

Director  
Adjudication Branch  
Australian Competition and Consumer Commission  
PO Box 3131  
Canberra ACT 2601

Dear Ms Arnaud

**Application for authorisation A91078 lodged by the Rural Doctors Association of Australia Limited**

I refer to your letter of 17 December 2007 enclosing a copy of the application for authorisation by the Rural Doctors Association of Australia Limited (**the RDAA**).

You have requested comments from the NSW Health Department in relation to the likely public benefits and the likely effect on competition (or any other public detriment) from the proposed arrangements insofar as they apply to NSW.

As noted in the RDAA's application, different arrangements apply throughout the various State and Territory jurisdictions relating to the appointment of Visiting Medical Officers and the determination of terms and conditions of appointment. A summary of the arrangements that are in place for Visiting Medical Officer appointments in NSW is provided at Attachment 1.

The NSW Health Department does not support the authorisation. The NSW Health Department's position is that there is no public benefit arising from the proposed arrangements, and for this reason the authorisation should not be granted. An outline of the reasons for this view and other comments are at Attachment 2.

Should you require further information please contact Dean Bell, Principal Legal Officer, Legal and Legislative Services, on (02) 9391 9901.

Yours sincerely



Professor Debora Picone AM  
Director-General

6.2.08

## Framework for visiting medical officer (VMO) appointments in NSW

Chapter 8 of the *Health Services Act 1997* (NSW) regulates VMO appointments within the NSW public health system. VMOs are, by statutory definition, independent contractors and are remunerated on the basis of:

- sessional hourly rates in teaching hospitals;
- sessional hourly rates or fee for service arrangements in metropolitan district hospitals and regional base hospitals; and
- special fee for service arrangements in smaller rural hospitals under the Rural Doctors Settlement Package first negotiated in 1988/89.

VMO general practitioners work, in the main, in smaller rural hospitals and in regional base hospitals in NSW. NSW Health data from 2004/05 show that 19% of all VMOs appointed to NSW public hospitals were VMO general practitioners. In rural area health services, however, they comprised a larger component of the VMO workforce, ranging from 25 % to 50 % of the total VMO workforce. The medical workforce in smaller rural hospitals will be constituted entirely by VMO GPs.

A VMO is defined in the *Health Services Act* as a medical practitioner appointed under a service contract (whether the practitioner or his or her practice company is a party to the contract) to provide services as a visiting practitioner for monetary remuneration for or on behalf of a relevant public health organisation.

Under the *Health Services Regulation 2003*, VMO appointments are for a term of up to 5 years (or 10 years with the approval of the Director-General of the NSW Health Department). Merit selection processes are applied to VMO appointments that are made for longer than six months. There is no automatic entitlement to an appointment or reappointment, although there is a statutory appeal process for failure to reappoint in some circumstances.

A service contract is defined in s.80 of the Act so as to embrace both agreements between a public health organisation and a medical practitioner, and a public health organisation and a medical practitioner's individual practice company. The service contracts include fee for service contracts, sessional contracts and honorary contracts (see s.81).

For a VMO to be validly appointed the terms and conditions of their service contracts are required to be in writing (s.86).

Depending on the nature of the appointment, the requirement to provide on-call services in accordance with a roster established by the relevant area health service is part of the medical services required to be provided by a VMO under his/her service contract.

The NSW Health Minister may, by order in writing, approve of sets of conditions (including remuneration) recommended by the Australian Medical Association (NSW) (**AMA (NSW)**) for inclusion in service contracts (s.87(1)). Section 87(2) provides for a "standard service contract" in relation to the various types of service contracts, such standard service contract containing the set of conditions approved for the time being under s.87(1). Where a standard service contract for sessional or fee-for-service arrangements has been established, section 88 mandates its use. However, standard service contract provisions do not have retrospective effect (s.87(1)).

Division 3 within Part 2 of Chapter 8 provides for arbitrations concerning VMOs working under fee for service or sessional contracts (see sections 89-98). Section 89(1) provides that the Minister or the AMA (NSW) can apply for the appointment of an arbitrator to determine, inter alia:

- "(a) the terms and conditions of work, the amounts or rates of remuneration and the bases on which those amounts or rates are applicable, in respect of medical services provided by visiting medical officers under fee for service contracts or sessional contracts (or both)."

Any provision of a service contract that is inconsistent with a determination under Part 2 of Chapter 8 is, to the extent of the inconsistency, of no effect (s.98).

The *Independent Contractors Act 2006* (Cth), the substantive provisions of which commenced on 1 March 2007, may impact on the *Health Services Act* so as to render the arbitration arrangements described above inapplicable following the three year transition period from the date of commencement of the IC Act. This will depend on whether area health services, which are currently the parties to service contracts with individual VMOs, are constitutional corporations, and whether the statutory framework in NSW continues to provide for VMO contracts to be with area health services.

Regardless of whether arbitration provisions exist, there is no current intention to depart from the position whereby the types, and terms and conditions, of service contracts that area health services may offer to VMOs are regulated by the NSW Health Department.

In NSW standard rates and conditions for fee-for-service and sessional service contracts have been established and are varied by the NSW Health Department from time to time following consultation with the AMA (NSW) or, with respect to facilities covered by the Rural Doctors Settlement Package, with the Rural Doctors Association (NSW) (**RDA (NSW)**).

The Rural Doctors Settlement Package was first developed in 1988. Since that time, the NSW Health Department regularly updates the rates and conditions of the Package, following consultation with the RDA (NSW).

**The NSW Health Department does not support the RDAA's authorisation application**

The RDAA's application seeking authorisation seeks to permit:

*"the RDAA and its constituent members, the Rural Doctors Associations in each State, to enter into agreements with State/Territory Health Departments regarding the contracting of rural doctors by VMO's by State Health Departments regarding the contracting of rural doctors as VMO's by State Health Departments and authorities particularly relating to payments for services provided to public patients or services provided to the hospital/facility including payments for on-call and arrangements for rosters and on-call."*

The RDAA's application continues to explain the reason for the RDAA seeking the authorisation:

*"In some States the health authorities may consult with medical authorisations such as the RDAA in setting VMO arrangements but this puts these organisations in a difficult position as they will always be concerned about the possibility of breaches of the Trade Practices Act through possible participation in anti competitive practices. The granting of an authorisation would enable the RDAA and its State members to effectively represent the views of rural doctors to the State health authorities. In effect the RDAA could act in a similar way that a bargaining agent would act under Workchoices arrangements for a collective agreement, this would provide an efficient and effective means for rural doctors and health authorities [to] agree to a set of arrangements for the employment of VMOs in rural public hospitals."*

A threshold difficulty with the RDAA's application is that it purports to be restricted to the RDA (NSW) representing "rural" VMOs. However, the term "rural" is not defined in the application. It is necessary to more precisely define this concept. For example, the Rural Doctors Settlement Package only applies to VMOs appointed to certain specified NSW public hospitals.

Further, in the Department's opinion the RDAA's application does not accurately describe the current process for the establishment and variation of the standard rates and terms and conditions of visiting medical officers in New South Wales.

The RDAA's application seeks to permit the RDA (NSW) to enter into an "agreement" with the NSW Health Department regarding the rates and conditions of appointment of VMOs. As explained in Attachment 1 above, there is at present no legally binding "agreement" entered into between the NSW Health Department and either the AMA (NSW) or the RDA (NSW). The existing practice is that the Department consults with the RDA (NSW) for the purpose of seeking its concurrence to proposed variations to the standard

rates, or terms and conditions, of the Rural Doctors Settlement Package. The Department also consults with area health services, and seeks the approval of NSW government central agencies. Under the Rural Doctors Settlement Package rates of remuneration are increased annually according to an indexation formula. The Department formally varies the rates, and terms and conditions, by issuing a policy directive to all public health organisations (see, for example, the most recent such policy directive – *VMOs in Rural Doctors' Settlement Package Hospitals Indexation of Fees from 1 August 2007 PD2008\_002* – attached to this submission as Attachment 3).

