner has indicated on a referral for a musculoskeletal ultrasound that a ultrasound guided intervention be performed if clinically indicated; (b) the service is not performed in conjunction with items 55054, or 55800 to 55848, and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$129.95	n.a.	n.a.	n.a.	\$420.00	175%
55852	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, where: a) the patient is referred by a medical practitioner b) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (r)	\$92.75	\$86.70	\$6.05	7.0%	n.a.	n.a.
55854	Paediatric spine, spinal cord and overlying subcutaneous tissues, Ultrasound scan of, where: a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and b) the patient is not referred by a medical practitioner (nr)	\$32.20	\$30.05	\$2.15	7.2%	\$81.00	114%
COMPUTED TOMOGRAPHY - HEAD							
56001	Computed tomography - scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (r) (k) (Anaes.)	\$165.80	\$171.25	-\$5.45	-3.2%	\$470.00	141%
56007	Computed tomography - scan of brain with intravenous contrast medium and with any scans of the brain prior to intravenous contrast injection, when undertaken, not being a service to which item 57007 applies (r) (k) (Anaes.)	\$212.50	\$218.70	-\$6.20	-2.8%	\$595.00	138%
56010	Computed tomography - scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when undertaken (r) (k) (Anaes.)	\$214.30	\$247.75	-\$33.45	-13.5%	\$675.00	168%
56013	Computed tomography - scan of orbits with or without intravenous contrast medium and with or without brain scan when undertaken (R) (K) (Anaes.)	\$212.50	\$247.75	-\$35.25	-14.2%	\$675.00	170%
56016	Computed tomography - scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (K) (Anaes.)	\$246.50	\$296.70	-\$50.20	-16.9%		-100%
56022	Computed tomography - scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (K) (Anaes.)	\$191.25	\$196.30	-\$5.05	-2.6%	\$535.00	138%
56028	Computed tomography - scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both prior to intravenous contrast injection, when undertaken (R) (K) (Anaes.)	\$286.30	\$293.30	-\$7.00	-2.4%	\$800.00	138%
56030	Computed tomography - scan of facial bones, paranasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (K) (Anaes.)	\$191.25	n.a.	n.a.	n.a.	n.a.	n.a.
56036	Computed tomography - scan of facial bones, paranasal sinuses or both, with scan of brain, with intravenous contrast medium, where: (a) a scan without intravenous contrast medium has been undertaken; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (K) (Anaes.)	\$286.30	n.a.	n.a.	n.a.	n.a.	n.a.
56041	Computed tomography - scan of brain without intravenous contrast medium, not being a service to which item 57041 applies (R) (NK) (Anaes.)	\$83.95	n.a.	n.a.	n.a.	\$470.00	376%
56047	Computed tomography - scan of brain with intravenous contrast medium and with any scans of the brain prior to intravenous contrast injection, when undertaken, not being a service to which item 57047 applies (R) (NK) (Anaes.)	\$107.20	n.a.	n.a.	n.a.	\$595.00	372%
56050	Computed tomography - scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when undertaken (R) (NK) (Anaes.)	\$109.00	n.a.	n.a.	n.a.	\$675.00	427%
56053	Computed tomography - scan of orbits with or without intravenous contrast medium and with or without brain scan when undertaken (R) (NK) (Anaes.)	\$109.00	n.a.	n.a.	n.a.	\$675.00	427%
56056	Computed tomography - scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (NK) (Anaes.)	\$132.15	n.a.	n.a.	n.a.	n.a.	n.a.
56062	Computed tomography - scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (NK) (Anaes.)	\$96.20	n.a.	n.a.	n.a.	\$535.00	373%
56068	Computed tomography - scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both prior to intravenous contrast injection, when undertaken (R) (NK) (Anaes.)	\$143.15	n.a.	n.a.	n.a.	\$800.00	375%
56070	Computed tomography - scan of facial bones, paranasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (NK) (Anaes.)	\$96.20	n.a.	n.a.	n.a.	n.a.	n.a.
56076	Computed tomography - scan of facial bones, paranasal sinuses or both, with scan of brain, with intravenous contrast medium, where: (a) a scan without intravenous contrast medium has been undertaken; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (NK) (Anaes.)	\$143.15	n.a.	n.a.	n.a.	n.a.	n.a.
COMPUTED TOMOGRAPHY - NECK							
56101	Computed tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56801 applies (R) (K) (Anaes.)	\$195.50	\$201.85	-\$6.35	-3.1%	\$550.00	139%
56107	Computed tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) - with intravenous contrast medium and with any scans of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) prior to intravenous contrast injection, when undertaken, not being a service associated with a service associated with a service to which item 56807 applies (R) (K) (Anaes.)	\$289.00	\$299.75	-\$10.75	-3.6%	\$815.00	140%
56141	Computed tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56841 applies (R) (NK) (Anaes.)	\$99.00	n.a.	n.a.	n.a.	\$550.00	372%
56147	Computed tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) - with intravenous contrast medium and with any scans of soft tissues of neck including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) prior to intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56847 applies (r) (nk) (Anaes.)	\$145.90	n.a.	n.a.	n.a.	\$815.00	375%
COMPUTED TOMOGRAPHY - SPINE							
56219	Computed tomography - scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain X-rays, not being a service to which item 59724 applies (R) (K) (Anaes.)	\$277.30	\$285.90	-\$8.60	-3.0%	\$780.00	139%
56220	Computed tomography - scan of spine, cervical region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$204.00	n.a.	n.a.	n.a.	\$580.00	142%
56221	Computed tomography - scan of spine, thoracic region, without intravenous contrast medium payable once only, whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$204.00	n.a.	n.a.	n.a.	\$580.00	142%

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Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
56223	Computed tomography - scan of spine, lumbosacral region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$204.00	n.a.	n.a.	n.a.	\$580.00	142%
56224	Computed tomography - scan of spine, cervical region, with intravenous contrast medium and with any scans of the cervical region of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$298.70	n.a.	n.a.	n.a.	\$840.00	139%
56225	Computed tomography - scan of spine, thoracic region, with intravenous contrast medium and with any scans of the thoracic region of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$298.70	n.a.	n.a.	n.a.	\$840.00	139%
56226	Computed tomography - scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the lumbosacral region of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$298.70	n.a.	n.a.	n.a.	\$840.00	139%
56227	Computed tomography - scan of spine, cervical region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$104.15	n.a.	n.a.	n.a.	\$580.00	373%
56228	Computed tomography - scan of spine, thoracic region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$104.15	n.a.	n.a.	n.a.	\$580.00	373%
56229	Computed tomography - scan of spine, lumbosacral region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$104.15	n.a.	n.a.	n.a.	\$580.00	373%
56230	Computed tomography - scan of spine, cervical region, with intravenous contrast medium, and with any scans to the cervical region of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$150.85	n.a.	n.a.	n.a.	\$840.00	373%
56231	Computed tomography - scan of spine, thoracic region, with intravenous contrast medium and with any scans of the thoracic region of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$150.85	n.a.	n.a.	n.a.	\$840.00	373%
56232	Computed tomography - scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the lumbosacral region of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$150.85	n.a.	n.a.	n.a.	\$840.00	373%
56233	Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item computed tomography - scan of spine, two examinations of the kind referred to in items 56220, 56221 and 56223 without intravenous contrast medium payable once only, whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$204.00	n.a.	n.a.	n.a.	n.a.	n.a.
