

Schedule of Fees

Medical and Surgical Specialists



Category 1 – Attendance	Fee payable (as a percentage of MBS Fee)
GROUP A3 - SPECIALIST ATTENDANCES	155.1%
GROUP A4 - CONSULTANT PHYSICIAN ATTENDANCES	136.0%
GROUP A8 - CONSULTANT PSYCHIATRIST ATTENDANCES	136.0%
GROUP A11 - URGENT ATTENDANCE AFTER HOURS	
SUBGROUP 1 - URGENT ATTENDANCE - AFTER HOURS	136.0%
SUBGROUP 2 - URGENT ATTENDANCE UNSOCIABLE AFTER HOURS	143.7%
GROUP A12 - CONSULTANT OCCUPATIONAL PHYSICIAN ATTENDANCES	136.0%
GROUP A21 - MEDICAL PRACTITIONER (EMERGENCY PHYSICIAN) CONSULTATIONS	
SUBGROUP 1 - CONSULTATIONS	136.0%
SUBGROUP 2 - PROLONGED PROFESSIONAL ATTENDANCES	139.7%
GROUP A23 - OTHER NON-REFERRED AFTER HOURS ATTENDANCES	167.3%
GROUP A24 - PAIN AND PALLIATIVE MEDICINE	
SUBGROUP 1 - PAIN MEDICINE ATTENDANCES	154.0%
SUBGROUP 2 - PAIN MEDICINE CASE CONFERENCES	136.0%
SUBGROUP 3 - PALLIATIVE MEDICINE ATTENDANCES	162.7%
SUBGROUP 4 - PALLIATIVE MEDICINE CASE CONFERENCES	136.0%
GROUP A26 - NEUROSURGERY ATTENDANCES	167.3%
GROUP A27 - PREGNANCY SUPPORT COUNSELLING	139.7%
GROUP A30 - MEDICAL PRACTITIONER TELEHEALTH ATTENDANCES	
SUBGROUP 1 - TELEHEALTH ATTENDANCE AT CONSULTING ROOMS, HOME VISITS OR OTHER INSTITUTIONS	139.7%
TELEHEALTH ATTENDANCES - SPECIALIST, CONSULTANT PHYSICIAN, CONSULTANT PSYCHIATRIST, CONSULTANT OCCUPATIONAL PHYSICIAN	50% of the associated item
TELEHEALTH ATTENDANCES - PAIN AND PALLIATIVE MEDICINES	50% of the fee for item 2801, 2806 or 2814
TELEHEALTH ATTENDANCES - NEUROSURGERY	50% of the fee for item 6007, 6009, 6011, 6013 or 6015
TELEHEALTH ATTENDANCES - THERAPEUTIC PROCEDURES	50% of the fee for item 13209
TELEHEALTH ATTENDANCES - OBSTETRICS	50% of the fee for item 16401,16404,16406, 16500,16590 or 16591

Category 2 – Diagnostics	Fee payable (as a percentage of MBS Fee)
GROUP D1 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS	
SUBGROUP 1 - NEUROLOGY	142.7%
SUBGROUP 2 - OPHTHALMOLOGY	142.8%
SUBGROUP 3 - OTOLARYNGOLOGY	137.6%
SUBGROUP 4 - RESPIRATORY	144.0%
SUBGROUP 5 - VASCULAR	128.0%
SUBGROUP 6 - CARDIOVASCULAR	130.0%
SUBGROUP 7 - GASTROENTEROLOGY & COLORECTAL	121.0%
SUBGROUP 8 - GENITO/URINARY PHYSIOLOGICAL INVESTIGATIONS	142.7%
SUBGROUP 9 - ALLERGY TESTING	135.0%
SUBGROUP 10 - OTHER DIAGNOSTIC PROCEDURES AND INVESTIGATIONS	125.4%
GROUP D2 - NUCLEAR MEDICINE NON-IMAGING	121.0%