All public health organisations are required, as a condition of the funding they receive from the Department, to provide VMOs remuneration or conditions of service only in accordance with policy directives or information bulletins issued by the Department (see *Accounts and Audit Determination for Public Health Organisations*, sections 1.1 and 3.19). The varied rates and terms and conditions are implemented on a uniform basis state wide by all public health organisations. Public health organisations can only depart from the standard rates and terms and conditions determined by the Department with the Department's approval.

The RDAA's application does not particularise the "*anti competitive practices*" it states it is concerned that it and its State counterparts may be engaging in under the *Trade Practices Act*. However, the NSW Health Department's understanding is that the relevant provisions of the *Trade Practices Act* would only apply to the extent that the RDA (NSW) and/or its member doctors are in competition with each other. The Department considers that the centralised system for fixing the rates and terms and conditions of appointment of VMOs in NSW public hospitals, and the fact that NSW Health has a monopoly position as the purchaser of VMO services to public patients in NSW public hospitals, means that members of the RDA (NSW) and its members are not relevantly in competition with each other. Obviously, applicants for appointment to VMO positions in NSW public hospitals compete for appointment to those positions. Further, VMOs appointed to public hospitals who have rights of private practice may compete against each other on the basis of price or service in relation to private patients. However, the Department does not consider there is any real basis for the RDAA's concern that or its members may contravene the *Trade Practices Act* by participating in discussions with the NSW Health Department in the context of the Department setting standard rates, and terms and conditions, to apply to VMOs in NSW public hospitals.

Further, the Department does not understand that the application seeks to permit the RDA (NSW) and/or its members to engage in any conduct in the nature of a collective boycott in the event it and/or its members was dissatisfied with the Department's centrally determined rates or terms and conditions.

The RDAA's assertion above that it wishes to be able to "*act in a similar way that a bargaining agent*" acts to enter a collective agreement suggests that the RDAA wishes to be treated analogously to a trade union. However, as the

RDAAs submission concedes, VMOs are independent contractors, not employees. The RDAAs application, by seeking to collectively bargain on behalf of rural VMOs, appears to be inconsistent with the principal objects of the *Independent Contractors Act 2006* (see section 3).

The RDAAs application claims that a number of other public benefits are likely to flow from the authorisation if it is granted. The Department responds to each of these below:

***Authorisation will remove burden from individual doctors and practices***

The RDAAs claims that the *“granting of authorisation would streamline the process of contracting of VMOs and would remove the burden of negotiation from individual doctors and practices”*.

As set out above, individual doctors and practices do not currently negotiate rates and conditions. Rather, these are established and varied by the Department, following consultation with the AMA (NSW) and the RDA (NSW), as appropriate. It is therefore incorrect to suggest that collective negotiation of rural VMO rates and conditions by the RDA (NSW) would obviate the need for individual doctors to negotiate these matters for themselves.

***Removing “red tape” and reducing transaction times and costs***

The RDAAs claims that the authorisation would *“positively influence the retention of rural VMOs by removing the ‘red tape’ and reducing transaction times and costs associate[ed] with contracting of VMOs”*.

This submission is not developed by the RDAAs, however as explained above public health organisations are required to enter into contracts with rural VMOs according to standard terms and conditions determined by the Health Department. Accordingly, rural VMOs are not currently negotiating fee arrangements individually with area health services. There is therefore no basis for the RDAAs assertion that efficiencies or costs savings would arise from the authorisation being granted. On the contrary, such an outcome may result in greater “red tape” and “transaction costs” as a result of the more formalised bargaining process that the RDAAs appears to contemplate.

***Increase in recruitment and retention of rural VMOs***

The RDAAs asserts that: *“It is also expected that with the improved process that a small increase could occur in the number of VMOs providing services to public patients in rural hospitals and at the very least it would assist in retaining current VMOs.”* In support of this contention, the RDAAs asserts if the authorisation is not granted, *“it could reasonably be expected that an increasing number of VMOs will find the negotiation too time consuming or the arrangements imposed upon the VMOs by State Health authorities does not recognis[e] their needs.”*

The RDAA appears to rely on two matters in support of its claim that its authorisation is likely to lead to greater recruitment and retention of rural VMOs. The first is the claim that the authorisation is likely to result in a reduced negotiation burden on individual doctors. For the reasons set out above, the NSW Health Department considers this claim to be without foundation. The second argument appears to be that the authorisation, if granted, is likely to result in arrangements that better "*recognise the needs*" of rural VMOs. The RDAA does not present any evidence to demonstrate that if the RDA (NSW) was permitted to collectively bargain on behalf of rural VMOs in NSW (as opposed to representing rural VMO interests in the course of consultations with the Department about rates and conditions, as occurs at present) that it would be likely to result in more satisfactory or appropriate arrangements for rural VMOs.

The RDAA's submission appears to suggest that if the RDA (NSW) was entitled to collectively bargain, that it would lead to more "lucrative" remuneration, less on-call and more manageable workloads for rural VMOs (see page 4 of RDAA's submission). However, as explained above, the Department does not understand it to be part of the RDAA's authorisation application that RDA (NSW) and/or its members be authorised to participate in any form of collective boycott if their demands are not met by the NSW Health Department. In the absence of any such ability, it is not clear to the Department what is likely to be achieved by way of collective bargaining that is not already achieved by the process of informal consultation that presently occurs.

The RDAA's application also suggests that if the RDAA is not permitted to negotiate collectively on behalf of rural VMO GPs, they may "*withdraw from rural practice altogether...*". No evidence is adduced by the RDAA to support this contention. A number of factors will generally contribute to the decision by GPs as to where they will establish and maintain their general practice. Whilst VMO GPs play an important role in providing services to public hospitals in rural communities, generally their principal place of practice is a general practice setting providing primary care to the community. General practice services in the community are funded or subsidised by the Commonwealth through the Medicare system, not by State health services or hospitals.

### ***Monopsonistic purchasing position of State health services***

The RDAA states that State hospitals and health services "*effectively act as monopsonistic purchasers in that they are the only purchaser of hospital based services in most rural towns.*" Whilst that may often be the case, the RDAA does not present any evidence that State hospitals and health services are taking advantage of their monopsonistic status in rural towns. In any event, as described above, hospitals and health services in NSW have no control over the rates and terms and conditions of VMOs (these are set centrally by the Health Department), and so are not in any position to use their bargaining position.

Further, in relation to the process for the statewide setting of rates and conditions, as set out in Annexure 1 the *Health Services Act* contains an arbitration procedure that allows the external determination of these matters by a third party (see sections 89-98 of the *Health Services Act*). In making a determination, the arbitrator is required to have regard to the economic consequences of the proposed determination, and the established principles of the Industrial Relations Commission in connection with the determination of remuneration under awards made under the *Industrial Relations Act 1996* (see section 92(2) of *Health Services Act*). The availability of this process strongly weighs against any argument that the NSW Health Department can take advantage of its bargaining power in relation to setting of VMO rates and conditions. Further, as the RDAA's application acknowledges, there are currently significant shortages in the medical workforce in rural and remote areas, further weighing against the exploitation of any monopsonistic market position enjoyed by NSW Health.

Under the *Health Services Act*, the arbitration process described above may be initiated only by the AMA (NSW) or the NSW Health Minister. The RDAA's application, by giving formal recognition to the RDA (NSW) to collectively bargain an "agreement" on behalf of rural VMOs, does not sit comfortably with this process. The RDAA's application does not give adequate consideration as to how its proposal will work with existing statutory processes relating to the terms and conditions of rural VMOs in NSW – a further reason the Department does not consent to the application.

### **Collective negotiation of on-call and roster arrangements**

The RDAA's application, in addition to seeking authorisation of the collective negotiation of rates and conditions of appointment of rural VMOs, also covers "*arrangements for rosters and on-call*".

