

Australian Government

NATIONAL HEALTH ACT 1953

Determination made under subsections 73AAG (6) and (7)
(HIB 23/2005)

I, LINDA ADDISON, delegate of the Minister for Health and Ageing, acting pursuant to subsections 73AAG (6) and (7) of the *National Health Act 1953* (the Act), AMEND the determination under subsections 73AAG (6) and (7) of the Act dated 19 October 2005 (Determination Number HIB 18/2005) (the Determination) as set out below.

1. Insert the text after the headings in Attachment 1 of this determination into Part A - Prostheses, at page 4 of 740, after Neich Medical Pty Ltd and before Billing Code NM003.
2. Delete from Part A – Prostheses, at page 49 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code OS016, Tympanostomy Tube, and replace it with \$25.00.
3. Delete the text after the headings in Attachment 2 of this determination from Part A – Prostheses, at page 90 of 740.
4. Insert the text after the headings in Attachment 3 of this determination into Part A – Prostheses, at page 90 of 740, after Billing Code SI025 and before Billing Code SI028.
5. Delete from Part A – Prostheses, at page 90 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SI042, Extension Set, and replace it with \$6.20.
6. Insert into Part A – Prostheses, at page 90 of 740, under the heading Notations for Billing Code SI042, Extension Set, the following text: “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of six”, and substitute all the text under the heading Size with “152cm”.
7. Delete from Part A – Prostheses, at page 90 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SI043, Administration Set, and replace it with \$18.00.
8. Insert into Part A – Prostheses, at page 90 of 740, under the heading Notations for Billing Code SI043, Administration Set, the following text: “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of eight”, and delete all the text under the heading Size.
9. Delete from Part A – Prostheses, at page 90 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SI044, Administration Set, and replace it with \$21.60.

This and the following 51 pages form Determination HIB 23/2005 signed by the delegate of the Minister for Health and Ageing on 17 November 2005 under subsections 73AAG (6) and (7) *National Health Act 1953* amending Determination HIB 18/2005 dated 19 October 2005.



Witness

17/11/2005

10. Insert into Part A – Prostheses, at page 90 of 740, under the heading Notations for Billing Code SI044, Administration Set, the following text: “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of ten”, and substitute all the text under the heading Size with “305cm”.
11. Delete the text after the headings in Attachment 4 of this determination from Part A – Prostheses, at page 93 of 740.
12. Substitute all the words in Part A – Prostheses, at page 123 of 740, under the heading Product Name for Billing Code AB005, Bioglue Surgical Adhesive – 5ml Solutions Cartridge Shelf Box: 5 pack” with “Bioglue Surgical Adhesive – 5ml Solutions Cartridge 5 per pack”.
13. Substitute all the words in Part A – Prostheses, at page 123 of 740, under the heading Notation for Billing Code AB005, Bioglue Surgical Adhesive – 5ml Solutions Cartridge: 5 per pack” with “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of five, Temporary Approval.”.
14. Delete from Part A – Prostheses, at page 123 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code AB006, Bioglue Surgical Adhesive – Applicator Tip Extender, and replace it with \$30.50.
15. Substitute all the words in Part A – Prostheses, at page 123 of 740, under the heading Product Name for Billing Code AB007, Bioglue Surgical Adhesive – 10ml Solutions Cartridge Shelf Box: 5 pack” with “Bioglue Surgical Adhesive – 10ml Solutions Cartridge 5 per pack”.
16. Substitute all the words in Part A – Prostheses, at page 123 of 740, under the heading Notation for Billing Code AB007, Bioglue Surgical Adhesive – 10ml Solutions Cartridge: 5 per pack” with “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of five, Temporary Approval.”.
17. Delete from Part A – Prostheses, at page 123 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code AB008, Bioglue Surgical Adhesive – Standard Applicator Tip, and replace it with \$25.50.
18. Delete from Part A – Prostheses, at page 123 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code AB009, Bioglue Surgical Adhesive – Applicator Tip Extender, and replace it with \$30.50.
19. Delete from Part A – Prostheses, at page 123 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code AB010, Bioglue Surgical Adhesive – Applicator Tip Extender, and replace it with \$30.50.
20. Substitute all the words in Part A – Prostheses, at page 123 of 740, under the heading Product Name for Billing Code AB011, “Bioglue Surgical Adhesive – 2ml Solutions Cartridge Shelf Box: 5 pack” with “Bioglue Surgical Adhesive – 2ml Solutions Cartridge 5 per pack”.

