

Midwives may refer patients for these Medical Services Plan (MSP) insured services

00012	INJECTION, VENEPUNCTURE
00110	CONSULTATION IN OFFICE AGE (2-59) G.P.
00305	VISIT, EMERGENCY, INTERNAL. MEDICINE.
00306	DIRECTIVE CARE, INTERNAL MEDICINE
00307	VISIT, OFFICE, INTERNAL. MEDICINE
00308	VISIT, HOSPITAL, INTERNAL. MEDICINE
00309	VISIT, HOME, INTERNAL MEDICINE
00310	CONSULTATION, INTERNAL. MEDICINE
00312	GROUP COUNSELLING, INTERNAL . MEDICINE
00313	INTERNAL MEDICINE PROLONGED VISIT FOR COUNSELLING
00314	GROUP COUNSELLING, INTERNAL. MEDICINE.
00315	GROUP COUNSELLING, INTERNAL. MEDICINE.
00505	VISIT, EMERGENCY, PAEDIATRICS
00506	DIRECTIVE CARE, PAEDIATRICS
00507	VISIT, OFFICE, PAEDIATRICS
00508	VISIT, HOSPITAL, PAEDIATRICS
00509	VISIT, HOME, PAEDIATRICS
00510	CONSULTATION, PAEDIATRICS
00512	CONSULTATION, LIMITED, PAEDIATRICS
00514	VISIT, PROLONGED, PAEDIATRICS COUNSELLING
00550	CONSULT-PEDIATRICS-EXTENDED-EXCEEDING 52 MINUTES
00551	CONSULT-PEDIATRICS-EXTENDED-EXCEEDING 68 MINUTES
00553	VISIT, OFFICE-PEDIATRICS-EXTENDED-> 23 MINUTES
00554	VISIT, OFFICE-PEDIATRICS-EXTENDED-> 38 MINUTES
00605	VISIT, EMERGENCY, PSYCHIATRY
00607	VISIT, OFFICE, PSYCHIATRY
00608	VISIT, HOSPITAL, PSYCHIATRY
00609	VISIT, HOME, PSYCHIATRY
00610	CONSULTATION, PSYCHIATRY
00615	HOSPITAL/INSTITUTION INPATIENT OR HOME VISIT
00624	EVALUATION INTERVIEW WITH FAMILY MEMBER
00625	REPEAT CONSULTATION - PSYCHIATRY

00630	PSYCHOTHERAPY INDIV. (OFF.,OUT-PATIENT) PER 1/2 HR
00631	PSYCHOTHERAPY INDIV. (OFF.,OUT-PATIENT) PER 3/4 HR
00632	PSYCHOTHERAPY INDIV. (OFF.,OUT-PATIENT) PER HOUR
00634	EVALUATION INTERVIEW WITH FAMILY MEMBER, PSYCHIATRY
00633	PSYCHOTHERAPY FAMILY PER 1/2 HR
00635	PSYCHOTHERAPY FAMILY PER 3/4 HR
00636	PSYCHOTHERAPY FAMILY PER HOUR
00645	PATIENT MANGMNT CONFER. - 3RD PARTIES, PER 1/4 HR
00650	PSYCHOTHERAPY INDIV.(HOSP OR INSTITUT) PER 1/2 HR
00651	PSYCHOTHERAPY INDIV.(HOSP OR INSTITUT) PER 3/4 HR
00652	PSYCHOTHERAPY INDIV.(HOSP OR INSTITUT) PER 1 HR
00663	GROUP PSYCHOTHERAPY - THREE PATIENTS - PER PATIENT
00664	GROUP PSYCHOTHERAPY - FOUR PATIENTS - PER PATIENT
00665	GROUP PSYCHOTHERAPY - FIVE PATIENTS - PER PATIENT
00666	GROUP PSYCHOTHERAPY - SIX PATIENTS - PER PATIENT
00667	GROUP PSYCHOTHERAPY - SEVEN PATIENTS - PER PATIENT
00668	GROUP PSYCHOTHERAPY - EIGHT PATIENTS - PER PATIENT
00669	GROUP PSYCHOTHERAPY - NINE PATIENTS - PER PATIENT
00670	GROUP PSYCHOTHERAPY - TEN PATIENTS - PER PATIENT
00671	GROUP PHYCHOTHERAPY-11 PATIENTS-PER PATIENT
00672	GROUP PHYCHOTHERAPY-12 PATIENTS-PER PATIENT
00673	GROUP PHYCHOTHERAPY-13 PATIENTS-PER PATIENT
00674	GROUP PHYCHOTHERAPY-14 PATIENTS-PER PATIENT
00675	GROUP PHYCHOTHERAPY-15 PATIENTS-PER PATIENT
00676	GROUP PHYCHOTHERAPY-16 PATIENTS-PER PATIENT
00677	GROUP PHYCHOTHERAPY-17 PATIENTS-PER PATIENT
00678	GROUP PHYCHOTHERAPY-18 PATIENTS-PER PATIENT
00679	GROUP PHYCHOTHERAPY-19 PATIENTS-PER PATIENT
00680	GROUP PHYCHOTHERAPY-20 PATIENTS-PER PATIENT
00681	GROUP PHYCHOTHERAPY->20 PATIENTS-PER PATIENT
00787	AMNIOCENTESIS, TRANSABDOMINAL
00790	FOETAL HEART MONITORING - INTERPRETATION ONLY
01015	CONSULTATION , ANAESTHESIA:
01115	CONSULTATION -REPEAT/ LIMITED- ANAESTHESIA