The Rural Doctors Settlement Package already contains general provisions for on-call, including both the on-call rate and other conditions of on-call. The NSW Health Department's position is that the public benefit is best served by rosters, including in relation to on-call arrangements, being set locally by public health organisations in NSW. The standard VMO contract under the Rural Doctors Settlement Package contains a provision requiring rural VMOs to "*participate in an on-call roster for the provision of medical services as may reasonably be required by the Area Health Service...*" Accordingly, public health organisations are limited to requesting that VMOs perform "reasonable" on-call only.

If the RDAA is proposing that rosters may be collectively negotiated at a local level with public health organisations by the RDA (NSW) on behalf its members, this would be a significant departure from current practices (pursuant to which public health organisations establish rosters, having regard to the provisions of the Rural Doctors Settlement Package, the conditions of the standard rural doctors contract, and other legal requirements such as occupational health and safety). The Health Department considers that the



RDA has not presented any persuasive evidence as to the public benefit in departing from the present arrangements.

# Policy Directive

**NSW HEALTH**

Department of Health, NSW  
73 Miller Street North Sydney NSW 2060  
Locked Mail Bag 961 North Sydney NSW 2059  
Telephone (02) 9391 9000 Fax (02) 9391 9101  
<http://www.health.nsw.gov.au/policies/>

## VMO's in Rural Doctors' Settlement Package Hospitals Indexation of Fees from 1 August 2007

**Document Number** PD2008\_002

**Publication date** 03-Jan-2008

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

**Summary** Indexation of Fees - VMO's in Rural Doctors Settlement Package Hospitals.

**Replaces Doc. No.** VMO's in Rural Doctors' Settlement Package Hospitals Indexation of Fees from 1 August 2006 [PD2007\_001]  
Rural Doctors Settlement Package - amendment to schedule of fees [PD2007\_060]

**Author Branch** Employee Relations

**Branch contact** Employee Relations 9391 9357

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

**Audience** Administration

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

**Review date** 03-Jan-2009

**File No.** 07/8571

**Status** Active

**Director-General**

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

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**PAYMENT OF VISITING MEDICAL OFFICERS IN RURAL DOCTORS'  
SETTLEMENT PACKAGE HOSPITALS INDEXATION OF FEES FROM  
1 AUGUST 2007**

This Policy Directive rescinds and replaces Policy Directive PD2007\_001 and Policy Directive PD2007\_060, which provided the 2006 schedule of fees and the revised arrangements following the outcome of a review of the Rural Doctors Settlement Package. This Policy Directive provides the schedule of fees effective from 1 August 2007.

The Rural Doctors Settlement Package was implemented on 1 August 1988, arising from the 1987 NSW Country Doctors' Dispute. The package only applies at listed hospitals in all affected Area Health Services. Fees under that package are indexed from 1 August each year according to an agreed formula.

These fees are only applicable to Visiting Medical Officer specialists (who have elected to be so remunerated) and general practitioners in hospitals listed in the Settlement Package. Any fees not listed in the schedules are to be paid in accordance with the 1 August, 1987 Medical Benefits Schedule, calculated as 2.240194% of the stated full schedule fee rounded off to the nearest ten cents (ie equivalent to multiplying 85% of the 1987 fee by a factor of 2.635522).

Item Nos 1190 Antenatal Visit and 1070 post natal visit have been increased in line with Item 1004 which was increased as part of the review of the Rural Doctors Settlement Package.

Please note that the following rates for the transport allowance have also been increased effective from 1 August 2007:

- Item 11.2A (under New Clarification Rates) Mileage 35.4 c/km
- Item 11.2B (under New Clarification Rates) Mileage 29.6 c/km

The current Medical Benefits Schedule and any future revisions to that Schedule by the Commonwealth Government have no relevance to general practitioner fee-for-service payments at hospitals listed in the Settlement Package. Further, where the 1987 Medical Benefits Schedule states that a procedure is included with the associated consultation, the one fee is paid, but where the schedule is silent and the procedure is not elective both a consultation and a procedure fee may be paid.

Professor Debora Picone AM  
**Director-General**

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

**AS FROM 1 AUGUST, 2007**

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

ITEM NO	SERVICE	FEE (\$)
201	Management of labour, incomplete, where the patient's care has been transferred to another medical practitioner for completion of the delivery. This item covers those occasions when a patient is handed over while in labour from the practitioner who under normal circumstances would have delivered the baby; but because of compelling circumstances decides to transfer the patient to another practitioner for the delivery.	349.60
1000	ON CALL	6.60 per hour
1001	ON CALL AFTER HOURS (outside Monday to Friday 7.00am to 6.00pm; Saturday 7.00am to Midday). Includes public holidays.	9.90 per hour
1002 1004	<p><b>ATTENDANCE IN HOURS (Mon to Friday, 7.00am to 6.00pm; Saturday, 7.00am to Midday)</b></p> <p><b>In-patients:</b> Where only one in-patient (including a nursing home type patient) is seen Where two or more in-patients are seen on the one occasion.</p> <p><b>Out-patients:</b></p>	58.20 44.00
1010	All in-hours non-inpatients, regardless of duration of consultation (any number)	44.00
1012	<p><b>NON EMERGENCY/NON ROUTINE PATIENTS</b> In hours attendance for the first patient seen, neither routine nor emergency (as defined), where the VMO is requested, or determines there is a definite clinical need following contact from the hospital to return to the hospital primarily for this attendance.</p>	77.00

ITEM NO	SERVICE	FEE (\$)
1016 1018	<p><b>ATTENDANCE AFTER HOURS</b> (Mon to Friday, 6.00pm to 10.00pm; Saturday, 12.00 Midday to 10.00pm; Sunday, 7.00am to 10.00pm)</p> <p><b>After hours consultation during a ward round (in and non-inpatients – any number):</b></p> <p>Sunday and public holidays (any number) All other</p>	52.70 44.00
1024 1026	<p><b>After hours consultation</b></p> <p>In-patient and out-patient not in the course of a ward round, all days except Saturdays, Sundays and public holidays:</p> <p>First patient Subsequent patients.</p>	91.00 65.90
1031 1034	<p>In-patient and out-patient not in the course of a ward round, Saturdays patients seen on the one occasion, Sundays and public holidays:</p> <p>First three Subsequent patients.</p>	91.00 65.90
1039 1042	<p><b>LATE NIGHT CONSULTATION</b> (All days, 10.00pm to Midnight)</p> <p>First patient Subsequent patients</p>	158.10 91.00
1046 1050	<p><b>ANTI SOCIAL HOURS CONSULTATION</b> (All days, 12.00 Midnight to 7.00am)</p> <p>First patient Subsequent patients</p>	197.70 91.00

ITEM NO	SERVICE	FEE (\$)
1054 1056	<b>EMERGENCY CONSULTATION (AS DEFINED)</b> Anti-social hours emergency, first patient All other emergency consultations (except items 160 to 164), including nursing home type patients Prolonged emergency attendances:	197.70 158.10
160 161 162 163 164	Item 160 Item 161 Item 162 Item 163 Item 164	156.80 255.40 354.00 459.20 548.80
165	Prolonged professional attendance not less than one hour - ventilated patient awaiting transfer	\$57.20 per 15 minutes
1058 1060	<b>AMBULANCE ESCORT</b> for severely ill patients Escort Expenses	229.30 per hour Reasonable return journey & out of pocket expenses
1190 1062 1064 1070	<b>PROCEDURES</b> <b>Obstetrics:</b> Antenatal care attendance Confinement only, including '9 days' normal post natal care. Caesarean section, including '9 days' normal post natal care. All normal post natal attendances other than those included in 1062 & 1064 to be paid at the standard consultation rate. (This includes attendances following an incomplete confinement (Item 201) to and attendances on a sick neonate except where a referral would be made to a paediatrician, were one available).	44.00 751.20 751.20 44.00

