

# Nurse Practitioner Medicare Criteria

Item	Description
55036	ABDOMEN, ultrasound scan of, including scan of urinary tract when undertaken but not being a service associated with the service described in item 55600 or item 55603, <b>where:</b> (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not performed with item 55038, 55044 or 55731 on the same patient within 24 hours.
55065	PELVIS, ultrasound scan of, by any or all approaches, if: (a) the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following: i. prostate gland; ii. bladder base; iii. urethra; and (b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner
55066	BREASTS, both, ultrasound scan, <b>in conjunction with a surgical procedure</b> using interventional techniques, if: (a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and (b) the service is not performed in conjunction with any other item in this Group
55070	BREAST, one, ultrasound scan of, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing: practitioner is a member.
55071	BREAST, one, ultrasound scan, <b>in conjunction with a surgical procedure</b> using interventional techniques, if: (a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and (b) the service is not performed in conjunction with any other item in this group

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Item	Description
55076	BREASTS, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance
55700	PELVIS OR ABDOMEN, <b>pregnancy-related or pregnancy complication</b> , ultrasound (the <b>current ultrasound</b> ) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743
55704	PELVIS OR ABDOMEN, <b>pregnancy-related or pregnancy complication</b> , fetal development and anatomy, ultrasound (the <b>current ultrasound</b> ) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup
55768	PELVIS OR ABDOMEN, <b>pregnancy-related or pregnancy complication</b> , fetal development and anatomy, ultrasound (the <b>current ultrasound</b> ) scan of, by any or all approaches, if: (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) an ultrasound confirms a multiple pregnancy; and (c) the service is not performed in the same pregnancy as item 55770; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758
55812	CHEST OR ABDOMINAL WALL, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079
55844	ASSESSMENT OF A MASS associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of



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55848	MUSCULOSKELETAL ultrasound, <b>in conjunction with a surgical procedure</b> using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with a service mentioned in item 55054
55850	MUSCULOSKELETAL ULTRASOUND, <b>in conjunction with a surgical procedure</b> using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if: (a) the medical practitioner or nurse practitioner has indicated on a request for a musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and (b) the service is not performed in conjunction with a service mentioned in item 55054 or any other item in this Subgroup
55852	PAEDIATRIC SPINE, spinal cord and overlying subcutaneous tissues, ultrasound scan of
55856	HAND OR WRIST OR BOTH, <b>left or right</b> , ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55858
55858	HAND OR WRIST, OR BOTH, <b>left and right</b> , ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55856
55860	FOREARM OR ELBOW, OR BOTH, <b>left or right</b> , ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55862
55862	FOREARM OR ELBOW, OR BOTH, <b>left and right</b> , ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item
55864	SHOULDER OR UPPER ARM, OR BOTH, <b>left or right</b> , ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) an injury to a muscle, tendon or muscle/tendon junction; (ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology; and (b) the service is not performed in conjunction with a service mentioned in item 55866

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# Nurse Practitioner Medicare Criteria

Item	Description
55866	SHOULDER OR UPPER ARM, OR BOTH, <b>left and right</b> , ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) an injury to a muscle, tendon or muscle/tendon junction; (ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology; and (b) the service is not performed in conjunction with a service mentioned in item 55864
55868	HIP OR GROIN, OR BOTH, <b>left or right</b> , ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55870
55870	HIP OR GROIN, OR BOTH, <b>left and right</b> , ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55868 (b) the service is not performed in conjunction with a service mentioned in item 55054 or any other item in this Subgroup
55872	PAEDIATRIC HIP examination for dysplasia, <b>left or right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55874
55874	PAEDIATRIC HIP examination for dysplasia, <b>left and right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55872
55876	BUTTOCK OR THIGH, OR BOTH, <b>left or right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55878
55878	BUTTOCK OR THIGH, OR BOTH, <b>left and right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55876
55880	KNEE, <b>left or right</b> , ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee; (ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass; (iii) a nerve entrapment or a nerve or nerve sheath tumour; (iv) an injury of collateral ligaments; and (b) the service is not performed in conjunction with item 55882

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Item	Description
55882	KNEE, <b>left and right</b> , ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee; (ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass; (iii) a nerve entrapment or a nerve or nerve sheath tumour; (iv) an injury of collateral ligaments; and (b) the service is not performed in conjunction with a service mentioned in item 55880
55884	LOWER LEG, <b>left or right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55886
55886	LOWER LEG, <b>left and right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55884
55888	ANKLE OR HIND FOOT, OR BOTH, <b>left or right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55890
55890	ANKLE OR HIND FOOT, OR BOTH, <b>left and right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55888
55892	MID FOOT OR FORE FOOT, OR BOTH, <b>left or right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55894
55894	MID FOOT OR FORE FOOT, OR BOTH, <b>left and right</b> , ultrasound scan of, if the service is not performed in conjunction with item 55892

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57509	X-ray hand, wrist, forearm, elbow or humerus
57515	X-ray hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus
57521	X-ray foot, ankle, leg or femur
57523	X-ray knee
57527	X-ray foot and ankle, or ankle and leg, or leg and knee, or knee and femur
57703	X-ray shoulder or scapula
57709	X-ray clavicle
57712	X-ray hip joint
57715	X-ray pelvic girdle
57721	X-ray femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture
58503	X-ray chest
58509	X-ray - thoracic inlet/ trachea
58521	X-ray - left ribs, right ribs or sternum
58524	X-ray left ribs, right ribs or sternum
58527	X-ray left ribs, right ribs and sternum
58903	Plain abdominal x-ray only, not being a service associated with a service to which item 58909, 58912 or 58915 applies

Should you require additional information please contact our Referrer Liaison, Laura Law for assistance on [connect@cooroy-radiology.com.au](mailto:connect@cooroy-radiology.com.au) or 0417 007574. All reports and images are available via electronic download or online via Radiology Connect.

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