21. Substitute all the words in Part A – Prostheses, at page 123 of 740, under the heading Notation for Billing Code AB011, “Bioglu Surgical Adhesive – 2ml Solutions Cartridge 5 pack” with “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of five, Temporary Approval.”.
22. Insert the text after the headings in Attachment 5 of this determination into Part A - Prostheses, at page 175 of 750, after Billing Code BL015 and before “Spectrum Ophthalmics”.
23. Delete from Part A – Prostheses, at page 201 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SK176, Stryker Cuff Anchor, and replace it with \$390.00.
24. Delete from Part A – Prostheses, at page 207 of 740, the text after the headings in Attachment 6 of this determination.
25. Delete from Part A – Prostheses, at page 212 of 740, the text after the headings in Attachment 7 of this determination.
26. Delete from Part A – Prostheses, at page 215 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code DY350, RECO Spinal System, and replace it with \$78.38.
27. Delete from Part A – Prostheses, at page 215 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code GM025, Maxima/Optima Anterior Cervical Plate System, and replace it with \$200.00.
28. Delete from Part A – Prostheses, at page 215 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code GM026, Maxima/Optima Anterior Cervical Plate System, and replace it with \$1,900.00.
29. Insert the text after the headings in Attachment 8 of this determination into Part A – Prostheses, at page 215 of 740, after Billing Code GM039.
30. Insert the text after the headings in Attachment 9 of this determination into Part A – Prostheses, at page 223 of 740, after Billing Code ZI334 and before Billing Code ZI486.
31. Delete from Part A – Prostheses, at page 224 of 740, the text after the headings in Attachment 10 of this determination.
32. Delete from Part A – Prostheses, at page 226 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code LM029, Kompressor, and replace it with \$550.00.
33. Insert in Part A – Prostheses, at page 227 of 740, for Billing Code MO252, Martin Fixation Device Internal – Screw, under the heading Notations, “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of two”.
34. Insert in Part A – Prostheses, at page 227 of 740, for Billing Code MO253, Martin Fixation Device Internal – Screw, under the heading Notations, “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of two”.

35. Insert in Part A – Prostheses, at page 227 of 740, for Billing Code MO254, Martin Fixation Device Internal – Screw, under the heading Notations, “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of two”.
36. Insert in Part A – Prostheses, at page 227 of 740, for Billing Code MO255, Martin Fixation Device Internal – Screw, under the heading Notations, “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of two”.
37. Insert in Part A – Prostheses, at page 227 of 740, for Billing Code MO256, Martin Fixation Device Internal – Screw, under the heading Notations, “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of two”.
38. Delete from Part A – Prostheses, at page 232 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SK221, Stryker Plating System, and replace it with \$975.00.
39. Insert in Part A – Prostheses, at page 250 of 740, the amount under the heading Maximum Benefit Amount for Billing Code GS174, PLUS Hip Joint Prostheses System, of \$1,500.00.
40. Delete from Part A – Prostheses, at page 254 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SK010, ABGII Cup with Hydroxyapatite, and replace it with \$2,460.00.
41. Delete from Part A – Prostheses, at page 254 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code ST565, Alumina acetabular inserts, and replace it with \$2,460.00.
42. Delete from Part A – Prostheses, at page 254 of 740, the text under the heading Size for Billing Code AD289, Transcend/Lineage Articulation System, and replace it with “Grp 1, Grp 2, Grp 3, Grp 4. 28, 32 & 36mm”.
43. Insert the text after the headings in Attachment 11 of this determination into Part A – Prostheses, at page 263 of 740, after Group 11 – Unipolar/Monoblock and before Biomet Australia Pty Ltd.
44. Delete from Part A – Prostheses, at page 272 of 740, the amount under the heading Maximum Benefit Amount for Billing Code DP119, Solution Implantable Hip System.
45. Delete from Part A – Prostheses, at page 275 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code DY474, Solution Implantable Hip System, and replace it with \$3,450.00.
46. Insert the text after the headings in Attachment 12 of this determination into Part A – Prostheses, at page 280 of 740, after Billing Code OH201 and before Zimmer.
47. Delete from Part A – Prostheses, at page 282 of 740, the text after the headings in Attachment 13 of this determination.
48. Insert the text after the headings in Attachment 14 of this determination into Part A – Prostheses, at page 280 of 740, after Billing Code AD291 and before De Puy Australia.