56234	Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item computed tomography - scan of spine, two examinations of the kind referred to in items 56224, 56225 and 56226 with intravenous contrast medium and with any scans of these regions of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$298.70	n.a.	n.a.	n.a.	n.a.	n.a.
56235	Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item computed tomography - scan of spine, two examinations of the kind referred to in items 56227, 56228 and 56229 without intravenous contrast medium payable once only, whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$104.10	n.a.	n.a.	n.a.	n.a.	n.a.
56236	Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item computed tomography - scan of spine, two examinations of the kind referred to in items 56230, 56231 and 56232 with intravenous contrast medium and with any scans of these regions of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$150.85	n.a.	n.a.	n.a.	n.a.	n.a.
56237	Computed tomography - scan of spine, three regions cervical, thoracic and lumbosacral, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$204.00	n.a.	n.a.	n.a.	n.a.	n.a.
56238	Computed tomography - scan of spine, three regions cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine prior to intravenous contrast injection when undertaken; only 1 benefit, payable whether 1 or more attendances are required to complete the service (r) (k) (Anaes.)	\$298.70	n.a.	n.a.	n.a.	n.a.	n.a.
56239	Computed tomography - scan of spine, three regions cervical, thoracic and lumbosacral, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$104.10	n.a.	n.a.	n.a.	n.a.	n.a.
56240	Computed tomography - scan of spine, three regions cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine prior to intravenous contrast injection when undertaken; only 1 benefit, payable whether 1 or more attendances are required to complete the service (r) (nk) (Anaes.)	\$150.85	n.a.	n.a.	n.a.	n.a.	n.a.
56259	Computed tomography - scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain X-rays, not being a service to which item 59724 applies (R) (NK) (Anaes.)	\$140.10	n.a.	n.a.	n.a.	\$780.00	373%
COMPUTED TOMOGRAPHY - CHEST & UPPER ABDOMEN							
56301	Computed tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56801 or 57001 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.)	\$250.75	\$259.30	-\$8.55	-3.3%	\$710.00	141%
56307	Computed tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest including lungs, mediastinum, chest wall or pleura and upper abdomen prior to intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.)	\$340.00	\$362.30	-\$22.30	-6.2%	\$960.00	140%
56341	Computed tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56841 or 57041 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.)	\$127.05	n.a.	n.a.	n.a.	\$710.00	375%
56347	Computed tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest including lungs, mediastinum, chest wall or pleura and upper abdomen prior to intravenous contrast injection, when undertaken, not being a service to which item 56847 or 57047 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.)	\$171.70	n.a.	n.a.	n.a.	\$960.00	375%

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Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
COMPUTED TOMOGRAPHY - UPPER ABDOMEN							
56401	Computed tomography - scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56301, 56501, 56801 or 57001 applies (R) (K) (Anaes.)	\$212.50	\$220.00	-\$7.50	-3.4%	\$600.00	140%
56407	Computed tomography - scan of upper abdomen only (diaphragm to iliac crest) with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) prior to intravenous contrast injection, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (K) (Anaes.)	\$306.00	\$319.90	-\$13.90	-4.3%	\$860.00	139%
56409	Computed tomography - scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56401 applies (R) (K) (Anaes.)	\$212.50	\$220.00	-\$7.50	-3.4%	\$600.00	140%
56412	Computed tomography - scan of pelvis only (iliac crest to pubic symphysis) with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) prior to intravenous contrast injection, when undertaken, not being a service to which item 56407 applies (R) (K) (Anaes.)	\$306.00	\$319.90	-\$13.90	-4.3%	\$860.00	139%
56441	Computed tomography - scan of upper abdomen only (diaphragm to iliac crest), without intravenous contrast medium, not being a service to which item 56341, 56541, 56841 or 57041 applies (R) (NK) (Anaes.)	\$107.80	n.a.	n.a.	n.a.	\$600.00	373%
56447	Computed tomography - scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) prior to intravenous contrast injection, when undertaken, not being a service to which item 56347, 56547, 56847 or 57047 applies (R) (NK) (Anaes.)	\$154.30	n.a.	n.a.	n.a.	\$860.00	374%
56449	Computed tomography - scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium, not being a service to which item 56441 applies (R) (NK) (Anaes.)	\$107.80	n.a.	n.a.	n.a.	\$600.00	373%
56452	Computed tomography - scan of pelvis only (iliac crest to pubic symphysis) with intravenous contrast medium, and with any scans of pelvis (iliac crest to pubic symphysis) prior to intravenous contrast injection, when undertaken, not being a service to which item 56447 applies (R) (NK) (Anaes.)	\$154.30	n.a.	n.a.	n.a.	\$860.00	374%
COMPUTED TOMOGRAPHY - UPPER ABDOMEN & PELVIS							
56501	Computed tomography - scan of upper abdomen and pelvis without intravenous contrast medium, not for the purposes of virtual colonoscopy, not being a service to which item 56801 or 57001 applies (R) (K) (Anaes.)	\$327.25	\$343.70	-\$16.45	-4.8%	n.a.	n.a.
56507	Computed tomography - scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis prior to intravenous contrast injection, when undertaken, not for the purposes of virtual colonoscopy, not being a service to which item 56807 or 57007 applies (R) (K) (Anaes.)	\$414.85	\$446.95	-\$32.10	-7.2%	n.a.	n.a.
56541	Computed tomography - scan of upper abdomen and pelvis without intravenous contrast medium, not for the purposes of virtual colonoscopy, not being a service to which item 56841 or 57041 applies (R) (NK) (Anaes.)	\$164.20	n.a.	n.a.	n.a.	n.a.	n.a.
56547	Computed tomography - scan of upper abdomen and pelvis with intravenous contrast medium, and with any scans of upper abdomen and pelvis prior to intravenous contrast injection, when undertaken, not for the purposes of virtual colonoscopy, not being a service to which item 56847 or 57047 applies (R) (NK) (Anaes.)	\$207.20	n.a.	n.a.	n.a.	n.a.	n.a.
56552	Computed tomography of colon for exclusion of colorectal neoplasia in symptomatic or high risk patients if: (a) the patient has had an incomplete colonoscopy in the 3 months before the scan; and (b) the date of incomplete colonoscopy is set out on the request for scan; and (c) the service is not a service to which items 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies (r) (k)	\$534.80	n.a.	n.a.	n.a.	\$2,035.00	239%
56554	Computed tomography of colon for exclusion of colorectal neoplasia in symptomatic or high risk patients if: (a) the request for scan states that one of the following contraindications to colonoscopy is present: (i) suspected perforation of the colon; (ii) complete or high-grade obstruction that will not allow passage of the scope; and (b) the service must not be a service to which item 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies (r) (k)	\$534.80	n.a.	n.a.	n.a.	\$2,035.00	239%
COMPUTED TOMOGRAPHY - EXTREMITIES							
56619	Computed tomography - scan of extremities, 1 or more regions without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (K) (Anaes.)	\$187.00	\$194.45	-\$7.45	-3.8%	n.a.	n.a.