01151	PRE-ANAESTHETIC EVALUATION - STANDARD
01200	CALLOUT CHARGE -EVENING
01201	CALLOUT CHARGE-NIGHT
01202	CALLOUT CHARGE-SATURDAY, SUNDAY OR STATUTORY HOLIDAY
01205	CONTINUING CARE SURCHARGE-EVENING
01206	CONTINUING CARE SURCHARGE-NIGHT
01207	CONTINUING CARE SURCHARGE-SATURDAY, SUNDAY OR STATUTORY HOLIDAY
04005	VISIT, EMERGENCY, OB&G
04007	VISIT, OFFICE, OB&G
04008	VISIT, HOSPITAL, OB&G
04009	VISIT, HOME, OB&G
04010	CONSULTATION, OB&G
04012	CONSULTATION, LIMITED, OB&G
04680	GUIDED AMNIOCENTESIS
04699	FERN TEST
07005	EMERGENCY VISIT - GENERAL SURGERY
07007	SUBSEQUENT OFFICE VISIT - GENERAL SURGERY
07008	SUBSEQUENT HOSPITAL VISIT - GENERAL SURGERY
07009	SUBSEQUENT HOME VISIT- GENERAL SURGERY
07010	CONSULTATION- GENERAL SURGERY
07012	REPEAT OR LIMITED CONSULTATION- GENERAL SURGERY
08651	OBS. - B-SCAN - 14 WKS. OR MORE FOR SINGLES
08653	PELVIC B SCAN - NON-OBSTETRICAL
08655	OBS. B-SCAN - LESS THAN 14 WKS.
08679	DOPPLER ECHOCARDIOGRAPHY
12110	CONSULTATION IN OFFICE (AGE 0-1)
12120	INDIVIDUAL COUNSELLING IN OFFICE (AGE 0 - 1)
12210	CONSULTATION OUT OF OFFICE (AGE 0-1)
12220	INDIVIDUAL COUNSELLING - OUT OF OFFICE (AGE 0 - 1)
13210	CONSULTATION OUT OF OFFICE (AGE 2-49)
15120	PREGNANCY TEST, IMMUNOLOGIC, URINE
15130	URINALYSIS - SCREENING
15131	URINALYSIS - MICRO EXAM OF CENTRIFUGED DEPOSIT

15132	CANDIDA CULTURE
15137	HAEMOGLOBIN - CYANMETHAEMOGLOBIN
15143	WHITE CELL COUNT ONLY
15210	CONSULTATION OUT OF OFFICE (AGE 50-59) -GP
15310	CONSULTATION IN OFFICE (AGE 50-59) -GP
33005	VISIT-EMERGENCY-CARDIOLOGY
33006	DIRECTIVE CARE-CARDIOLOGY
33007	VISIT-OFFICE-CARDIOLOGY
33008	VISIT-HOSPITAL-CARDIOLOGY
33009	VISIT-HOME-CARDIOLOGY
33010	CONSULTATION - CARDIOLOGY
33012	CONSULTATION-LIMITED-CARDIOLOGY
33013	COUNSELLING-GROUP-CARDIOLOGY
33014	COUNSELLING-PROLONGED VISIT-CARDIOLOGY
33015	COUNSELLING-GROUP-CARDIOLOGY
33205	VISIT-EMERGENCY-ENDOCRINOLOGY
33206	DIRECTIVE CARE - ENDOCRINOLOGY
33207	VISIT-OFFICE-ENDOCRINOLOGY
33208	VISIT - HOSPITAL-ENDOCRINOLOGY
33209	VISIT-HOME-ENDOCRINOLOGY
33210	CONSULTATION - ENDOCRINOLOGY
33212	CONSULTATION-LIMITED-ENDOCRINOLOGY
33213	COUNSELLING-GROUP-ENDOCRINOLOGY
33214	COUNSELLING - PROLONGED VISIT-ENDOCRINOLOGY
33215	COUNSELLING-GROUP-ENDOCRINOLOGY
33305	VISIT-EMERGENCY-GASTROENTEROLOGY
33306	DIRECTIVE CARE-GASTROENTEROLOGY
33307	VISIT-OFFICE-GASTROENTEROLOGY
33308	VISIT-HOSPITAL-GASTROENTEROLOGY
33309	VISIT-HOME-GASTROENTEROLOGY
33310	CONSULTATION - GASTROENTEROLOGY
33312	CONSULTATION-LIMITED-GASTROENTEROLODY
33313	COUNSELLING-GROUP-GASTROENTEROLOGY
33314	COUNSELLING-PROLONGED VISIT-GASTROENTEROLOGY