49. Insert the text after the headings in Attachment 15 of this determination into Part A – Prostheses, at page 282 of 740, after Advanced Surgical Technologies and before De Puy Australia.
50. Insert the text after the headings in Attachment 16 of this determination into Part A – Prostheses, at page 301 of 740, after Billing Code GM044 and before Billing Code GM057.
51. Insert the text after the headings in Attachment 17 of this determination into Part A – Prostheses, at page 307 of 740, after Billing Code BI070 and before Billing Code BI896.
52. Delete from Part A – Prostheses, at page 307 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code BI896, M2A Magnum Prosthesis, and replace it with \$2,300.00.
53. Insert the text after the headings in Attachment 18 of this determination into Part A – Prostheses, at page 333 of 740, after Billing Code ZI454 and before Group 9d – Uncemented, polyethylene metal backed, mobile.
54. Substitute all the words in Part A – Prostheses, at page 336 of 740, under the heading Size for Billing Code AD144, Advance Revision Knee System, with “11-22mm in 1mm increments, 100 and 140mm lengths”.
55. Substitute all the words in Part A – Prostheses, at page 336 of 740, under the heading Size for Billing Code AD148, Advance Revision Knee System with “10, 12, 14, 16, 18 x 65mm, 15 x 30mm”.
56. Delete from Part A – Prostheses, at page 351 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code HW091, Duracon Total Knee System, and replace it with \$1,200.00.
57. Delete from Part A – Prostheses, at page 352 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code ST608, Scorpio Tibial Insert, and replace it with \$1,200.00.
58. Delete from Part A – Prostheses, at page 356 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SR008, Scorpio Tibial Insert, and replace it with \$1,200.00.
59. Insert the text after the headings in Attachment 19 of this determination into Part A – Prostheses, at page 409 of 740, after Billing Code ZI322 and before Orthopaedic Internal Fixation Systems, Other.
60. Insert into Part A – Prostheses, at page 417 of 740, for Billing Code BB215, Adonys Posterior Lumbar Cage System, under the heading Notations, “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of two”.
61. Insert into Part A – Prostheses, at page 417 of 740, for Billing Code BB216, Adonys Posterior Lumbar Cage System, under the heading Notations, “The benefit amount/minimum benefit amount is for an individual product which comes as a pack of two”.