56625	Computed tomography - scan of extremities, 1 or more regions with intravenous contrast medium and with any scans of extremities prior to intravenous contrast injection, when undertaken; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) (K) (Anaes.)	\$284.50	\$291.10	-\$6.60	-2.3%	n.a.	n.a.
56659	Computed tomography - scan of extremities, 1 or more regions without intravenous contrast medium, payable once only whether 1 or more attendances are required to complete (R) (NK) (Anaes.)	\$95.30	n.a.	n.a.	n.a.	n.a.	n.a.
56665	Computed tomography - scan of extremities, 1 or more regions with intravenous contrast medium, and with any scans of extremities prior to intravenous contrast injection, when undertaken; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.)	\$142.30	n.a.	n.a.	n.a.	n.a.	n.a.
COMPUTED TOMOGRAPHY - CHEST, ABDOMEN, PELVIS & NECK							
56801	Computed tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.)	\$401.35	\$425.65	-\$24.30	-5.7%	\$1,105.00	137%
56807	Computed tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck prior to intravenous contrast injection, when undertaken, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.)	\$494.80	\$528.85	-\$34.05	-6.4%	\$1,345.00	140%
56841	Computed tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.)	\$198.35	n.a.	n.a.	n.a.	\$1,105.00	374%
56847	Computed tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck prior to intravenous contrast injection, when undertaken, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.)	\$241.30	n.a.	n.a.	n.a.	\$1,345.00	374%
COMPUTED TOMOGRAPHY - BRAIN, CHEST & UPPER ABDOMEN							
57001	Computed tomography - scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.)	\$401.45	\$425.75	-\$24.30	-5.7%	\$1,105.00	137%
57007	Computed tomography - scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen prior to intravenous contrast injection, when undertaken, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.)	\$502.55	\$528.95	-\$26.40	-5.0%	\$1,345.00	137%
57041	Computed tomography - scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.)	\$198.40	n.a.	n.a.	n.a.	\$1,105.00	373%
57047	Computed tomography - scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen prior to intravenous contrast injection, when undertaken, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.)	\$241.35	n.a.	n.a.	n.a.	\$1,345.00	374%

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Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
COMPUTED TOMOGRAPHY - PELVIMETRY							
57201	Computed tomography - pelvimetry (R) (K) (Anaes.)	\$131.95	\$134.65	-\$2.70	-2.0%	\$370.00	138%
57247	Computed tomography - pelvimetry (R) (NK) (Anaes.)	\$65.95	n.a.	n.a.	n.a.	\$370.00	377%
COMPUTED TOMOGRAPHY - INTERVENTIONAL TECHNIQUES							
57341	Computed tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) (K) (Anaes.)	\$404.80	\$443.50	-\$38.70	-8.7%	\$1,145.00	144%
57345	Computed tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) (NK) (Anaes.)	\$205.40	n.a.	n.a.	n.a.	\$1,145.00	374%
COMPUTED TOMOGRAPHY - SPIRAL ANGIOGRAPHY							
57350	Computed tomography - spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (c) the service has not been performed on the same patient within the previous 12 months; and (d) the service is not a study performed to image the coronary arteries (r) (k) (Anaes.)	\$444.80	\$488.65	-\$43.85	-9.0%	n.a.	n.a.
57351	Computed tomography - spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of acute or recurrent pulmonary embolism; acute symptomatic arterial occlusion; post operative complication of arterial surgery; acute ruptured aneurysm; or acute dissection of the aorta, carotid or vertebral artery; and (c) the services to which 57350 or 57355 apply have been performed on the same patient within the previous 12 months; and (d) the service is not a study performed to image the coronary arteries (r) (k) (Anaes.)	\$444.80	n.a.	n.a.	n.a.	n.a.	n.a.
57355	Computed tomography - spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (c) the service has not been performed on the same patient within the previous 12 months; and (d) the service is not a study performed to image the coronary arteries (r) (nk) (Anaes.)	\$224.55	n.a.	n.a.	n.a.	n.a.	n.a.
57356	Computed tomography - spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of acute or recurrent pulmonary embolism; acute symptomatic arterial occlusion; post operative complication of arterial surgery; or acute ruptured aneurysm; acute dissection of the aorta, carotid or vertebral artery; and (c) the services to which 57350 or 57355 apply have been performed on the same patient within the previous 12 months; and (d) the service is not a study performed to image the coronary arteries (r) (nk) (Anaes.)	\$224.55	n.a.	n.a.	n.a.	n.a.	n.a.
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION OF EXTREMITIES							
57506	Hand, wrist, forearm, elbow or humerus (NR)	\$25.30	\$27.05	-\$1.75	-6.5%	\$78.00	162%
57509	Hand, wrist, forearm, elbow or humerus (R)	\$33.80	\$36.15	-\$2.35	-6.5%	\$104.00	162%
57512	Hand and wrist or hand, wrist and forearm or forearm and elbow or elbow and humerus (nr)	\$34.45	\$36.80	-\$2.35	-6.4%	\$106.00	162%
57515	Hand and wrist or hand, wrist and forearm or forearm and elbow or elbow and humerus (R)	\$45.90	\$49.05	-\$3.15	-6.4%	\$142.00	163%
57518	Foot, ankle, leg, knee or femur (NR)	\$27.65	\$29.55	-\$1.90	-6.4%	\$85.00	162%
57521	Foot, ankle, leg, knee or femur (R)	\$36.90	\$39.45	-\$2.55	-6.5%	\$114.00	163%
57524	Foot and ankle, or ankle and leg, or leg and knee, or knee or femur (NR)	\$42.00	\$44.85	-\$2.85	-6.4%	\$130.00	163%
57527	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R)	\$55.90	\$59.80	-\$3.90	-6.5%	\$172.00	162%
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION OF SHOULDER OR PELVIS							
57700	Shoulder or scapula (NR)	\$34.45	\$36.80	-\$2.35	-6.4%	\$106.00	162%
57703	Shoulder or scapula (R)	\$45.90	\$49.05	-\$3.15	-6.4%	\$142.00	163%
57706	Clavicle (NR)	\$27.65	\$29.55	-\$1.90	-6.4%	\$85.00	162%
57709	Clavicle (R)	\$36.90	\$39.45	-\$2.55	-6.5%	\$112.00	158%
57712	Hip joint (R)	\$40.10	\$42.85	-\$2.75	-6.4%	\$124.00	163%
57715	Pelvic girdle (R)	\$51.80	\$55.40	-\$3.60	-6.5%	\$160.00	163%
57721	Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R)	\$84.40	\$90.15	-\$5.75	-6.4%	\$260.00	162%
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION OF HEAD							
57901	Skull, not in association with item 57902 (R)	\$54.85	\$58.65	-\$3.80	-6.5%	\$170.00	164%