ITEM NO	SERVICE	FEE (\$)
1066	<p>Management of labour and delivery, or delivery alone, (including Caesarean section), where in the course of antenatal supervision or intrapartum management one, or more, of the following conditions is present, including postnatal care for 7 days; multiple pregnancy; recurrent antepartum haemorrhage from 20 weeks gestation; grades 2,3 or 4 placenta praevia; baby with a birth weight less than or equal to 2500gm; pre-existing diabetes mellitus dependent on medication, or gestational diabetes requiring at least daily blood glucose monitoring; trial of vaginal delivery in a patient with uterine scar, or trial of vaginal breech delivery; pre-existing hypertension requiring antihypertensive medication, or pregnancy induced hypertension of at least 140/90mmHg associated with at least 1 + proteinuria on urinalysis, prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress; foetal distress defined by significant cardiotocograph or scalp pH abnormalities requiring immediate delivery; or, conditions that pose a significant risk of maternal death.</p>	1543.10
1076	<p><b>COMMITTEE ATTENDANCES</b>            Payment for attendance to meetings covered by the agreed schedule and where required to attend by Area or Hospital. A one hour payment is made if meetings are cancelled by the Area Health Service with less than 24 hour's notice.</p>	159.40 per hour (to nearest 15 min)
1077	<p>Payment for travel for meetings under item 1076 (where distance to the meeting is greater than 25 km from the rural health facility of appointment and return journey is greater than 25km each way). Payment is made for the return journey from the rural health facility to meeting or actual travel, whichever is the lesser.</p>	159.40 per hour (to nearest 15 min)

ITEM NO	SERVICE	FEE (\$)
1500	<b>SEXUAL ASSAULT FORENSIC CONSULTATION</b> Sexual assault forensic consultation taking less than 2 hours Consultation other than in anti social hours	315.00
1502	Sexual assault forensic consultation taking less than 2 hours Consultation during anti social hours	354.40
1504	Sexual assault forensic consultation taking between 2 and 3 hours Consultation other than in anti social hours	413.60
1506	Sexual assault forensic consultation taking between 2 and 3 hours Consultation during anti social hours	453.00
1508	Sexual assault forensic consultation taking over 3 hours Consultation other than in anti social hours	512.20
1510	Sexual assault forensic consultation taking over 3 hours Consultation during anti social hours	551.60

**Committee Meeting fee:**

Is payable for meetings concerned with hospital patient management, clinical privileges, credentialing, clinical planning and Quality Assurance where these meetings are of a type recommended by the Health Service Medical Council and approved by the Health Service Chief Executive Officer or Delegate. Approved meetings do not include meetings of the Medical Staff Council or local/Health Service Boards.

**Anaesthetic fee:**

The definition of emergency attendance permits the additional payment of a fee equivalent to the emergency consultation fee to GP anaesthetists required to attend at non-booked surgical procedures.



N.S.W. Rural Hospital Sample Item List. Check August 1987 M.B.S. Book for full details. Effective 1st August 2007

ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.
27 See 1002			404 Anaest.3U	\$ 63.80		748 NrveBl-Rg	\$118.70		1050 CnAs	2+	\$ 91.00
28 See 1002			405 Anaest.4U	\$ 85.10		751 NrveBlMnt	\$ 51.50		1054 CnEmAs1st		\$197.70
32 CnNH 2IP	\$ 33.60		406 Anaest.5U	\$106.40		752 InjEpidNc	\$ 65.00		1056 CnEm	Oth	\$158.10
34 CnNH >2IP	\$ 28.20		407 Anaest.6U	\$127.70		753 InjEpidLA	\$ 65.00		1058 Ambul /Hr		\$229.30
82 PreOpExam	\$ 39.40		408 Anaest.7U	\$150.10		760 NrveBl-IV	\$ 89.60		1060 Ambul Exp		
88 SpCon1st^	\$112.00		409 Anaest.8U	\$170.30		791 U/S xSncR	\$ 62.70		1062 Conf&AftC		\$751.20
94 SpCon2nd^	\$ 56.00		443 Anaest.9U	\$192.70		793 U/S xSRfd	\$179.20		1064 Caes&AftC		\$751.20 9039
160 ConPr>1<2	\$156.80		450 Anaest10U	\$212.80		794 U/S UniDm	\$108.60		1066 Conf>Risk		1543.10 9039
161 ConPr>2<3	\$255.40		453 Anaest11U	\$233.00		895 IVLineNec	\$ 73.90		1068 Obs Grant		
162 ConPr>3<4	\$354.00		454 Anaest12U	\$255.40		897 IALineUmb	\$108.60		1070 CnPostNat		\$ 44.00
163 ConPr>4<5	\$459.20		457 Anaest13U	\$277.80		907 VPInfant+	\$ 36.70		1072 IVLineOrd		\$ 46.80 9023
164 ConProl>5	\$548.80		458 Anaest14U	\$300.20		908 See 1908			1074 IVLineOpn		\$ 77.40 9025
165 VP4Tfr/15	min \$57.20		459 Anaest15U	\$318.10		909 See 1909			1076 Committee		\$159.40
190 See 1190			460 Anaest16U	\$340.50		916 ECGstress	\$217.30		1077 ComTvl/Hr		\$159.40
192 See 1190			461 Anaest17U	\$362.90		917 DC Vers.	\$125.50 405		1078 Ans Grant		
194 See 1062			462 Anaest18U	\$385.30		921 Spiromtry	\$ 26.40		1190 CnAntenat		\$ 44.00
198 ConFRfrd^	\$448.00		463 Anaest19U	\$403.20		932 Cytot.Adm	\$ 77.30		1407 WrtGA<45m		\$214.50 407
201 ConfIncnp	\$349.60		464 Anaest20U	\$425.60		944 BloodTran	\$107.50		1408 WrtGA>45m		\$333.30 409
204 See 1062			465 Anaest21U	\$448.00		949 BloodAuto	\$ 62.70		1409 TempArtBx		\$439.00 409
210 CaesRefrd	\$806.50 9039		466 Anaest22U	\$470.40		956 ArtBid.Ro	\$ 29.60		1430 HartmanOp		1337.80 462
242 Misc-Injn	\$ 28.20		467 Anaest23U	\$492.80		960 HormImpIn	\$ 66.10		1431 HartmRest		1955.30 467
246 Preg-T/Ab	\$ 28.20		468 Anaest24U	\$515.20		963 HormImpCn	\$ 45.90		1441 LapAppend		\$622.30 453
247 Preg-Twin	\$ 28.20		469 Anaest25U	\$537.60		974 Gast.Ivge	\$ 77.30		1442 LapHernia		\$603.00 453
248 Preg-Prem	\$ 28.20		470 Anaest26U	\$548.80		980 Acupunct.	\$ 39.40		1444 LapEctopp		\$839.10 454
250 CervStrng	\$212.80 407		471 Anaest27U	\$571.20		1000 OCF IH/Hr	\$ 6.60		1445 LapCholec		1056.00 459
258 CervStrn^	\$282.30 407		472 Anaest28U	\$593.70		1001 OCF AH/Hr	\$ 9.90		1446 LapChol&L		1056.00 461
267 CervStrRo	\$ 81.80 406		481 An/Conf++	\$150.10		1002 CnIHIP	1 \$ 58.20		1447 LapC&CdcD		1263.30 462
273 Preg-Tox.	\$ 28.20		482 An/OpDisl	1.50 x ITEM		1004 CnIHIP >1	\$ 44.00		1448 LapC&CdcC		1404.80 464
274 Induct2Tr	\$309.10		483 An/OpOp #	1.33 x ITEM		1010 CnIH OP	\$ 44.00		1500 SexAss<2S		\$315.00
275 Induct2T^	\$380.80		484 An/OpCmd	1.50 x ITEM		1012 CnInNotRt	\$ 77.00		1502 SexAss<2A		\$354.40
290 CTGnotLab	\$ 47.00		485 An/OpCmpl	1.75 x ITEM		1016 CnAhWrSun	\$ 52.70		1504 SexAs<2S		\$413.60
295 VersExtGA	\$ 81.80 407		486 An-NoItem	\$ 21.30		1018 CnARWrOth	\$ 44.00		1506 SexAs2-3A		\$453.00
298 VersIntGA	\$147.90 407		487 An/Therap	\$212.80		1024 CnAhWD1st	\$ 91.00		1508 SexAss>3S		\$512.20
362 ProdConRo	\$ 98.60 9035		566 An/Dental	\$ 85.10		1026 CnAhWD 2+	\$ 65.90		1510 SexAss>3A		\$551.60
363 PPH-PackU	\$ 98.60 9035		568 An/D-Tth.	\$127.70		1031 CnAhWE1-3	\$ 91.00		1908 ECG & RPT		\$ 63.00
365 Invert Ut	\$358.40 9037		570 An/D-Tth&	\$170.30		1034 CnAhWE 4+	\$ 65.90		1909 ECG / RPT		\$ 31.00
383 Sut3dTear	\$163.50 9035		572 An/D-<30m	\$127.70		1039 CnLn 1st	\$158.10		2502 X/R Digit		\$ 56.00
401 Anaest.1U	\$ 21.30		574 An/D->30m	\$212.80		1042 CnLn 2+	\$ 91.00		2508 X/R Wrist		\$ 56.00
403 Anaest.2U	\$ 42.60		576 An/D-Othr	\$150.10		1046 CnAs 1st	\$197.70		2516 X/R Elbow		\$ 76.20