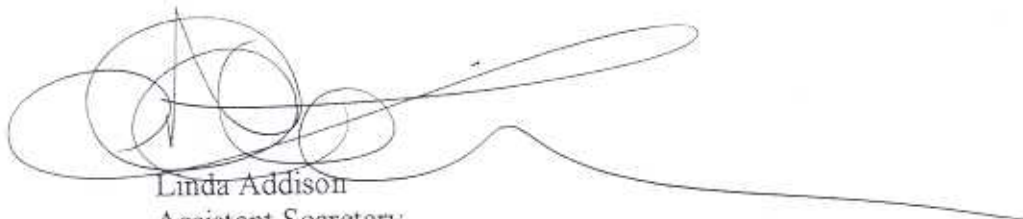
62. Delete from Part A – Prostheses, at page 419 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code DP311, Moss Miami (Stainless Steel), and replace it with \$569.33.
63. Delete from Part A – Prostheses, at page 422 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code DP848, Moss Miami 4mm Anterior System (SS), and replace it with \$1,540.42.
64. Delete from Part A – Prostheses, at page 453 of 740, the text after the headings in Attachment 20 of this determination.
65. Insert the text after the headings in Attachment 21 of this determination, at page 455 of 740, after Synthes Australia Pty Ltd and before Billing Code SY090.
66. Delete from Part A – Prostheses, at page 457 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code DP074, Isola System (Titanium), and replace it with \$54.75.
67. Delete from Part A – Prostheses, at page 461 of 740, the text after the headings in Attachment 22 of this determination.
68. Delete from Part A – Prostheses, at page 475 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code ST771, Leibinger Titanium Implant System, and replace it with \$275.00.
69. Delete from Part A – Prostheses, at page 475 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code ST772, Leibinger Titanium Implant System, and replace it with \$290.00.
70. Insert the text after the headings in Attachment 23 of this determination, at page 480 of 740, after SY172 and before SY190.
71. Insert the text after the headings in Attachment 24 of this determination into Part A – Prostheses, at page 482 of 740, after Billing Code LO106 and before Prep Kits.
72. Insert the text after the headings in Attachment 25 of this determination into Part A – Prostheses, at page 491 of 740, after Billing Code ZI005.
73. Insert the text after the headings in Attachment 26 of this determination into Part A – Prostheses, at page 498 of 740, after Billing Code ZI329 and before Billing Code ZI473.
74. Insert the text after the headings in Attachment 27 of this determination into Part A – Prostheses, at page 499 of 740, after Billing Code ZI313 and before Prostheses, Joint, Knee, Femoral Component.
75. Delete from Part A – Prostheses, at page 501 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SK091, Duracon Total Knee System, and replace it with \$1,350.00.
76. Insert the text after the headings in Attachment 28 of this determination into Part A – Prostheses, at page 505 of 740, after Billing Code DE174 and before Mathys Australia.

77. Insert the text after the headings in Attachment 29 of this determination into Part A – Prostheses, at page 507 of 740, after Billing Code ZI319 and before Billing Code ZI442.
78. Delete from Part A – Prostheses, at page 507 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code ZI442, Select Shoulder, and replace it with \$906.00
79. Insert the text after the headings in Attachment 30 of this determination into Part A – Prostheses, at page 507 of 740, after Billing Code ZI442.
80. Delete from Part A – Prostheses, at page 509 of 740, the text after the headings in Attachment 31 of this determination.
81. Delete from Part A – Prostheses, at page 510 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code LM010, Universal Total Wrist Implant System, and replace it with \$9,500.00.
82. Delete from Part A – Prostheses, at page 523 of 740, the text after the headings in Attachment 32 of this determination.
83. Insert the text after the headings in Attachment 33 of this determination into Part A – Prostheses, at page 516 of 740, after Billing Code AD105 and before Billing Code AD303.
84. Delete from Part A – Prostheses, at page 526 of 740, the text after headings in Attachment 34 of this determination.
85. Insert the text after the headings in Attachment 35 of this determination into Part A – Prostheses, at page 530 of 740, after Billing Code LV084 and before Screws.
86. Insert the text after the headings in Attachment 36 of this determination into Part A – Prostheses, at page 533 of 740, after Billing Code SY322 and before Screws, Bone.
87. Delete from Part A – Prostheses, at page 538 of 740, the text after the headings in Attachment 37 of this determination.
88. Insert the text after the headings in Attachment 38 of this determination, at page 546 of 740, after Billing Code SY141 and before Billing Code SY266.
89. Insert the text after the headings in Attachment 39 of this determination into Part A – Prostheses, at page 548 of 740, after Billing Code ZI263 and before Screws, Cranioplasty Plate.
90. Insert the text after the headings in Attachment 40 of this determination into Part A – Prostheses, at page 552 of 740, after Billing Code HD003 and before Washers, Bone Screw.
91. Delete from Part A – Prostheses, at page 553 of 740, the text after the headings in Attachment 41 of this determination.
92. Insert the text after the headings in Attachment 42 of this determination, at page 554 of 740, after SY089 and before SY256.