57902	Cephalometry, not in association with item 57901 (R)	\$54.85	\$58.65	-\$3.80	-6.5%	\$170.00	164%
57903	Sinuses (R)	\$40.25	\$42.85	-\$2.60	-6.1%	\$124.00	162%
57906	Mastoids (R)	\$54.85	\$58.65	-\$3.80	-6.5%	\$170.00	164%
57909	Petrous temporal bones (R)	\$54.85	\$58.65	-\$3.80	-6.5%	\$170.00	164%
57912	Facial bones, orbit, maxilla or maxilla, any or all (R)	\$40.10	\$42.85	-\$2.75	-6.4%	\$124.00	163%
57915	Mandible, not by orthopantomography technique (R)	\$40.10	\$42.85	-\$2.75	-6.4%	\$124.00	163%
57918	Salivary calculus (R)	\$40.10	\$42.85	-\$2.75	-6.4%	\$122.00	159%
57921	Nose (R)	\$40.10	\$42.85	-\$2.75	-6.4%	\$124.00	163%
57924	Eye (R)	\$40.10	\$42.85	-\$2.75	-6.4%	\$124.00	163%
57927	Temporomandibular joints (R)	\$42.25	\$45.10	-\$2.85	-6.3%	\$134.00	170%
57930	Teeth, single area (R)	\$28.00	\$29.90	-\$1.90	-6.4%	\$96.00	161%
57933	Teeth, full mouth (R)	\$66.55	\$71.10	-\$4.55	-6.4%	\$205.00	162%
57939	Palatopharyngeal studies with fluoroscopic screening (R)	\$54.85	\$58.65	-\$3.80	-6.5%	\$170.00	164%
57942	Palatopharyngeal studies without fluoroscopic screening (R)	\$42.25	\$45.10	-\$2.85	-6.3%	\$130.00	162%
57945	Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R)	\$36.90	\$39.45	-\$2.55	-6.5%	\$114.00	163%
57960	Orthopantomography, for diagnosis and/or management of trauma, infection, tumours, congenital conditions or surgical conditions of the teeth or maxillofacial region (r)	\$40.30	\$43.05	-\$2.75	-6.4%	\$126.00	166%
57963	Orthopantomography, for diagnosis and/or management of impacted teeth, caries, periodontal or pericardial pathology where signs or symptoms of those conditions are evident (r)	\$40.30				\$126.00	166%
57966	Orthopantomography, for diagnosis and/or management of missing or crowded teeth, or developmental anomalies of the teeth or jaws (r)	\$40.30				\$126.00	166%
57969	Orthopantomography, for diagnosis and/or management of temporomandibular joint arthroses or dysfunction (r)	\$40.30				\$126.00	166%
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION OF SPINE							
58100	Spine, cervical (R)	\$57.10	\$61.05	-\$3.95	-6.5%	\$176.00	162%
58103	Spine, thoracic (R)	\$46.85	\$50.15	-\$3.30	-6.6%	\$144.00	161%
58106	Spine, lumbosacral (R)	\$65.45	\$69.95	-\$4.50	-6.4%	\$200.00	160%
58108	Spine, four regions, cervical, thoracic, lumbosacral and sacrococcygeal (r)	\$113.00	n.a.	n.a.	n.a.	n.a.	n.a.
58109	Spine, sacrococcygeal (R)	\$39.95	\$47.20	-\$7.25	-15.4%	\$124.00	164%

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Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
58112	Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine, two examinations of the kind referred to in items 58100, 58103, 58106 and 58109 (r)	\$82.70	\$88.40	-\$5.70	-6.4%	\$255.00	162%
58115	Spine, three examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (r)	\$113.00	\$120.80	-\$7.80	-6.5%	\$350.00	163%
DIAGNOSTIC RADIOLOGY - BONE AGE STUDY & SKELETAL SURVEYS							
58300	Bone age study (R)	\$34.10	\$36.45	-\$2.35	-6.4%	\$106.00	164%
58306	Skeletal survey (R)	\$76.00	\$81.20	-\$5.20	-6.4%	\$235.00	163%
58500	Chest (lung fields) by direct radiography (NR)	\$30.05	\$32.10	-\$2.05	-6.4%	\$93.00	163%
58503	Chest (lung fields) by direct radiography (R)	\$40.10	\$42.85	-\$2.75	-6.4%	\$124.00	163%
58506	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	\$51.65	\$55.25	-\$3.60	-6.5%	\$160.00	163%
58509	Thoracic inlet or trachea (R)	\$33.80	\$36.15	-\$2.35	-6.5%	\$104.00	162%
58521	Left ribs, right ribs or sternum (R)	\$36.90	\$39.45	-\$2.55	-6.5%	\$114.00	163%
58524	Left and right ribs, left ribs and sternum, or right ribs and sternum (R)	\$48.05	\$51.30	-\$3.25	-6.3%	\$148.00	162%
58527	Left ribs, right ribs and sternum (R)	\$59.00	\$63.15	-\$4.15	-6.6%	\$182.00	162%
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION OF URINARY TRACT							
58700	Plain renal only (R)	\$39.15	\$41.85	-\$2.70	-6.5%	\$124.00	169%
58706	Intravenous pyelography, with or without preliminary plain films and with or without tomography - (r)	\$134.25	\$143.50	-\$9.25	-6.4%	\$410.00	160%
58715	Antegrade or retrograde pyelography, with or without preliminary plain films and with preparation and contrast injection - 1 side - (r)	\$128.85	\$137.70	-\$8.85	-6.4%	\$395.00	161%
58718	Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection - (R) (Anaes.)	\$107.20	\$114.60	-\$7.40	-6.5%	\$330.00	162%
58721	Retrograde micturating cysto-urethrography, with preparation and contrast injection - (R) (Anaes.)	\$117.55	\$125.60	-\$8.05	-6.4%	\$360.00	160%
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT & BILIARY SYSTEM							
58900	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (NR)	\$30.35	\$32.45	-\$2.10	-6.5%	\$93.00	161%
58903	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (R)	\$40.50	\$43.25	-\$2.75	-6.4%	\$124.00	161%
58909	Barium or other opaque meal of 1 or more of pharynx, oesophagus, stomach or duodenum, with or without preliminary plain films of pharynx, chest or duodenum, not being a service associated with a service to which item 57939 or 57942 or 57945 applies - (R)	\$76.50	\$81.75	-\$5.25	-6.4%	\$240.00	167%
58912	Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest and with or without preliminary plain film (R)	\$93.75	\$100.20	-\$6.45	-6.4%	\$285.00	159%
58915	Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)	\$67.15	\$71.70	-\$4.55	-6.3%	\$205.00	160%
58916	Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies - (R) (Anaes.)	\$117.75	\$125.80	-\$8.05	-6.4%	\$370.00	167%
58921	Opaque enema, with or without air contrast study and with or without preliminary plain films - (R)	\$115.00	\$122.65	-\$7.65	-6.2%	\$350.00	159%
58924	Graham's test (cholecystography), with preliminary plain films and with or without tomography - (R)	\$71.45	\$76.35	-\$4.90	-6.4%	\$205.00	144%
58927	Cholecystography direct, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 30439 applies - (R)	\$65.00	\$69.45	-\$4.45	-6.4%	\$198.00	159%
58933	Cholecystography, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection - (R)	\$174.80	\$186.80	-\$12.00	-6.4%	\$535.00	160%
58936	Cholecystography, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography - (R)	\$166.60	\$178.05	-\$11.45	-6.4%	\$510.00	160%
58939	Defaecogram (R)	\$118.45	\$126.60	-\$8.15	-6.4%	\$360.00	158%
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN BODIES							
59103	Foreign body, localisation of and report, not being a service to which another item in this Group applies (R)	n.a.	n.a.	n.a.		\$52.00	n.a.
