

**Health Insurance (1992-1993 General Medical Services Table) Regulations 1992  
No. 338**

**EXPLANATORY STATEMENT**

**STATUTORY RULES 1992 No. 338**

Issued by the authority of the Minister for Health, Housing and Community Services

Health Insurance Act 1973

Health Insurance (1992-1993 General Medical Services Table) Regulations

Section 133 of the Health Insurance Act 1973 (the Act) provides that the Governor-General may make regulations for the purposes of the Act.

Section 4 of the Act provides that the regulations may prescribe a table of medical services (The table), (other than pathology services) in accordance with the form of table set out in Schedule 1 and that, upon commencement of a regulation prescribing the table, it has effect as if it were set out in Schedule 1 in place of the table in that Schedule. The table may be varied and must be remade each specified twelve month period. The Health Insurance (1992-1993 General medical Services Table) Regulations (the Regulations) prescribe such a table for the purposes of section 4.

Section 9 of the Act provides that medicare benefits shall be calculated by reference to the fees for general medical services set out in the table.

The Regulations replace the 1991-1992 Regulations (Statutory Rules 1991 No. 351) and incorporate the provisions of Statutory Rules 1992 No. 70 - Health Insurance (1991-1992 General Medical Services Table) Regulations (Amendment) - and Statutory Rules 1992 No. 191 - Health Insurance (1991-1992 General Medical Services Table) Regulations (Amendment) - all of which are due to lapse within the next 12 months. They amend the existing table of general medical services and its rules of interpretation by:

- revising item descriptions
- including or deleting new/obsolete items
- revising schedule fees
- including items determined under section 3C of the Act
- expanding consultant psychiatrist attendance items
- expanding and amending the rules of interpretation, and
- making miscellaneous and consequential amendments to remove errors, anomalies and ambiguities.

Details of the changes to the table, which result from the ongoing review of items to ensure that they reflect current medical practice, are set out below:

(1) The Medicare Benefits Consultative Committee (MBCC) undertook reviews of endocrine surgery, breast surgery, upper gastrointestinal surgery and colo-rectal surgery. Agreement was reached with the Australian Medical Association (AMA) and the relevant professional craft groups on revised item descriptions and the inclusion or deletion of new or obsolete items. The Minister approved the revision of these items in the table on 11 August 1992.

(2) The MBCC also completed its review of adult cardiothoracic surgery in consultation with the AKA and the Australasian Society of Cardiac and Thoracic Surgeons. Agreement was reached on revised Schedule descriptors and the relative value of the Schedule fees for items in this group and Ministerial approval to the changes was received on 11 August 1992.

(3) MBCC also reviewed dental anaesthesia and gynaecological services and Ministerial approval was given to recommendations on 19 August 1992.

(4) The Department of Health, Housing and Community Services and the Australian and New Zealand Association of oral and Maxillofacial Surgeons reviewed oral and maxillofacial services and recommendations received Ministerial approval on 19 August 1992.

(5) The MBCC, in consultation with the Royal Australian and New Zealand College of Psychiatrists, also agreed to changes to attendances by consultant psychiatrists. The proposed amendment removes the location restriction from the descriptions of Items 157 and 158. It also creates a new item to cover up to two interviews in any twelve month period of a person other than the patient in the course of the continuing management of the patient. Previously such interviews only attracted benefits when they occurred during the initial diagnostic evaluation of the patient. The Minister approved these changes on 20 August 1992.

As announced in the 1992-1993 Budget, an increase of 2.31 per cent in the fees for all general medical services, with the exception of professional attendances provided by nonvocationally registered general practitioners (Items 52-96), has been incorporated in the table. The Government approved this increase in fees, with effect from 1 November 1992.

The fee increase of 2.31 per cent was a Government decision based on consideration of movements in the Average Award Rates of Pay Index and the Consumer Price Index and taking into account overall economic policy.

The Regulations also introduce a new rule of interpretation to specify "prescribed locations" for the purposes of a new item inserted into the table to cover anaesthesia in connection with magnetic resonance imaging (MRI) services.

The Regulations commence on 1 November 1992.