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ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.
2524 X/R Ankle	\$ 61.60		3135 BiopDeep.	\$152.30	407	3320 PlWart.Ro	\$ 61.60	406	3664 BrstCtRo^	\$331.50	408
2532 X/R Knee	\$ 93.00		3142 BiopDeep^	\$192.70	407	3349 Tum1&+ Dx	\$ 81.80	405	3668 BrstC&Ro.	\$336.00	409
2539 X/R Shoul	\$ 76.20		3148 BiopDpDrl	\$ 62.70	406	3350 SkFzCa<4	\$163.50	407	3673 BrstC&Ro^	\$421.20	409
2551 X/R Pelv.	\$114.20		3157 BiopMcpn	\$141.10	406	3351 SkFzCa<11	\$412.20	443	3678 Mast.Par.	\$336.00	409
2557 X/R Femur	\$188.20		3158 BiopMtre	\$ 76.20		3352 SkFzCa>10	\$526.40	457	3683 Mast.Par^	\$421.20	409
2625 X/R Chest	\$ 67.20		3160 BiopMasp	\$ 38.10	406	3356 SkinIsInj	\$ 57.10		3698 Mast.SimE	\$761.70	454
2655 X/R Ribs.	\$ 81.80		3168 BiopScNde	\$237.50	406	3363 KelInj GA	\$210.60	406	3700 Mast.Sub.	\$705.70	454
2762 HystSgphy	\$125.50		3173 SinusExc	\$116.50	407	3366 Asp Haem.	\$ 35.40	405	3702 Mast.Rad.	1120.10	460
2837 IVP Injtn	\$ 58.20		3178 SinusExc	\$192.70	408	3371 AbscInc.	\$ 35.40		3707 NippleEvr	\$192.70	408
2951 Asst>\$385	\$112.00		3183 SinusExc^	\$237.50	408	3379 AbscIncGa	\$152.30	406	3713 LaparOth.	\$492.80	443
2953 Asst>\$685	0.20	x	3194 GanglnExc	\$201.60	407	3384 AbscIncG^	\$210.60	406	3718 LaparOth^	\$627.30	443
3004 Optn.Othr	\$ 23.70		3199 GanglnEx^	\$282.30	407	3391 MscleLoRo	\$192.70	407	3722 Iaparot.&	\$672.10	453
3006 Burn LOC.	\$ 39.40		3208 BursalExc	\$367.40	407	3399 MscleExRo	\$354.00	408	3726 IaparAdh.	\$672.10	453
3012 Burn EXT.	\$ 60.50		3213 BursalEx^	\$481.60	407	3404 MscleRprL	\$291.20	408	3734 IaparHmge	\$430.10	453
3016 BurnLocGA	\$ 78.40	408	3217 BakerExc	\$481.60	408	3407 MscleRprE	\$380.80	408	3739 IaparVisc	\$660.90	454
3022 BurnLocG^	\$ 95.20	408	3219 Tum<4Ro.	\$125.50	407	3417 FasciaRpr	\$192.70	408	3745 IaparVis^	\$817.70	454
3027 BurnExtGA	\$168.00	450	3220 Tum<4Ro^	\$163.50	407	3425 TumBoneRo	\$459.20	408	3750 SubPhAbsc	\$672.10	450
3033 BurnExtG^	\$201.60	450	3221 Tum<11Ro.	\$327.10	443	3450 ParotdLRO	1075.30	458	3752 ExLiverPc	\$224.00	407
3038 Burn<10GA	\$421.20	450	3222 Tum<11Ro^	\$421.20	443	3465 SalGlnDdx	\$ 76.20	407	3754 TumLivRo	\$761.70	457
3039 Burn>10GA	\$817.70	459	3223 Tum<21Ro.	\$434.60	457	3468 SalG1StRo	\$152.30	408	3764 LiverAbsc	\$672.10	453
3041 DeblgeWnd	\$421.20	450	3224 Tum<21Ro^	\$526.40	457	3472 SalG1StR^	\$192.70	408	3783 HydatidDr	\$761.70	453
3046 Sut E<7S.	\$ 67.20	406	3225 Tum<51Ro.	\$649.70	459	3477 SalG1FRpr	\$192.70	408	3789 OperChol.	\$241.90	450
3050 Sut E<7D.	\$116.50	407	3226 Tum>50Ro.	\$896.10	461	3480 TongueExc	\$380.80	408	3793 Cholecyst	\$761.70	453
3058 Sut F<7S.	\$106.40	408	3233 Tum>3CmRo	\$183.70	407	3496 TongueTie	\$ 60.50	407	3798 Cholecys^	\$952.10	453
3063 Sut F<7D.	\$152.30	408	3237 Tum>3CmR^	\$224.00	407	3505 Ton.Tie>2	\$154.60	407	3820 Choledoc.	1120.10	457
3073 Sut E>7S.	\$116.50	407	3247 TumOthrRo	\$255.40	409	3509 MthCystRo	\$201.60	443	3822 Choledoc&	1310.50	462
3082 Sut E>7D.	\$185.90	408	3253 TumOthrR^	\$318.10	409	3516 MthCystR^	\$264.30	443	3825 OddiTranD	1310.50	459
3087 Sut E>7D^	\$237.50	408	3261 Tum DpRo.	\$421.20	409	3526 BraCystRo	\$515.20	443	3831 Cholduomy	1120.10	459
3092 Sut F>7S.	\$152.30	408	3265 Tum DpRo^	\$481.60	409	3530 BraFistRo	\$649.70	443	3847 Gastrospy	\$264.30	407
3098 Sut F>7D.	\$192.70	409	3271 TumMalRo.	\$515.20	409	3576 TumThyrRo	\$672.10	450	3849 GastroInj	\$327.10	408
3101 Sut F>7D^	\$241.90	409	3276 TumMalRo&	1075.30	457	3581 ThglCstRo	\$504.00	450	3851 Gastro&Dx	\$416.70	408
3104 LacFullIth	\$327.10	450	3281 TumExtRo.	\$649.70	409	3591 ThglCt&Ro	\$750.50	450	3875 Vagotmy F	\$761.70	453
3106 SutDresGA	\$ 95.20	406	3289 TumExtRo&	\$761.70	450	3618 ImpGLNlRo	\$481.60	443	3882 Vagotmy S	\$907.30	454
3110 PstOph-GA	\$185.90	407	3295 TumMLRdRo	1075.30	457	3622 ImpGLNRRo	1276.90	464	3889 VagotmyHS	1075.30	457
3113 FbSupfRo.	\$ 30.50	406	3301 TumMLtRo	\$515.20	409	3634 ImpGLAIRO	\$318.10	443	3891 VagotmyH&	1276.90	457
3116 FbSubcRo.	\$141.10	407	3306 LipeWgTrv	\$593.70	450	3638 LymGLARRo	\$929.70	457	3894 GastroEnt	\$672.10	454
3120 FbDeepRo.	\$291.20	408	3307 LipeWdg1E	\$593.70	450	3647 Mast.Sim.	\$421.20	443	3898 GastroE^	\$907.30	454
3124 FbDeepRo^	\$358.40	408	3308 LipeWg>1E	\$896.10	454	3652 Mast.Sim^	\$571.20	443	3900 GastrErpr	\$1153.70	458
3130 BiopSkin.	\$ 67.20	406	3310 LipeUnUmb	\$896.10	454	3654 BrstCtRo.	\$255.40	408	3902 PancCstDn	\$907.30	457