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION OF BREASTS							
59300	Mammography of both breasts, if there is a reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner. Unless otherwise indicated, mammography includes both breasts (r)	\$76.10	\$71.15	\$4.95	7.0%	\$205.00	129%
59303	Mammography of one breast, if: (a) the patient is referred with a specific request for a unilateral mammogram; and (b) there is reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (r)	\$45.90	\$42.90	\$3.00	7.0%	\$124.00	130%
59306	Mammary ductogram (galactography) - 1 breast (R)	\$85.30	\$82.05	\$3.25	4.0%	\$235.00	134%
59309	Mammary ductogram (galactography) - 2 breasts (R)	\$170.55	\$164.05	\$6.50	4.0%	\$475.00	137%
59312	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques - (R)	\$73.95	\$71.15	\$2.80	3.9%	\$205.00	136%
59314	Radiographic examination of 1 breast, in conjunction with a surgical procedure using interventional techniques - (R)	\$44.65	\$42.90	\$1.75	4.1%	\$122.00	132%
59318	Radiographic examination of excised breast tissue to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 31536 - (R)	\$40.00	\$38.50	\$1.50	3.9%	\$110.00	134%
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY							
59503	Pelvimetry, not being a service associated with a service to which item 57201 applies (R)	\$76.00	\$81.20	-\$5.20	-6.4%	\$235.00	163%
DIAGNOSTIC RADIOLOGY - RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA							
59700	Discography, each disc, with or without preliminary plain films and with preparation and contrast injection - (R) (Anaes.)	\$82.10	\$87.70	-\$5.60	-6.4%	\$250.00	159%
59703	Dacryocystography, 1 side, with or without preliminary plain film and with preparation and contrast injection - (R)	\$64.55	\$68.95	-\$4.40	-6.4%	\$198.00	161%
59712	Hysterosalpingography, with without preliminary plain films and with preparation and contrast injection - (R) (Anaes.)	\$96.65	\$103.35	-\$6.70	-6.5%	\$295.00	159%
59715	Bronchography, 1 side, with or without preliminary plain films and with preparation and contrast injection - (R) (Anaes.)	\$122.05	\$130.40	-\$8.35	-6.4%	\$375.00	161%
59718	Phlebography, 1 side, with or without preliminary plain films and with preparation and contrast injection - (r) (Anaes.)	\$114.50	\$122.40	-\$7.90	-6.5%	\$350.00	160%
59724	Myelography, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 56219 applies - (R) (Anaes.)	\$192.50	\$205.70	-\$13.20	-6.4%	\$590.00	161%
59733	Sialography, 1 side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies - (R)	\$91.55	\$97.80	-\$6.25	-6.4%	\$280.00	160%
59736	Vasocopydymography, 1 side, for other than an investigation for reversal of previous sterilisation - (R)	\$52.70	\$56.40	-\$3.70	-6.6%	\$162.00	161%
59739	Sinogram or fistulogram, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection - (R)	\$62.70	\$67.00	-\$4.30	-6.4%	\$192.00	160%
59751	Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection - (R)	\$118.30	\$126.40	-\$8.10	-6.4%	\$360.00	159%

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59754	Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection - (R)	\$186.45	\$199.30	-\$12.85	-6.4%	\$570.00	160%
59760	Peritoneogram (herniography) with or without contrast medium including preparation - performed on a person over 14 years of age (R)	\$97.90	\$104.60	-\$6.70	-6.4%	\$300.00	161%
59763	Air insufflation during video - fluoroscopic imaging including associated consultation (R)	\$113.85	\$121.60	-\$7.75	-6.4%	\$350.00	161%
DIAGNOSTIC RADIOLOGY - ANGIOGRAPHY							
59974	Angiography and/or digital subtraction angiography with fluoroscopy and image acquisition using a mobile image intensifier, 1 or more regions including any preliminary plain films, preparation and contrast injection (r) (nk) (Anaes.)	\$71.60	n.a.	n.a.	n.a.	\$395.00	369%
60000	Digital subtraction angiography, examination of head and neck with or without arch aortography - 1 to 3 data acquisition runs (R) (Anaes.)	\$498.80	\$492.05	\$6.75	1.4%	\$1,335.00	137%
60003	Digital subtraction angiography, examination of head and neck with or without arch aortography - 4 to 6 data acquisition runs (R) (Anaes.)	\$761.90	\$745.10	\$16.80	2.3%	\$1,955.00	136%
60006	Digital subtraction angiography, examination of head and neck with or without arch aortography - 7 to 9 data acquisition runs (R) (Anaes.)	\$1,110.90	\$1,080.80	\$30.10	2.8%	\$2,870.00	144%
60009	Digital subtraction angiography, examination of head and neck with or without arch aortography - 10 or more data acquisition runs (R) (Anaes.)	\$1,311.10	\$1,273.40	\$37.70	3.0%	\$3,255.00	137%
60012	Digital subtraction angiography, examination of thorax - 1 to 3 data acquisition runs (R) (Anaes.)	\$498.80	\$492.05	\$6.75	1.4%	\$1,335.00	137%
60015	Digital subtraction angiography, examination of thorax - 4 to 6 data acquisition runs (R) (Anaes.)	\$761.90	\$745.10	\$16.80	2.3%	\$1,955.00	136%
60018	Digital subtraction angiography, examination of thorax - 7 to 9 data acquisition runs (R) (Anaes.)	\$1,110.90	\$1,080.80	\$30.10	2.8%	\$2,780.00	136%
60021	Digital subtraction angiography, examination of thorax - 10 or more data acquisition runs (R) (Anaes.)	\$1,311.10	\$1,273.40	\$37.70	3.0%	\$3,255.00	137%
60024	Digital subtraction angiography, examination of abdomen - 1 to 3 data acquisition runs (R) (Anaes.)	\$498.80	\$492.05	\$6.75	1.4%	\$1,335.00	137%
60027	Digital subtraction angiography, examination of abdomen - 4 to 6 data acquisition runs (R) (Anaes.)	\$761.90	\$745.10	\$16.80	2.3%	\$1,955.00	136%
60030	Digital subtraction angiography, examination of abdomen - 7 to 9 data acquisition runs (R) (Anaes.)	\$1,110.90	\$1,080.80	\$30.10	2.8%	\$2,780.00	136%
60033	Digital subtraction angiography, examination of abdomen - 10 or more data acquisition runs (R) (Anaes.)	\$1,311.10	\$1,273.40	\$37.70	3.0%	\$3,255.00	137%
60036	Digital subtraction angiography, examination of upper limb or limbs - 1 to 3 data acquisition runs (R) (Anaes.)	\$498.80	\$492.05	\$6.75	1.4%	\$1,335.00	137%
60039	Digital subtraction angiography, examination of upper limb or limbs - 4 to 6 data acquisition runs (R) (Anaes.)	\$761.90	\$745.10	\$16.80	2.3%	\$1,955.00	136%
60042	Digital subtraction angiography, examination of upper limb or limbs - 7 to 9 data acquisition runs (R) (Anaes.)	\$1,110.90	\$1,080.80	\$30.10	2.8%	\$2,780.00	136%
60045	Digital subtraction angiography, examination of upper limb or limbs - 10 or more data acquisition runs (R) (Anaes.)	\$1,311.10	\$1,273.40	\$37.70	3.0%	\$3,255.00	137%
60048	Digital subtraction angiography, examination of lower limb or limbs - 1 to 3 data acquisition runs (R) (Anaes.)	\$498.80	\$492.05	\$6.75	1.4%	\$1,335.00	137%
60051	Digital subtraction angiography, examination of lower limb or limbs - 4 to 6 data acquisition runs (R) (Anaes.)	\$761.90	\$745.10	\$16.80	2.3%	\$1,955.00	136%
60054	Digital subtraction angiography, examination of lower limb or limbs - 7 to 9 data acquisition runs (R) (Anaes.)	\$1,110.90	\$1,080.80	\$30.10	2.8%	\$2,780.00	136%
60057	Digital subtraction angiography, examination of lower limb or limbs - 10 or more data acquisition runs (R) (Anaes.)	\$1,311.10	\$1,273.40	\$37.70	3.0%	\$3,255.00	137%
60060	Digital subtraction angiography, examination of aorta and lower limb or limbs - 1 to 3 data acquisition runs (R) (Anaes.)	\$498.80	\$492.05	\$6.75	1.4%	\$1,335.00	137%
60063	Digital subtraction angiography, examination of aorta and lower limb or limbs - 4 to 6 data acquisition runs (R) (Anaes.)	\$761.90	\$745.10	\$16.80	2.3%	\$1,955.00	136%
60066	Digital subtraction angiography, examination of aorta and lower limb or limbs - 7 to 9 data acquisition runs (R) (Anaes.)	\$1,110.90	\$1,080.80	\$30.10	2.8%	\$2,780.00	136%
60069	Digital subtraction angiography, examination of aorta and lower limb or limbs - 10 or more data acquisition runs (R) (Anaes.)	\$1,311.10	\$1,273.40	\$37.70	3.0%	\$3,255.00	137%
60072	Selective arteriography or selective venography by digital subtraction angiography technique - 1 vessel (NR) (Anaes.)	\$40.90	\$39.35	\$1.55	3.9%	\$114.00	137%
60075	Selective arteriography or selective venography by digital subtraction angiography technique - 2 vessels (NR) (Anaes.)	\$81.70	\$78.60	\$3.10	3.9%	\$225.00	134%