93. Delete from Part A – Prostheses, at page 555 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code ZI323, Zimmer Wires, and replace it with \$200.00.
94. Delete from Part A – Prostheses, at page 559 of 740, the text after the headings in Attachment 43 of this determination.
95. Delete from Part A – Prostheses, at page 572 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code SP039, Bioresorbable Fixation System, and replace it with \$420.00.
96. Insert the text after the headings in Attachment 44 of this determination into Part A – Prostheses, at page 694 of 740, after “William A Cook Aust Pty Ltd” and before Billing Code WC003.
97. Delete from Part A – Prostheses, at page 731 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code AY014, Jostent Wavemax, and replace it with \$1,000.00.
98. Delete from Part A – Prostheses, at page 739 of 740, the amount under the heading Benefit Amount/Minimum Benefit Amount for Billing Code AY016, Perclose Arterial Support and Closure, and replace it with \$400.00.

This determination commences on 21 November 2005.

Dated this 17 day of November 2005.



Linda Addison
Assistant Secretary
Private Health Insurance Branch
Acute Care Division
Australian Government Department of Health and Ageing
Position No: 01202874
Delegate of the Minister for Health and Ageing

Attachment 1 (Item 1)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
NM002	Constant Rx Coronary Stent System	Stainless Steel Balloon Expandable Tubular Stent	Lengths 9 - 32mm; Diameters 2.5 - 4.00mm	\$1,000.00		

Attachment 2 (Item 3)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
S1026	Flexible Medication Reservoir, 250ml, Model 21-6167-24	Pump	250ml	\$7.08		

Attachment 3 (Item 4)

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$7.08		The benefit amount/minimum benefit amount is for an individual product which comes as a pack of 48.

Size

Description

For use with S1036

Billing Code Product Name

S1026 CADD Administration Set 175cm TOTM tubing

Attachment 4 (Item 11)

Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$3,694.00		
		Size
		One size only
		Description
		Smiths Medical Australasia Pty Ltd
		CADD-Micro Model 5900 Ambulatory Pump
		Infusion Pump

S1032

Attachment 5 (Item 22)

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$90.00		

Billing Code	Product Name	Description	Size
IQ002	IQ Medical Ocuvix and Ocunax 2% Hydroxypropylmethylcellulose	20mg/mL hydroxypropylmethylcellulose for intraocular use. Pre-loaded in a sterile syringe with one cannula for injection, in a sterile Tyvek pouch	2mL sterile

Attachment 6 (Item 24)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
K236	BoneSource Classic Bone Cement	Calcium Phosphate Bone Matrix Replacement. Sodium Phosphate Solution and Mixing bowl included	2.5gm	\$280.00		
K237	BoneSource Classic Bone Cement	Calcium Phosphate Bone Matrix Replacement. Sodium Phosphate Solution and Mixing bowl included	5gm pack	\$380.00		
K238	BoneSource Classic Bone Cement	Calcium Phosphate Bone Matrix Replacement. Sodium Phosphate Solution and Mixing bowl included	10gm pack	\$13,000.00		

Attachment 7 (Item 25)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
S1800	2.5gm Bone Source Hydroxyapatite Cement with Sodium Phosphate	Self setting cement used to fill cranial defects, sodium phosphate included in packaging to allow acceleration of the	2.5gm	\$500.00		

Attachment 8 (Item 29)