33315	COUNSELLING-GROUP-GASTROENTEROLOGY
33505	VISIT-EMERGENCY-HEMATOLOGY/ONCOLOGY
33506	DIRECTIVE CARE-HEMATOLOGY/ONCOLOGY
33507	VISIT-OFFICE-HEMATOLOGY/ONCOLOGY
33508	VISIT-HOSPITAL-HEMATOLOGY/ONCOLOGY
33509	VISIT-HOME-HEMATOLOGY/ONCOLOGY
33510	CONSULTATION - HEMATOLOGY/ONCOLOGY
33512	CONSULTATION-LIMITED-HEMATOLOGY/ONCOLOGY
33513	COUNSELLING-GROUP-HEMATOLOGY/ONCOLOGY
33514	COUNSELLING-PROLONGED VISIT-HEMATOLOGY/ONCOLOGY
33515	COUNSELLING-GROUP-HEMATOLOGY/ONCOLOGY
33605	VISIT-EMERGENCY-INFECTIOUS DISEASES
33606	DIRECTIVE CARE-INFECTIOUS DISEASE
33607	VISIT-OFFICE-INFECTIOUS DISEASES
33608	VISIT-HOSPITAL-INFECTIOUS DISEASES
33609	VISIT-HOME-INFECTIOUS DISEASES
33610	CONSULTATION - INFECTIOUS DISEASES
33612	CONSULTATION-LIMITED-INFECTIOUS DISEASES
33613	COUNSELLING - GROUP - INFECTIOUS DISEASES
33614	COUNSELLING-PROLONGED VISIT-INFECTIOUS DISEASES
33615	COUNSELLING-GROUP- INFECTIOUS DISEASES
33705	VISIT-EMERGENCY-NEPHROLOGY
33706	DIRECTIVE CARE - NEPHROLOGY
33707	VISIT-OFFICE-NEPHROLOGY
33708	VISIT-HOSPITAL-NEPHROLOGY
33709	VISIT-HOME-NEPHROLOGY
33710	CONSULTATION - NEPHROLOGY
33712	CONSULTATION-LIMITED-NEPHROLOGY
33713	COUNSELLING-GROUP-NEPHROLOGY
33714	COUNSELLING-PROLONGED VISIT-NEPHROLOGY
33715	COUNSELLING-GROUP-NEPHROLOGY
86051	OBS B SCAN (14 WKS GESTATION OR OVER)- ADD FETUSES
86055	OBS.B-SCAN LESS THAN 14 WEEKS FOR SINGLES
86056	OBS B SCAN < 14 WKS/NUCHAL TRANSLUCENCY-ADD FETUS

Midwives may refer for the following services listed in the laboratory services Section of the MSC Payment Schedule provided the service falls within their scope of practice

90000	VENEPUNCTURE
90029	ALPHA-THALASSEMIA,MOLECULAR TESTING FOR COM DEFECT
90080	ANTIGLOBULIN COOMBS TEST – DIRECT
90180	FOETAL CELL STAIN
90205	HAEMATOLOGY PROFILE
90225	HAEMOGLOBIN-CYANMETHAEMOGLOBIN
90230	HAEMOGLOBIN ONLY
90240	HEMOGLOBIN ELECTROPHORESIS
90300	COOMBS – INDIRECT
90370	THROMBOPLASTIN TEST, PARTIAL
90375	PARTIAL THROMBOPLASTIN TIME - SUBSTITUTION TEST
90395	PLATELET COUNT ONLY
90440	PROTHROMBIN TIME/INR
90465	BLOOD FILM REVIEW
90525	SICKLE CELL IDENTIFICATION
90540	THALASSEMIA/HEMOGLOBINOPATHY INVESTIGATION
90570	WHITE CELL COUNT ONLY
90605	ANAEROBIC CULTURE INVESTIGATION
90615	ANTIBIOTIC SUSCEPTIBILITY TEST - SEMI-QUANTITATIVE
90620	BIOCHEMICAL IDENTIFICATION - MICRO-ORGANISM
90640	CANDIDA CULTURE
90645	CHLAMYDIA ANTIGEN
90651	CHLAMYDIA TRACHOMATIS USING NAAT – URINE
90652	CHLAMYDIA TRACHOMATIS USING NAAT -UROGENITAL SWAB
90653	GONORRHEA BY NAAT-URINE
90654	GONORRHEA BY NAAT-UROGENITAL SWAB
90690	HEPATITIS B CORE ANTIBODY (ANTI-HBC)
90700	HEPATITIS B SURFACE ANTIBODY (ANTI-HBS)
90720	ROUTINE CULTURE
90725	SEROLOGICAL IDENTIFICATION -MICRO-ORGANISM
90735	GENITAL SPECIMENS - ROUTINE CULTURE