60078	Selective arteriography or selective venography by digital subtraction angiography technique - 3 or more vessels (NR) (Anaes.)	\$122.65	\$117.90	\$4.75	4.0%	\$340.00	136%
DIAGNOSTIC RADIOLOGY - TOMOGRAPHY							
60100	Tomography of any region (R) (Anaes.)	\$51.65	\$55.25	-\$3.60	-6.5%	\$160.00	163%
DIAGNOSTIC RADIOLOGY - FLUOROSCOPY							
60500	Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes.)	\$36.90	\$39.45	-\$2.55	-6.5%	\$114.00	163%
60503	Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R)	\$25.30	\$27.05	-\$1.75	-6.5%	\$78.00	162%
60506	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this table applies (R)	\$54.20	\$57.95	-\$3.75	-6.5%	\$168.00	164%
60509	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this table applies (R)	\$84.10	\$89.85	-\$5.75	-6.4%	\$260.00	163%
DIAGNOSTIC RADIOLOGY - INTERVENTIONAL TECHNIQUES							
61109	Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R)	\$220.10	\$235.20	-\$15.10	-6.4%	\$680.00	163%
MAGNETIC RESONANCE IMAGING							
63001	Magnetic resonance imaging (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of head for: - tumour of the brain or meninges (r) (Contrast) (Anaes.)	342.75	424.60	-\$81.85	-19.3%	See Note (b)	
63002	MRI - scan of head (including MRA, if performed) for tumour of the brain or meninges (R) (Contrast)	342.75	424.60	-\$81.85	-19.3%		
63004	- inflammation of the brain or meninges (r) (Contrast) (Anaes.)	342.75	424.60	-\$81.85	-19.3%		
63005	MRI - scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (Contrast)	342.75	424.60	-\$81.85	-19.3%		
63007	- skull base or orbital tumour (r) (Contrast) (Anaes.)	342.75	424.60	-\$81.85	-19.3%		
63008	MRI - scan of head (including MRA, if performed) for skull base or orbital tumour (R) (Contrast)	342.75	424.60	-\$81.85	-19.3%		
63010	- Stereotactic scan of brain, with Fiducials in place, for the sole purpose to allow planning for stereotactic neurosurgery (r) (Contrast) (Anaes.)	285.60	424.60	-\$139.00	-32.7%		
63011	MRI - scan of head (including MRA, if performed) for stereotactic scan of brain, with fiducials in place, for the sole purpose of allowing planning for stereotactic neurosurgery (R) (Contrast)	285.60	424.60	-\$139.00	-32.7%		
63040	Magnetic resonance imaging (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of head for: - acoustic neuroma (r) (Contrast) (Anaes.)	\$285.60	\$424.60	-\$139.00	-32.7%		
63041	MRI - scan of head (including MRA, if performed) for acoustic neuroma (R) (Contrast)	\$285.60	\$424.60	-\$139.00	-32.7%		

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Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
63042	MRI - scan of head (including MRA, if performed) for pituitary tumour (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63043	- pituitary tumour (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63044	MRI - scan of head (including MRA, if performed) for toxic or metabolic or ischaemic encephalopathy (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63045	MRI - scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63046	- toxic or metabolic or ischaemic encephalopathy (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63047	MRI - scan of head (including MRA, if performed) for congenital malformation of the brain or meninges (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63048	MRI - scan of head (including MRA, if performed) for venous sinus thrombosis (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63049	- demyelinating disease of the brain (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63051	MRI - scan of head (including MRA, if performed) for head trauma (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63052	- congenital malformation of the brain or meninges (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63054	MRI - scan of head (including MRA, if performed) for epilepsy (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63055	- venous sinus thrombosis (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63057	MRI - scan of head (including MRA, if performed) for stroke (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63058	- head trauma (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63060	MRI - scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63061	- epilepsy (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63063	MRI - scan of head (including MRA, if performed) for intracranial aneurysm (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63064	- stroke (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63065	MRI - scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63067	- carotid or vertebral artery dissection (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63070	- intracranial aneurysm (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63073	- intracranial arteriovenous malformation (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63101	Magnetic resonance imaging and magnetic resonance angiography of extra and/or intracranial circulation, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of head and neck vessels for:- stroke (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63102	MRI and MRA of extracranial or intracranial circulation (or both) - scan of head and neck vessels for stroke (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63111	Magnetic resonance imaging (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of head and cervical spine for:- tumour of the central nervous system or meninges (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63113	MRI - scan of head and cervical spine (including MRA, if performed) for tumour of the central nervous system or meninges (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63114	- inflammation of the central nervous system or meninges (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63116	MRI - scan of head and cervical spine (including MRA, if performed) for inflammation of the central nervous system or meninges (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63125	Magnetic resonance imaging (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of head and cervical spine for:- demyelinating disease of the central nervous system (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63126	MRI - scan of head and cervical spine (including MRA, if performed) for demyelinating disease of the central nervous system (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63128	- congenital malformation of the central nervous system or meninges (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63129	MRI - scan of head and cervical spine (including MRA, if performed) for congenital malformation of the central nervous system or meninges (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63131	- syring (congenital or acquired) (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63132	MRI - scan of head and cervical spine (including MRA, if performed) for syring (congenital or acquired) (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63151	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of one region or two contiguous regions of the spine for:- infection (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63152	MRI - scan of 1 region or 2 contiguous regions of the spine for infection (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63154	- tumour (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63155	MRI - scan of 1 region or 2 contiguous regions of the spine for tumour (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63161	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of one region or two contiguous regions of the spine for:- demyelinating (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63163	MRI - scan of 1 region or 2 contiguous regions of the spine for demyelinating disease (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63164	- congenital malformation of the spinal cord or the cauda equina or the meninges (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63165	MRI - scan of 1 region or 2 contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63167	- myelopathy (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63168	MRI - scan of 1 region or 2 contiguous regions of the spine for myelopathy (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63169	MRI - scan of 1 region or 2 contiguous regions of the spine for syring (congenital or acquired) (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63170	- syring (congenital or acquired) (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63171	MRI - scan of 1 region or 2 contiguous regions of the spine for cervical radiculopathy (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63172	MRI - scan of 1 region or 2 contiguous regions of the spine for sciatica (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63173	- cervical radiculopathy (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63174	MRI - scan of 1 region or 2 contiguous regions of the spine for spinal canal stenosis (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63175	MRI - scan of 1 region or 2 contiguous regions of the spine for previous spinal surgery (R) (Contrast)	\$304.65	\$424.60	-\$119.95	-28.3%		