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ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.
3922 Gastrectp	1276.90	459	4249 HernUmbR^	\$459.20	409	4544 AnalFiss^	\$327.10	407	4993 Ampt1Toe^	\$185.90	407
3930 Gastrectt	1612.90	463	4251 HernUm>9.	\$385.30	409	4552 AnlFistSc	\$295.70	408	4995 Ampt2Toes	\$228.50	408
3937 GastrestR	1624.10	463	4254 HernUm>9^	\$526.40	409	4557 AnlFists^	\$380.80	408	4997 Ampt2Toe^	\$282.30	408
3938 GastretR	1915.40	465	4258 HernAbdr.	\$571.20	450	4568 AnlFist+.	\$421.20	408	4999 Ampt3Toes	\$264.30	409
3976 ColosCLEP	\$385.30	453	4262 HernAbdr^	\$672.10	450	4573 AnlFist+^	\$515.20	408	5002 Ampt3Toe^	\$327.10	409
3981 ColosCLE^	\$492.80	453	4265 HCoelctap	\$ 45.90		4590 Faec.Fist	\$907.30	454	5024 AmptMTars	\$185.90	408
3986 ColosCLIn	\$672.10	453	4269 HCoelerO.	\$304.70	408	4611 PnidsinRo	\$385.30	409	5029 AmptMTar^	\$237.50	408
4003 IntussDrn	\$304.70		4273 HCoelerO^	\$376.40	408	4617 PnidsinR^	\$492.80	409	5034 AmptFt/An	\$459.20	409
4012 IntussLpr	1232.10	458	4288 Orchidect	\$385.30	408	4622 InjPnidsn	\$125.50	407	5038 AmptFt/Mt	\$380.80	408
4018 Colectomy	1164.90	459	4293 Orchidect^	\$526.40	408	4633 InjVeins	\$181.50		5050 AmptLeg.	\$672.10	450
4039 BowelRes.	\$929.70	459	4296 Orchid+SC	\$672.10	409	4637 VV ligatn	\$349.50	408	5059 EarFb Ro	\$106.40	405
4043 BowelRes^	1232.10	459	4307 Undescstt	\$672.10	409	4641 VVExcl/S	\$638.50	450	5062 EarFb+IRO	\$309.10	407
4046 Hemicolec	1276.90	459	4319 Circ<6mth	\$ 60.50	407	4649 VV&Excl&S	\$963.30	454	5066 EarPlp Ro	\$185.90	405
4048 Colectt&A	1612.90	464	4327 Circ<10yr	\$138.90	407	4651 VV&disSPJ	\$421.20	407	5172 Grommetts	\$309.10	408
4074 Appendect	\$459.20	409	4338 Circ> 9yr	\$192.70	407	4655 VV&ligSPJ	\$421.20	407	5182 EarExamMs	\$141.10	408
4080 Appendect^	\$571.20	409	4345 Circ> 9y^	\$241.90	407	4658 VV&lig 1P	\$259.90	407	5186 EarExamGA	\$141.10	408
4084 Append&Op	\$159.10	406	4351 Paraph.GA	\$ 61.60	406	4662 VV&lig>1P	\$649.70	408	5192 NoseExamGA	\$ 93.00	407
4087 PeritLap.	\$515.20	450	4354 Sgmdscopy	\$ 70.60		4664 VV-Recoper	\$694.50	457	5196 NosePackP	\$159.10	409
4093 PeritLap^	\$638.50	450	4363 Sgmdpy-GA	\$107.50	406	4778 EmbolArtN	\$907.30	454	5201 NoseFb Ro	\$100.80	407
4109 Pancomypt	1545.70	459	4366 SgmdpyDx.	\$183.70	408	4784 EmbolArtT	1164.90	459	5205 NosePpRo.	\$106.40	
4131 PancAbsc.	\$660.90	453	4367 SgmdpyDx^	\$241.90	408	4789 EmbolVein	\$817.70	454	5210 NosePpARo	\$224.00	408
4133 PancDtAna	1612.90	462	4380 RectBx-GA	\$210.60	407	4832 OstmyA Ph	\$159.10	408	5214 NosePpAR^	\$282.30	408
4141 Splenectt	\$929.70	457	4383 Colonscps	\$163.50	407	4838 OstmyA St	\$264.30	450	5229 NcsCautGA	\$129.90	407
4144 SplenectO	\$952.10	457	4386 Colonscs+	\$295.70	409	4844 OstmyA Hu	\$459.20	450	5230 NosePack.	\$116.50	408
4165 ViscMultR	1422.50	462	4388 Colonscpl	\$481.60	409	4860 OstmyC Sc	\$459.20	454	5245 AntLavag+	\$ 42.10	407
4173 TumRetpRo	1120.10	459	4394 ColonscL+	\$672.10	450	4864 OstmyC Hu	\$459.20	453	5254 AntLav+GA	\$118.70	407
4179 TumPresRo	1120.10	457	4397 TumRct3Ro	\$515.20	443	4927 Ampt1Fgr.	\$201.60	407	5264 AntLavage	\$ 35.40	407
4185 AbscDRetp	\$604.90	443	4399 TumRctTRO	\$817.70	457	4930 Ampt1Fgr^	\$250.90	407	5348 ExampNsp.	\$159.10	408
4192 LaparosDg	\$282.30	408	4413 RectProlR	1064.10	457	4934 Ampt2Fgrs	\$304.70	408	5363 Tonsl<12Y	\$282.30	408
4193 LaparosBx	\$367.40	408	4455 AnalDiIGA	\$ 90.70	405	4940 Ampt2Fgr^	\$371.90	408	5366 Tonsl<12^	\$380.80	408
4194 LaparosDx	\$526.40	408	4467 AnalProl.	\$152.30	407	4943 Ampt3Fgrs	\$358.40	409	5389 Tonsl>11y	\$358.40	409
4197 AbdoParac	\$ 67.20		4482 AnalStric	\$362.90	408	4948 Ampt3Fgr^	\$434.60	409	5392 Tonsl>11^	\$481.60	409
4202 RectRes1s	1599.20	461	4490 AnalSphln.	\$345.00	407	4950 Ampt4Fgrs	\$403.20	443	5396 TonslHgGA	\$147.90	443
4209 RectRes2s	1310.50	460	4492 AnalIncon	\$739.30	454	4954 Ampt4Fgr^	\$492.80	443	5401 TonslHgG^	\$185.90	443
4222 HerniaRpr	\$459.20	409	4509 Hmoidslig	\$ 70.60	406	4957 Ampt5Fgrs	\$459.20	450	5407 AdenoidEx	\$152.30	407
4227 HerniaRp^	\$604.90	409	4523 HmoidExc	\$371.90	409	4961 Ampt5Fgr^	\$571.20	450	5411 AdenoidE^	\$210.60	407
4233 HernStrRr	\$672.10	450	4527 HmoidEx^	\$470.40	409	4972 Ampt5Fgr	\$295.70	408	5445 QuinsyInc	\$ 90.70	408
4238 HernDiapr	1008.10	461	4534 PilleExtRo	\$129.90	406	4976 AmptMcar^	\$380.80	408	5464 Cesophag.	\$241.90	407
4246 HernUmbR.	\$345.00	409	4537 AnalFiss.	\$259.90	407	4990 Ampt1Toe.	\$152.30	407	5470 Cesop+Di.l	\$470.40	408