Billing Code	Product Name	Description	Size	Benefit Amount/		Notations
				Minimum Benefit Amount	Maximum Benefit Amount	
GM060	Maxima/Optima Anterior Cervical Plate System	Pedicle Screw – Mono Axial Type	4.5mm – 8.5mm Length, 2.5mm – 60mm	\$900.00		
GM061	Maxima/Optima Anterior Cervical Plate System	Rod	30mm – 100mm	\$450.00		
GM062	Maxima/Optima Anterior Cervical Plate System	Set Screw	One Size	\$300.00		
GM063	Maxima/Optima Anterior Cervical Plate System	Transverse Link Assembly	44mm - 75mm	\$900.00		
GM064	Maxima/Optima Anterior Cervical Plate System	Hooks Open & Closed – Pedicle & Laminar	6.5mm – 11mm	\$811.00		
GM065	Maxima/Optima Anterior Cervical Plate System	Axial/Lateral Connections	7.5mm – 30mm	\$840.00		

Attachment 9 (Item 30)

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
---------------------------------------	------------------------	-----------

Billing Code	Product Name	Description	Size	Benefit Amount
Z1459	Zimmer Collagen Meniscus Implant	Porous collagen-glycosaminoglycan matrix	7.5mm, 9mm	\$4,986.00

Attachment 10 (Item 31)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
LM034	Trimed Bullet	Stainless Steel	3 - 9 holes	\$138.00		

Attachment 11 (Item 43)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
BB047	B Braun Australia Pty Ltd Downs Austin-Moore Hip	Stem	39-54mm	\$460.00		
BB048	Downs Thompson Stem	Stem	38-55mm	\$380.00		

Attachment 12 (Item 46)

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
---------------------------------------	------------------------	-----------

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
ST001	Stryker Australia Pty Ltd Restoration T3 Revision Hip System – Proximal Sleeve	Titanium Alloy	S, M, L	\$2,365.00		

Attachment 13 (Item 47)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
AD292	WMT Perfecta Hip System	Porous Titanium	10.5, 12, 12.7, 13.5, 14.2, 15, 16.5 18mm width, 140-175	\$2,670.00		

Attachment 14 (Item 48)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
AD292	Infinity Modular Hip System	Trochanteric module titanium	A, B, C, D, E, F	\$2,670.00		

Attachment 15 (Item 49)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
AD293	WMT Perfecta Hip System	Porous titanium Non HA	10.5, 12, 12.7, 13.5, 14.2, 15, 16.5, 18mm width, 140 – 175 long	\$3,900.00		

Attachment 16 (Item 50)

Benefit
Amount/
Minimum
Benefit
Amount

Maximum
Benefit
Amount

Notations

Size

Description

Billing Code Product Name

\$1,100.00

Femoral Modular Head System

BioBall - Femoral Modular Head System

GM045

Attachment 17 (Item 51)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
B1895	M2A Magnum Prosthesis	Taper Insert, Cobalt chrome	42 - 50mm), -6, -3, STD, +3, +6, +9; 52 - 60mm, -6, -3, STD, 3, +6, +9	\$500.00		

Attachment 18 (Item 53)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1460	Natural Knee Patella	Durasul UHMWPE, highly cross linked	0 to 3	\$500.00	\$1067.00	

Attachment 19 (Item 59)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1331	Zimmer Periarticular Locking Plates	Periarticular Locking Plate System	Various lengths and numbers of holes	\$1,400.00		

Attachment 20 (Item 64)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
SY051	Mathys Australia AO/ASIF K-Wires, Pin, Washers	Seldrill	4.0/3.0mm & 4.0 - 6mm / 80 - 250mm L.	\$107.00		

Attachment 21 (Item 65)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
SY051	AO/ASIF K-Wires, Pin, Washers	Seldrill	4.0/3.0mm & 4.0 - 6mm / 80 - 250mm L.		\$107.00	

Attachment 22 (Item 67)

Billing Code	Product Name	Description	Size	Benefit Amount/		Notations
				Minimum Benefit Amount	Maximum Benefit Amount	
SY188	Mathys Australia AO/ASIF Plates	Calcaneal, Locking	3.5mm, 30 - 100mm		\$1,174.00	

Attachment 23 (Item 70)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
SY188	AO/ASIF Plates	Catancal, Locking	3.5mm, 30 - 100mm		\$1,174.00	