63176	- sciatica (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63177	MRI - scan of 1 region or 2 contiguous regions of the spine for trauma (R)	\$304.65	\$424.60	-\$119.95	-28.3%		
63179	- spinal canal stenosis (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63182	- previous spinal surgery (r) (Contrast) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63185	- trauma (r) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63201	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of three contiguous regions or two non contiguous regions of the spine for:- infection (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63202	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for infection (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63204	- tumour (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63205	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for tumour (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63219	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of three contiguous regions or two non contiguous regions of the spine for:- demyelinating disease (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63220	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine of demyelinating disease (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63222	- congenital malformation of the spinal cord or the cauda equina or the meninges (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		

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Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
63223	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63224	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for myelopathy (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63225	- myelopathy (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63226	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for syrinx (congenital or acquired) (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63227	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63228	- syrinx (congenital or acquired) (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63229	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for sciatica (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63230	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for spinal canal stenosis (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63231	- cervical radiculopathy (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63232	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for previous spinal surgery (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63234	- sciatica (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63237	- spinal canal stenosis (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63240	- previous spinal surgery (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63243	- trauma (r) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63244	MRI - scan of 3 contiguous or 2 non-contiguous regions of the spine for trauma (R)	\$382.80	\$424.60	-\$41.80	-9.8%		
63271	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of cervical spine and brachial plexus for: - tumour (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63272	MRI - Scan of cervical spine and brachial plexus for tumour (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63274	- trauma (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63275	MRI - scan of cervical spine and brachial plexus for trauma (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63277	- cervical radiculopathy (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63278	MRI - scan of cervical spine and brachial plexus for cervical radiculopathy (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63280	- previous surgery (r) (Contrast) (Anaes.)	\$427.60	\$424.60	\$3.00	0.7%		
63281	MRI - scan of cervical spine and brachial plexus for previous surgery (R) (Contrast)	\$427.60	\$424.60	\$3.00	0.7%		
63301	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of musculoskeletal system for: - tumour arising in bone or musculoskeletal system, this excludes tumours arising in breast, prostate or rectum (r) (Contrast) (Anaes.)	\$323.70	\$424.60	-\$100.90	-23.8%		
63302	MRI - scan of musculoskeletal system for tumour arising, in bone or musculoskeletal system, excluding tumours arising in breast, prostate or rectum (R) (Contrast)	\$323.70	\$424.60	-\$100.90	-23.8%		
63304	- infection arising in bone or musculoskeletal system, this excludes infection arising in breast, prostate or rectum (r) (Contrast) (Anaes.)	\$323.70	\$424.60	-\$100.90	-23.8%		
63305	MRI - scan of musculoskeletal system for infection arising in bone or musculoskeletal system, excluding infection arising in breast, prostate or rectum (R) (Contrast)	\$323.70	\$424.60	-\$100.90	-23.8%		
63307	- osteonecrosis (r) (Contrast) (Anaes.)	\$323.70	\$424.60	-\$100.90	-23.8%		
63308	MRI - scan of musculoskeletal system for osteonecrosis (R) (Contrast)	\$323.70	\$424.60	-\$100.90	-23.8%		
63322	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of musculoskeletal system for: - derangement of hip or its supporting structures (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63323	MRI - scan of musculoskeletal system for derangement of hip or its supporting structures (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63324	MRI - scan of musculoskeletal system for derangement of shoulder its supporting structures (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63325	- derangement of shoulder or its supporting structures (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63326	MRI - scan of musculoskeletal system for derangement of knee or its supporting structures (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63327	MRI - scan of musculoskeletal system for derangement of ankle or foot (or both) or its supporting structures (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63328	- derangement of knee or its supporting structures (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63329	MRI - scan of musculoskeletal system for derangement of 1 or both temporomandibular joints or their supporting structures (R) (Contrast)	\$285.60	\$424.60	-\$139.00	-32.7%		
63330	MRI - scan of musculoskeletal system for derangement of wrist or hand (or both) or its supporting structures (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63331	- derangement of ankle and/or foot or its supporting structures (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63332	MRI - scan of musculoskeletal system for derangement of elbow or its supporting structures (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63334	- derangement of one or both temporomandibular joints or their supporting structures (r) (Contrast) (Anaes.)	\$285.60	\$424.60	-\$139.00	-32.7%		
63337	- derangement of wrist and/or hand or its supporting structures (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63340	- derangement of elbow or its supporting structures (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63361	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of musculoskeletal system for: - Gaucher disease (r) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63363	MRI - scan of musculoskeletal system for Gaucher disease (R)	\$342.75	\$424.60	-\$81.85	-19.3%		