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Category 3 – Therapeutic Procedures	Fee payable (as a percentage of MBS Fee)
GROUP T1 - THERAPEUTIC PROCEDURES	
SUBGROUP 1 - HYPERBARIC OXYGEN THERAPY	121.0%
SUBGROUP 2 - DIALYSIS	134.5%
SUBGROUP 3 - ASSISTED REPRODUCTIVE SERVICES	160.8%
SUBGROUP 5 - CARDIOVASCULAR	121.0%
SUBGROUP 6 - GASTROENTEROLOGY	139.7%
SUBGROUP 8 - HAEMATOLOGY	125.3%
SUBGROUP 9 - PROCEDURES ASSOCIATED WITH INTENSIVE CARE AND CARDIOPULMONARY SUPPORT	127.5%
SUBGROUP 10 - MANAGEMENT AND PROCEDURES UNDERTAKEN IN AN INTENSIVE CARE UNIT	124.7%
SUBGROUP 11 - CHEMOTHERAPEUTIC PROCEDURES	132.6%
SUBGROUP 12 - DERMATOLOGY	134.0%
SUBGROUP 13 - OTHER THERAPEUTIC PROCEDURES	140.2%
GROUP T2 - RADIATION ONCOLOGY	
SUBGROUP 1 - SUPERFICIAL	169.3%
SUBGROUP 2 - ORTHOVOLTAGE	133.0%
SUBGROUP 3 - MEGAVOLTAGE	142.5%
SUBGROUP 4 - BRACHYTHERAPY	157.5%
SUBGROUP 5 - COMPUTERISED PLANNING	131.4%
SUBGROUP 7 - RADIATION ONCOLOGY TREATMENT VERIFICATION	129.0%
SUBGROUP 8 - BRACHYTHERAPY PLANNING AND VERIFICATION	161.0%
GROUP T3 - THERAPEUTIC NUCLEAR MEDICINE	121.0%
GROUP T4 - OBSTETRICS	196.1%
GROUP T4 - OBSTETRICS: PLANNING AND MANAGEMENT OF OBSTETRICS THAT HAS PROGRESSED BEYOND 28 WEEKS	\$3,000*
GROUP T4 - OBSTETRICS: PROCEDURE ON MULTIPLE PREGNANCIES	50% of the fee of the first foetus
GROUP T6 - ANAESTHETICS	
SUBGROUP 1 - ANAESTHESIA CONSULTATIONS	192.1%
GROUP T7 - REGIONAL OR FIELD NERVE BLOCKS	187.1%
GROUP T10 - RELATIVE VALUE GUIDE FOR ANAESTHESIA*	
SUBGROUP 1 - SUBGROUP 23	\$55 PER RVG UNIT
SUBGROUP 26 - ASSISTANCE AT ANAESTHESIA	\$55 PER RVG UNIT
GROUP T11 - BOTULINUM TOXIN INJECTIONS	182.1%
GROUP T8 - SURGICAL OPERATIONS	
SUBGROUP 1 - GENERAL	175.1%
SUBGROUP 2 - COLORECTAL	154.0%
SUBGROUP 3 - VASCULAR	146.0%
SUBGROUP 4 - GYNAECOLOGICAL	175.3%
SUBGROUP 5 - UROLOGICAL	176.4%
SUBGROUP 6 - CARDIO-THORACIC	141.0%
SUBGROUP 7 - NEUROSURGICAL	164.3%
SUBGROUP 8 - EAR, NOSE AND THROAT	151.9%
SUBGROUP 9 - OPHTHALMOLOGY	167.8%
SUBGROUP 10 - OPERATIONS FOR OSTEOMYELITIS	140.8%
SUBGROUP 12 - AMPUTATIONS	153.0%
SUBGROUP 13 - PLASTIC AND RECONSTRUCTIVE SURGERY	170.6%
SUBGROUP 14 - HAND SURGERY	162.6%
SUBGROUP 15 - ORTHOPAEDIC	170.7%
SUBGROUP 16 - RADIOFREQUENCY ABLATION	149.0%
GROUP T9 - ASSISTANCE AT OPERATIONS	174.8%

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Category 4 – Oral and Maxillofacial Services	Fee payable (as a percentage of MBS Fee)
GROUP 01 - CONSULTATIONS	140.0%
GROUP 02 - ASSISTANCE AT OPERATION	155.7%
GROUP 03 - GENERAL SURGERY	174.9%
GROUP 04 - PLASTIC & RECONSTRUCTIVE	170.0%
GROUP 05 - PREPROSTHETIC	187.5%
GROUP 06 - NEUROSURGICAL	164.0%
GROUP 07 - EAR, NOSE & THROAT	151.0%
GROUP 08 - TEMPOROMANDIBULAR JOINT	174.1%
GROUP 09 - TREATMENT OF FRACTURES	165.9%
GROUP 010 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS	155.0%

Category 5 - Diagnostic Imaging Services	Fee payable (as a percentage of MBS Fee)
GROUPS I1 - I5 - ULTRASOUND, COMPUTERISED TOMOGRAPHY, DIAGNOSTIC RADIOLOGY, NUCLEAR MEDICINE IMAGING, MAGNETIC RESONANCE IMAGING	110.0%

Category 6 - Pathology Services for In-Hospital Services	Fee payable (as a percentage of MBS Fee)
GROUPS P1 - P11 HAEMATOLOGY, CHEMICAL, MICROBIOLOGY, IMMUNOLOGY, TISSUE PATHOLOGY, CYTOLOGY, INFERTILITY AND PREGNANCY TESTS, SIMPLE BASIC PATHOLOGY TESTS, PATIENT EPISODE INITIATION, SPECIMEN REFERRED	110.0%

For more information regarding invoicing and payments:

Please visit our [website](#) or call the GHS Provider Support team on 1300 126 420.

Note - the Medicare Benefits Schedule (MBS) items, explanations, definitions, rules and conditions for services provided by medical practitioners apply to the ADF Schedule of Fees for Medical Specialists.

* Fee payable for procedures undertaken by an Anaesthetist that do not have a MBS number is \$55 per RVG unit.

† Price effective 1 September 2013.