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5480 Oesop+Bx.	\$309.10	408	6033 ProstAbsc	\$627.30	408	6411 CervixDx.	\$ 82.90	406	7143 NveTransp	\$571.20	409
5486 OesopFbro	\$459.20	408	6036 UrethSnds	\$ 62.70	406	6413 CervixPlp	\$ 81.80	406	7148 NveTumExc	\$241.90	409
5490 OesStrDil	\$ 67.20	407	6039 UrethStrc	\$106.40	406	6415 Colposcp	\$ 82.90	406	7152 NveTumEx^	\$304.70	409
5520 ExamLaryx	\$241.90	409	6041 UrethRpr.	1232.10	450	6430 CervixRpr	\$224.00	408	7178 Neurlysis	\$336.00	408
5524 ExamLarBx	\$354.00	409	6044 UrethFist	\$371.90	409	6431 CervixRp^	\$277.80	408	7182 Neurlysi^	\$421.20	408
5530 larxTumRo	\$380.80	443	6066 UrethMeat	\$125.50	405	6446 CervixDil	\$105.30	406	7184 SubdurTap	\$106.40	407
5572 Tracheost	\$237.50	450	6140 UrethDx..	\$250.90	405	6451 Hystercopy	\$138.90	408	7212 Burr-Hole	\$616.10	453
5598 Tracheos^	\$309.10	450	6146 UrethProl	\$250.90	408	6460 D & C GA.	\$174.70	406	7397 DislMand.	\$ 61.60	405
5601 TrachFbro	\$228.50	408	6189 Penis Rpr	\$627.30	409	6464 D & C GA^	\$237.50	406	7410 DislClav.	\$ 95.20	405
5605 Bronchopy	\$228.50	408	6199 Penis Inj	\$ 62.70		6469 Preg-D&C.	\$282.30	406	7412 DislSh<3.	\$116.50	405
5611 Bronch+Bx	\$304.70	409	6218 TestisBx.	\$250.90	407	6508 HystotAbd	\$694.50	450	7416 DislSh>2G	\$ 95.20	405
5613 BronFbro	\$470.40	443	6221 EpidCyst.	\$304.70	407	6513 Hystectm	\$694.50	453	7419 DislSh>2.	\$ 76.20	
5691 KidnStRo.	1232.10	454	6224 EpidCyst^	\$371.90	407	6517 Hystectm^	\$873.70	453	7423 DislElbow	\$141.10	405
5699 KidnStRo+	1422.50	454	6228 TestisExp	\$371.90	406	6532 Hystect+.	\$907.30	454	7426 DislCarp.	\$ 90.70	405
5705 UretStnRo	1120.10	453	6249 Vasectomy	\$250.90	406	6533 Hystect+^	1153.70	454	7430 DislCarp+	\$183.70	405
5715 Nephrost.	1008.10	453	6253 Vasectom^	\$309.10	406	6553 EctopicPr	\$548.80	443	7432 DislCar+^	\$228.50	405
5744 KidneyRpr	1232.10	457	6258 EUA Alone	\$105.30	406	6557 EctopicP^	\$694.50	443	7435 DislFingr	\$ 38.50	405
5840 CathBladd	\$ 42.10	405	6262 IUD Ins	\$ 69.40	406	6585 UterSusp.	\$459.20	409	7436 DislThumb	\$116.50	405
5841 Ureteropy	\$560.00	406	6264 IUD Ro GA	\$ 69.40	406	6594 UterSusp^	\$604.90	409	7440 DislHip	\$295.70	406
5843 Ureterpy+	\$918.50	407	6271 Hymenecty	\$116.50	406	6611 Tub Lig..	\$421.20	409	7443 DislHip ^	\$380.80	406
5845 Cystoscopy	\$190.40	406	6274 BarthCExc	\$233.00	408	6612 Tub Lig.^	\$515.20	409	7446 DislKnee.	\$215.10	405
5851 Cystoscp+	\$282.30	406	6277 BarthCExr^	\$286.70	408	6631 Tuboplast	\$828.90	453	7451 DislKnee^	\$264.30	405
5864 Cyst&Fbro	\$371.90	407	6278 BarthCMar	\$150.10	407	6643 Oophorem^	\$470.40	443	7457 DislPatel	\$ 90.70	405
5868 Cyst&BxTm	\$309.10	407	6280 BarthCMA	\$188.20	407	6644 Oophor>1.	\$582.50	443	7461 DislAnkle	\$152.30	406
5871 Cyst&DxTm	\$434.60	407	6284 BarthAbsc	\$ 75.00	406	6648 Oophor>1^	\$560.00	450	7464 DislToe .	\$ 45.90	405
5878 Cyst&Meat	\$354.00	406	6290 UrethCcau	\$ 75.00	405	6649 Oophor>1^	\$705.70	450	7468 DislTars.	\$116.50	405
5885 Cyst&Rost	\$571.20	407	6292 UrethCexc	\$150.10	407	6655 OvTumRad.	\$873.70	460	7480 DislOpOpL	\$154.60	482
5891 BladdRpr.	\$761.70	457	6296 UrethCex^	\$188.20	407	6657 OvTum2ndL	\$873.70	457	7483 DislOpOpO	1.50 x ITEM	
5894 BladdRpr^	\$929.70	457	6299 AmptClit.	\$349.50	408	6686 ExamEyeGA	\$132.20	406	7505 #TerPhal.	\$ 57.10	405
5897 CystotSP.	\$459.20	409	6313 VaginaDil	\$ 56.00	405	6754 TarsalCEX	\$107.50	407	7508 #ProPhal.	\$118.70	405
5901 CystotSP^	\$571.20	409	6321 VaginaTum	\$277.80	409	6802 TearDctLv	\$ 62.70	405	7512 #ProPhal^	\$177.00	405
5903 CystotStb	\$106.40	407	6332 VaginaSep	\$515.20	454	6818 SclerFbro	\$ 93.00	409	7516 #MidPhal.	\$ 78.40	405
5964 Asp Bladdx	\$ 62.70		6336 VaginaEnl	\$208.30	443	6837 Pteryg.Ro	\$354.00	407	7520 #M/Cs1&+.	\$177.00	405
5977 Urethrcpy	\$896.10	443	6347 VagA/Prp	\$448.00	450	6848 LensExtrn	1008.10	453	7524 #M/Cs1&+^	\$241.90	405
6001 ProstecOp	1411.30	457	6352 VagA/Prp^	\$548.80	450	6940 Asp Chest	\$ 89.60		7527 #Bennets.	\$201.60	405
6005 ProstecEn	1467.30	450	6358 VagA&Prp	\$548.80	450	6953 CathChest	\$145.60	408	7530 #Bennets^	\$282.30	405
6022 ProstOpBx	\$380.80	407	6363 VagA&Prp^	\$694.50	450	7085 LumbPunct	\$ 98.60	406	7533 #Carpus .	\$ 90.70	406
6027 ProstEnBx	\$571.20	407	6396 VagSuspAb	\$694.50	443	7118 NvCutRpr1	\$309.10	409	7535 #Scaphoid	\$177.00	406
6030 ProstNdBx	\$185.90	406	6406 StrIncsIlg	\$873.70	454	7119 NvCutRpr2	\$398.80	443	7538 #Scaphoi^	\$210.60	406

'1.33 x ITEM' indicates 1.33 times Initial Item Fee. NOT ALL ITEMS are applicable to ALL Hospitals AND/OR Doctors.