Attachment 24 (Item 71)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1356	Zimmer Medullary Plug, MS 30	Centring Plug, cement restrictor, hip—PE	1 to 7	\$145.00		
Z1451	Allofit screw hole plugs	Sterile, 7 per set	One size only	\$50.00		

Attachment 25 (Item 72)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1342	GSB Cemented Elbow	GSB Humerus - CoCr alloy/PE	76, 86, 86L	\$4,518.09		
Z1343	GSB Cemented Elbow	GSB Humeral Medullary Plug - PE	One size only	\$168.00		
Z1344	GSB Cemented Elbow	GSB Ulna Component - CoCr alloy	12/71, 12/61, 16/71, 16/61	\$1274.81		
Z1345	GSB Cemented Elbow	GSB Washer - PE	2/12, 4/12, 6/12, 2/16, 4/16, 6/16	\$134.25		
Z1464	GSB Elbow	Ulna Extension	One size only	\$1,300.00		
Z1465	GSB Elbow	Special Bushing for Humerus	Length 76 - 86mm	\$1,650.00		

Attachment 26 (Item 73)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1366	Natural Hip System	Distal Centraliser - PE	10 to 19	\$245.81		
Z1374	MS-30 Hip Prosthesis	Centraliser for cemented stems. (Protek) - metal alloys	8 to 18	\$145.00		

Attachment 27 (Item 74)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1398	High Tibia Osteotomy	High Tibia Osteotomy – Ti alloy	L-shaped steel alloy plate; Standard & Long	\$917.00		
Z1406	Natural Knee	Tibial Spacer Screw – Ti alloy	One size only	\$279.31		
Z1407	Natural Knee	Tibial Spacer Peg – Ti alloy	One size only	\$279.31		

Attachment 28 (Item 76)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
EK028	ESKA Australia ESKA Modular Shoulder System	Modular System with Humeral Plate Extensions	2 humeral components, 3 humeral heads, 3 extensions	\$7,750.00		

Attachment 29 (Item 77)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1440	Anatomical	Glenoid - PE	S, M, L	\$1,397.72		
Z1441	Select Shoulder	Humeral Head Eccentric - CoCr alloy	44/19 to 56/32	\$1,678.00		

Attachment 30 (Item 79)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1443	Select Shoulder	Stem - ti alloy	7mm Short to 14.5mm	\$3,914.00		
Z1444	BiPolar Head	Humeral Head used with Select Shoulder Humeral Stem - CoCr alloy/PE	26/42 to 26/60	\$1,341.94		
Z1445	Intermedics Select Shoulder	UniPolar Head - metal alloy	40 x 16mm to 56 x 32mm	\$1,096.00		
Z1446	Intermedics Select Shoulder	Long Stem - Ti alloy	7 to 14.5mm	\$4,249.22		

Attachment 31 (Item 80)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
AD160	WMT Orthopaedic Implants Radial/Ulna Head	Radial head implant HP silastic	1, 1.5, 2, 2.5, 3	\$695.00		
AD161	WMT Orthopaedic Implants Radial/Ulna Head	Radial head titanium	1, 1.5, 2, 2.5, 3	\$1,680.00		

Attachment 32 (Item 82)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
AD283	Advanced Surgical Technologies E-Centrix Ulnar Head Replacement	Ulnar Head	16 x 1.5mm Offset, 16 x 3.0mm Offset, 18 x 1.5mm Offset, 20 x 1.5mm Offset, 20 x	\$1,500.00		
AD284	E-Centrix Ulnar Head Replacement	Ulnar Stem	5.5 STD, 6.5 STD, 7.5 STD, 8.5 STD	\$1,400.00		
AD285	E-Centrix Ulnar Head Replacement	Ulnar Stem Extender	20mm	\$800.00		

