

# Nurse Practitioner Medicare Criteria

Item	Description
55036	<p>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></p> <p>(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;</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and</p> <p>(c) the service is not performed with item 55038, 55044 or 55731 on the same patient within 24 hours.</p>
55065	<p>PELVIS, ultrasound scan of, by any or all approaches, if:</p> <p>(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:</p> <ul style="list-style-type: none"> <li>i. prostate gland;</li> <li>ii. bladder base;</li> <li>iii. urethra; and</li> </ul> <p>(b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner</p>
55066	<p>BREASTS, both, ultrasound scan, <b>in conjunction with a surgical procedure</b> using interventional techniques, if:</p> <p>(a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and</p> <p>(b) the service is not performed in conjunction with any other item in this Group</p>
55070	<p>BREAST, one, ultrasound scan of, where:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(c) the referring medical practitioner is not a member of a group of practitioners of which the providing: practitioner is a member.</p>
55071	<p>BREAST, one, ultrasound scan, <b>in conjunction with a surgical procedure</b> using interventional techniques, if:</p> <p>(a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and</p> <p>(b) the service is not performed in conjunction with any other item in this group</p>



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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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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 Manager, Katrina Kellett for assistance on [connect@noosaradiology.com.au](mailto:connect@noosaradiology.com.au) or 0418 555374. All reports and images are available via electronic download or online via Noosa Radiology Connect.



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