90736	CERVICAL CULTURE
90737	VAGINAL CULTURE
90738	URETHERAL CULTURE
90739	COMBINED VAGINO-ANORECTAL OR VAGINAL CULTURE
90740	STAINED SMEAR
90741	GENITAL CULTURE - OTHER SITE
90775	THROAT OR NOSE CULTURE
90780	THROAT OR NOSE CULTURE – ADDITIONAL
90784	TRICHOMONAS ANTIGEN TEST
90785	TRICHOMONAS AND/OR CANDIDA, DIRECT EXAMINATION
90790	URINE COLONY COUNT CULTURE
91000	PRIMARY BASE FEE – CHEMISTRY
91005	PRIMARY BASE FEE (COLLECTING) – CHEMISTRY
91010	SPLIT BASE FEE (REFERRAL FACILITY)
91040	ALBUMIN, SERUM/PLASMA
91065	ALANINE AMINOTRANSFERASE
91070	ALKALINE PHOSPHATASE
91095	ALPHA FETOPROTEIN
91210	ASPARTATE AMINOTRANSFERASE
91245	BILIRUBIN TOTAL, SERUM/PLASMA
91250	BILIRUBIN, DIRECT
91326	CALCIUM TOTAL, SERUM/PLASMA
91366	CHLORIDE, SERUM/PLASMA
91420	CREATININE, RANDOM URINE
91421	CREATININE, SERUM/PLASMA
91422	CREATININE, TIMED URINE COLLECTION
91645	FERRITIN, SERUM
91650	FIBRINOGEN, QUANTITATIVE, CHEMICAL
91690	GLUCOSE, GESTATIONAL ASSESSMENT
91695	GLUCOSE TOLERANCE TEST-GESTATIONAL PROTOCOL
91707	GLUCOSE, QUANTITATIVE SERUM/PLASMA
91715	GLUCOSE TOLERANCE TEST, 2 - 5 HOURS
91719	GLUCOSE - 2 HR, POST-75G
91725	GLUTAMYL TRANSPEPTIDASE (GTP)

91745	HAEMOGLOBIN, A1C
91765	HEPATITIS B SURFACE ANTIGEN
91901	LACTATE DEHYDROGENASE, SERUM/PLASMA
91957	MAGNESIUM, SERUM/PLASMA
91985	ALBUMIN CREATININE RATIO (ACR)
92071	PHOSPHATES, SERUM/PLASMA
92100	POTASSIUM, SERUM/PLASMA
92108	PREGNANCY TEST, IMMUNOLOGIC – URINE
92110	PREGNANCY TEST – SERUM
92146	PROTEIN, TIMED URINE COLLECTION
92148	PROTEIN TOTAL, SERUM OR PLASMA
92160	QUANTITATIVE BETA HCG
92231	SODIUM, SERUM/PLASMA
92325	THYROID STIMULATING HORMONE, TSH
92330	FREE T4
92368	UREA, SERUM/PLASMA
92376	URIC ACID, SERUM/PLASMA
92382	URINALYSIS, SCREENING AND MICROSCOPIC
92385	URINALYSIS - OR ANY PART OF (SCREENING)
92390	URINALYSIS, MACROSCOPIC
92391	URINALYSIS-MICROSCOPIC EXAM OF CENTRIFUGED DEPOSIT
92395	URINALYSIS, MICROSCOPIC
92450	VITAMIN B12
93025	CYTOGENETIC ANALYSIS - CHORIONIC VILLUS
93030	CYTOGENETIC ANALYSIS - CULTURED AMNIOTIC FLUID
93035	CYTOGENETIC ANALYSIS - CULTURED TISSUE
93051	CYTOGENETIC ANALYSIS/FLUORESCENCE IN SITU, SINGLE

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