N.S.W. Rural Hospital Sample Item List. Check August 1987 M.B.S. Book for full details. Effective 1st August 2007

ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	ITEM SERVICE	FEE	ANAES.	
7540 #Colles	\$237.50	406	7719 #Mandible	\$203.90		8017 ShoulAply	\$952.10	453	8298 DupuytCRA	\$593.70	443	
7544 #Colles	\$354.00	406	7764 #Zygoma	\$154.60	408	8022 ArthrecSJ	\$425.60	406	8428 LightExtRD	\$62.70	405	
7547 #R/U Dist	\$177.00	406	7766 #Zygoma	\$210.60	408	8026 ArthrotSJ	\$118.70	406	8430 AmptDgtEx	\$159.10	407	
7550 #Radius	\$201.60	406	7774 #SProtVB	\$39.40		8040 ArthrotLJ	\$434.60	409	8432 DermdNRO	\$228.50	409	
7552 #Radius	\$282.30	406	7777 #SProtVB	\$56.00		8053 ArthropHp	1075.30	450	8434 DermdNRO	\$295.70	409	
7559 #Ulna	\$183.70	406	7781 #SPincVB	\$39.40		8080 KneeArspy	\$291.20	407	8436 DermdOrRo	\$627.30	409	
7563 #Ulna	\$224.00	406	7785 #SPincVB	\$56.00		8082 KneeFb/Lb	\$526.40	407	8440 DermdN+Ro	\$739.30	409	
7567 #R&U/Hum	\$264.30	407	7802 #OpenOpL	\$154.60	483	8085 KneeMenis	\$627.30	409	8480 SknFlSmll	\$367.40	408	
7572 #R&U/Hum	\$385.30	407	7803 #OpenOpO	1.33	x ITEM	8105 Asp Joint	\$42.10	406	8484 SknFlLge.	\$526.40	450	
7588 #Clav/Stm	\$125.50	407	7808 #IntFixL	\$154.60	484	8113 JointStab	\$526.40	408	8485 DirFlCas1	\$616.10	453	
7593 #Clav/St	\$177.00	407	7809 #IntFixO	1.50	x ITEM	8120 CalcSprRo	\$470.40	407	8486 DirFlCas2	\$304.70	453	
7597 #Scapula	\$152.30	407	7815 #Cmpd. L	\$154.60	484	8131 KellersOp	\$660.90	408	8487 DirFlCLSI	1310.50	457	
7601 #Ribs1&+	\$39.40	408	7817 #Cmpd. O	1.50	x ITEM	8135 KellersO+	\$896.10	409	8488 DirFlCLIS2	\$593.70	443	
7605 #Ribs1&+	\$56.00	408	7821 #Cmpl. L	\$154.60	485	8151 HammerToe	\$291.20	407	8490 DirFlFlapS1	\$336.00	408	
7608 #Pelvis	\$228.50	409	7823 #Cmpl. O	1.75	x ITEM	8153 HammerTo	\$358.40	407	8492 DirFlFlapS2	\$152.30	408	
7610 #Pelvis	\$304.70	409	7828 #InitRdn	0.50	x ITEM	8169 BunionExc	\$291.20	407	8494 IndirFlap	\$571.20	450	
7615 #SymPubis	\$177.00	408	7834 #2nd Rdn	0.50	x ITEM	8173 BunionEx	\$358.40	407	8504 SknGftSFG	\$264.30	408	
7619 #SymPubi	\$228.50	408	7839 #Fin Rdn	1.00	x ITEM	8179 ExostLgBn	\$354.00	407	8508 SknGftLFG	\$526.40	453	
7624 #Femur	\$526.40	409	7847 #Jnt Inv	1.33	x ITEM	8182 ExostLgB	\$434.60	407	8509 SknGftSFB	\$385.30	409	
7627 #Femur	\$672.10	409	7853 SesamEnRo	\$367.40	407	8185 OsteotMca	\$367.40	407	8511 SknGftLFB	\$817.70	457	
7632 #Fib/Tars	\$132.20	407	7855 InjBoneCt	\$264.30	409	8187 OsteotMC+	\$385.30	407	8512 SknGftSF.	\$367.40	409	
7637 #Fib/Tar	\$190.40	407	7861 Nail	Ro	\$45.90	406	8190 OsteotRad	\$385.30	408	8516 SknGftLF.	\$761.70	453
7641 #Tib/Pat	\$210.60	407	7864 Paron Inc	\$38.50	406	8193 OsteotRa+	\$470.40	408	8518 SknGftFul	\$616.10	443	
7643 #Tib/Pat	\$282.30	407	7868 Thenardrn	\$93.00	407	8219 SutTdnFH.	\$371.90	409	8608 Bat Ear	\$672.10	409	
7647 #T&F/Pott	\$345.00	408	7872 WdgeresN	\$215.10	407	8222 SutTdnFH.	\$470.40	409	8614 LipWdgeEx	\$421.20	409	
7652 #T&F/Pot	\$459.20	408	7878 WdgeresN	\$282.30	407	8225 SutTdnFH2	\$526.40	443	9023 An/IV Ord	\$85.10		
7673 #M/Ts1&+	\$121.00	406	7883 Pin	Ins	\$159.10	406	8227 SutTdnEH.	\$192.70	409	9025 An/IV Opn	\$106.40	
7677 #M/Ts1&+	\$177.00	406	7886 WirePinRo	\$241.90	409	8230 SutTdnEH	\$237.50	409	9035 An/PPHetc	\$150.10		
7681 #ToeEx1	\$48.20	405	7898 #FemurFix	\$1276.90	453	8233 SutTdnEH2	\$367.40	443	9037 An/Ut Inv	\$170.30		
7683 #ToeEx1>1	\$76.20	405	7911 ManipJtGA	\$147.90	405	8235 SutAchTdn	\$470.40	443	9039 An/Caesar	\$399.90		
7687 #Toe1stDP	\$118.70	405	7915 ManipJtG	\$183.70	405	8238 SutAchTd	\$593.70	443	New 'CLARIFICATION' Rates			
7691 #Toe1stPP	\$118.70	405	7975 BnGftFem.	1120.10	453	8241 SutTdnFt.	\$237.50	409	4.1 RDA/MBS Ratio	142.59%		
7694 #Skull	\$39.40		7977 BnGftFib.	\$896.10	450	8243 SutTdnFt2	\$354.00	409	11.2A Mileage	35.4 c/km		
7697 #Skull	\$56.00		7983 BnGftHR&U	\$120.10	450	8246 TenotomSc	\$147.90	405	11.2B Mileage	29.6 c/km		
7701 #Nose	\$39.40		7993 BnGftRorU	\$784.10	409	8249 TenotomOp	\$358.40	408	18.1.1 Minimum	2951 \$385.00		
7706 #Nose	\$56.00		7999 BnGftScap	\$739.30	443	8267 TendomSin	\$291.20	407	18.1.2 Maximum	2951 \$685.00		
7709 #NoseRed.	\$224.00	407	8001 BnGftOthr	\$649.70	409	8275 TenolysFT	\$421.20	409	18.1.4 On 100%	* 2.240194		
7712 #NoseRed	\$309.10	407	8009 ShoulCalR	\$367.40	409	8279 TenolysET	\$241.90	408	On 85%	* 2.635522		
7715 #NoseRed+	\$627.30	409	8014 ShoulAtmy	\$385.30	408	8296 DupuytCsc	\$237.50	409				

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