Attachment 33 (Item 83)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
AD160	WMT Orthopaedic Implants Radial/Ulna Head	Radial head implant HP silastic	1, 1.5, 2, 2.5, 3	\$695.00		
AD161	WMT Orthopaedic Implants Radial/Ulna Head	Radial head titanium	1, 1.5, 2, 2.5, 3	\$1,680.00		
AD283	E-Centrix Ulnar Head Replacement	Ulnar Head	16 x 1.5mm Offset, 16 x 3.0mm Offset, 18 x 1.5mm Offset, 20 x 1.5Offset, 20 x 3.0mm Offset	\$1,500.00		
AD284	E-Centrix Ulnar Head Replacement	Ulnar Stem	5.5 STD, 6.5 STD, 7.5 STD, 8.5 STD	\$1,400.00		
AD285	E-Centrix Ulnar Head Replacement	Ulnar Stem Extender	20mm	\$800.00		

Attachment 34 (Item 84)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
LM019	Ascension Radial Head	Pyrocarbon Radial Head	20, 22, 24, RH-300-20, RH-300-22, RH-300-24	\$4,428.57		

Attachment 35 (Item 85)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1336	Zimmer Polypin Resorbable Bone Pin	Poly lactide	1.5, 2.0, 2.7mm	\$246.00		

Attachment 36 (Item 86)

Benefit Amount/	Minimum Benefit Amount	Maximum Benefit Amount	Notations
-----------------	------------------------	------------------------	-----------

	Size		
	One size only		\$257.00

Description

Zimmer
Bioresorbable Screw

Z1447

Poly lactide

Attachment 37 (Item 87)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
SSY173	Locking Head Screws	Self drilling, Self Tapping, Sterile/Non	Dia 3.5 - 5.0mm, Length 10 - 100mm		\$173.00	

Attachment 38 (Item 88)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
SY173	Locking Head Screws	Self drilling, Self Tapping, Sterile/Non	Dia 3.5 - 5.0mm, Length 10 - 100mm	\$173.00		

Attachment 39 (Item 89)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1370	Cancellous Screws	Orthopaedic Screws - Ti alloy	20 to 60	\$145.00		
Z1399	Cancellous Screws	Screws - Cancell - Ti alloy	6.5/15 to 6.5/70mm	\$119.00		
Z1400	Cortical Screws	Screws - Cortical - Ti alloy	4.5/30 to 60mm	\$119.00		
Z1448	Cannulated Screw	Ti alloy	One size only	\$144.94		

Attachment 40 (Item 90)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
Z1471	Zimmer NCB-Femur Plate System Complete	Complete with all locking screws, gap insert, spacers. Special titanium alloy.	Plate size 167 to 324mm long	\$1,927.50		

Attachment 41 (Item 91)

Billing Code	Product Name	Description	Size	Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
SY091	Mathys Australia AO/ASIF K-Wires, Pins, Washers etc	Pinless pins, clips	Asymetric small and large	\$745.00		

Attachment 42 (Item 92)

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Benefit Amount/Minimum Benefit Amount	Maximum Benefit Amount	Notations
\$745.00		

Attachment 43 (Item 94)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
ST071	Stryker Australia Pty Ltd Bonesource Hydroxyapatite Cement with Sodium Phosphate	Leibinger Bonesource HA Cement Hydroxyapatite With Sodium Phosphate	5g pack	\$989.00		Only to be funded where used in a service for which a Medicare benefit is payable.
ST073	Bonesource Hydroxyapatite Cement with Sodium Phosphate	Leibinger Bonesource HA Cement Hydroxyapatite With Sodium Phosphate	10g pack	\$1,730.00		Only to be funded where used in a service for which a Medicare benefit is payable.
ST075	Bonesource Hydroxyapatite Cement with Sodium Phosphate	Leibinger Bonesource HA Cement Hydroxyapatite With Sodium Phosphate	25g pack	\$3,708.00		Only to be funded where used in a service for which a Medicare benefit is payable.

Attachment 44 (Item 96)

Billing Code	Product Name	Description	Size	Benefit Amount/ Minimum Benefit Amount	Maximum Benefit Amount	Notations
WC002	Sof-Flex Multilength Ureteric Stent Set	Includes Stent, Wire, Positioner	4.7fr - 8fr, 22 - 32mm		\$187.65	