63385	Magnetic resonance imaging (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of cardiovascular system for: - congenital disease of the heart or a great vessel (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63386	MRI - scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63387	MRI - scan of cardiovascular system for tumour of the heart or a great vessel (R) (Contrast)	\$382.80	\$424.60	-\$41.80	-9.8%		
63388	- tumour of the heart or a great vessel (r) (Contrast) (Anaes.)	\$382.80	\$424.60	-\$41.80	-9.8%		
63389	MRI - scan of cardiovascular system for abnormality of thoracic aorta (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63391	- abnormality of thoracic aorta (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63401	Magnetic resonance angiography performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - scan of cardiovascular system for: - vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63402	MRA - if the request for the scan specifically identifies the clinical indication for the scan - scan of cardiovascular system for vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63404	- obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63405	MRA - if the request for the scan specifically identifies the clinical indication for the scan - scan of cardiovascular system for obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63416	Magnetic resonance angiography performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of person under the age of 16 for: - the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63417	MRA - scan of person under the age of 16 for the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		

10 Year Freeze on Radiology Rebates

Item No	Descriptor	MBS Rebate Nov 2007	MBS Rebate Nov 1998	2007 - 1998 Rebate	% of 1998 Rebate	AMA Fee Nov 2007	% AMA to MBS Schedule Fee
63425	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of person under the age of 16 for: - post-inflammatory or post-traumatic physeal fusion (r) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63426	MRI - scan of person under the age of 16 for post-inflammatory or post-traumatic physeal fusion (R)	\$342.75	\$424.60	-\$81.85	-19.3%		
63428	- Gaucher disease (r) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63429	MRI - scan of person under the age of 16 for Gaucher disease (R)	\$342.75	\$424.60	-\$81.85	-19.3%		
63440	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of person under the age of 16 for: - pelvic or abdominal mass (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63441	MRI - scan of person under the age of 16 for pelvic or abdominal mass (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63442	MRI - scan of person under the age of 16 for mediastinal mass (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63443	- mediastinal mass (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63444	MRI - scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63446	- congenital uterine or anorectal abnormality (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63461	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of body for: - adrenal mass in a patient with malignancy which is otherwise resectable (r) (Anaes.)	\$304.65	\$424.60	-\$119.95	-28.3%		
63463	MRI - scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R)	\$304.65	\$424.60	-\$119.95	-28.3%		
63470	Magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where: (a) the patient is referred by a specialist or by a consultant physician and (b) the request for scan identifies that (i) a histological diagnosis of carcinoma of the cervix has been made and (ii) the patient has been diagnosed with cervical cancer at figo stage 1b or greater Scan of: - Pelvis for the staging of histologically diagnosed cervical cancer at figo stages 1b or greater (r) (Contrast) (Anaes.)	\$342.75	\$424.60	-\$81.85	-19.3%		
63472	MRI - if: (a) the patient is referred by a specialist or by a consultant physician; and (b) the request for scan identifies that: (i) a histological diagnosis of carcinoma of the cervix has been made; and (ii) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater - scan of pelvis for the staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater (R) (Contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63473	- Pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at figo stages 1b or greater (r) (Contrast) (Anaes.)	\$562.00	n.a.	New item	n.a.		
63475	MRI - if: (a) the patient is referred by a specialist or by a consultant physician; and (b) the request for scan identifies that: (i) a histological diagnosis of carcinoma of the cervix has been made; and (ii) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater - scan of pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater (R) (Contrast)	\$562.00	n.a.		n.a.		
63482	magnetic resonance imaging performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician - scan of pancreas and biliary tree for: - suspected biliary or pancreatic pathology (r) (contrast)	\$342.75	\$424.60	-\$81.85	-19.3%		
63483	MRI - scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R)	\$342.75	\$424.60	-\$81.85	-19.3%		
MAGNETIC RESONANCE IMAGING MODIFYING ITEMS							
63491	Modifying items for use with magnetic resonance imaging or magnetic resonance angiography performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician. Scan performed: - involves the use of contrast agent for eligible Magnetic Resonance Imaging items (Note: (Contrast) denotes an item eligible for use with this item)	\$38.10	n.a.	n.a.			
63492	MRI or MRA service to which an item in the Group (other than an item in this Subgroup) applies if: (a) the item for the service includes in its description '(Contrast)'; and (b) the service is performed using a contrast agent	\$38.10	n.a.	n.a.			
63493	MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if the service is performed on a person using intravenous or intra muscular sedation	\$38.10	n.a.	n.a.			
63494	- involves use of intravenous or intramuscular sedation on a patient	\$38.10	n.a.	n.a.			
63495	MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if the service is performed on a person under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic	\$133.30	n.a.	n.a.			
63497	- on a patient under anaesthetic in the presence of a medical practitioner qualified to perform an anaesthetic	\$133.30	n.a.	n.a.			
MANAGEMENT OF BULK BILLED SERVICES							
64990	A diagnostic imaging service to which an item in this table (other than this item or item 64991) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this table applying to the service	\$5.40	n.a.	n.a.	n.a.	n.a.	
64991	A diagnostic imaging service to which an item in this table (other than this item or item 64990) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this table applying to the service (e) the service is provided at, or from, a practice location in: (i) a regional, rural or remote area; or (ii) Tasmania; or (iii) a geographical area included in any of the following ssd spatial units: (a) Beaudesert Shire Part a (b) Belconnen (c) Darwin City (d) Eastern Outer Melbourne (e) East Metropolitan (f) Frankston City (g) Gosford-Wyong (h) Greater Geelong City Part a (i) Gungahlin-Hall (j) Ipswich City (part in bsd) (k) Litchfield Shire (l) Melton-Wyndham (m) Mornington Peninsula Shire (n) Newcastle (o) North Canberra (p) Palmerston-East Arm (q) Pine Rivers Shire (r) Queanbeyan (s) South Canberra (t) South Eastern Outer Melbourne (u) S	\$8.20	n.a.	n.a.	n.a.	n.a.	
Source: Medicare Benefits Schedules 1998 & 2007, AMA List of Medical Services Nov 2007							
Notes:							
(a) Only four MSK items in 1998 - similar rates to above: MSK US of 1 or more regions SF \$102.35, MSK US of 1 or more joints \$101.95, corresponding NR items \$35.35							
(b) AMA Fee Schedule has only rates - \$1,235 MRI of one region or two contiguous regions of the body, \$2,475 for MRI of three or more contiguous regions of the body or two or more separate regions of the body							
Rebates are the 85% out of hospital rates							

