

## EXPLANATORY STATEMENT

### **Select Legislative Instrument 2005 No. 66**

Issued by the Authority of the Minister for Ageing

*Health Insurance Act 1973*

*Health Insurance (General Medical Services Table) Amendment Regulations 2005 (No. 1)*

Subsection 133(1) of the *Health Insurance Act 1973* (the Act) provides, in part, that the Governor-General may make regulations, not inconsistent with the Act, prescribing all matters required or permitted by the Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to the Act.

The Act provides, in part, for payment of Medicare benefits in respect of professional services rendered to eligible persons. Section 9 of the Act provides that Medicare benefits shall be calculated by reference to the fees for medical services set out in prescribed tables.

Subsection 4(1) of the Act provides that the regulations may prescribe a table of medical services (other than diagnostic imaging services and pathology services) that set out items of medical services, the amount of fees applicable in respect of each item and rules for interpretation of the table. The *Health Insurance (General Medical Services Table) Regulations 2004* (the Principal Regulations) currently prescribe such a table.

The purpose of the Regulations is to amend the Principal Regulations as part of the ongoing management of the General Medical Services Table. The Regulations also incorporate changes to items in the Table resulting from reviews by the Medicare Benefits Consultative Committee. This committee is an informal consultative forum with representation drawn from the Department of Health and Ageing, the Health Insurance Commission, the Australian Medical Association and relevant professional craft groups of the medical profession. These reviews are designed to ensure that the Table reflects current medical practice and encourages best practice.

The amendments include changes to the areas of consultant psychiatry, gastric reduction surgery, implanted drug delivery, interventional radiology, laparoscopy, pelvic floor repair, practice incentives program, repair of the abdominal wall, and skin surgery. The Regulations also make minor amendments for the purposes of clarification and consistency of expression.

Details of the Regulations are set out in the Attachment.

The Act specifies no conditions that need to be met before the power to make the Regulations may be exercised.

The Regulations are a legislative instrument for the purposes of the *Legislative Instruments Act 2003*.

The Regulations commence on 1 May 2005.

## ATTACHMENT

**DETAILS OF THE *HEALTH INSURANCE (GENERAL MEDICAL SERVICES TABLE) AMENDMENT REGULATIONS 2005 (No. 1)***

Regulation 1 provides for the Regulations to be referred to as the *Health Insurance (General Medical Services Table) Amendment Regulations 2005 (No. 1)*.

Regulation 2 provides for the Regulations to commence on 1 May 2005.

Regulation 3 provides for Schedule 1 to amend the *Health Insurance (General Medical Services Table) Regulations 2004* (the Principal Regulations).

**Schedule 1 – Amendments****Item [1]**

This item amends the heading of rule 8, to insert a reference to new item 291 (see item [4], below).

**Item [2]**

This item amends rule 8 to indicate that rule 8 applies to new items 291 and 293 (see item [4], below).

**Item [3]**

This item amends rule 86 to indicate that rule 86 applies to new item 10999 (see item [9], below). It also introduces new rules 87, 88 and 89.

Rule 87 defines foreign body as not including an instrument inserted for the purpose of a service being rendered. Rule 87 applies to new items 35360 to 35363 (see item [22], below)

Rule 88 limits the number of times that certain items are applicable to any particular patient in a specified period of time. Rule 88 provides that new items 291 and 293 (see item [4], below) are applicable not more than once in a 12 month period and that new item 10942 (see item [8], below) is applicable not more than twice in a 12 month period.

Rule 89 provides that the services described in new items 30440, 30451, 30492 and 30495 (see items [16], [17] and [18], below) do not include imaging. The imaging services associated with items 30440, 30451, 30492 and 30495 are described in the diagnostic imaging services table.

**Item [4]**

This item introduces new items 291 and 293. These items apply where a psychiatrist conducts an assessment of a patient, decides that it is clinically appropriate for the patient to be managed by the referring medical practitioner, prepares a written diagnosis and management plan for the patient, and gives the referring medical practitioner a copy of the diagnosis and management plan.

Item 291 applies for initial consultations of more the 45 minutes duration, and item 293 applies for subsequent consultations of between 30 minutes and 45 minutes duration.

**Item [5]**

This item introduces new item 2497. Item 2497 applies where a general practitioner provides a consultation during which the general practitioner takes a cervical smear of a woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years.

**Item [6]**

This item introduces new item 2598. Item 2598 applies where a medical practitioner, other than a general practitioner, provides a consultation during which the medical practitioner takes a cervical smear of a woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years.

**Item [7]**

This item amends item 10916, to provide that item 10916 cannot be claimed in conjunction with new item 10942 (see item [8], below).

**Item [8]**

This item introduces new item 10942. Item 10942 covers the additional clinical work involved in the testing and assessment of patients with low vision. It provides additional eye care for patients with vision impairment, in order to provide more effective management of eyesight problems.

Item 10942 could not be claimed in conjunction with other items which apply to a subsequent consultation in a single course of attention. New rule 88 provides that item 10942 could not be claimed more than twice in a 12 month period (see item [3], above).

**Item [9]**

This item introduces new item 10999. Item 10999 applies where a practice nurse takes a cervical smear of a woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years on behalf of a supervising medical practitioner in a regional, rural or remote area, where the patient is not an admitted patient of a hospital or approved day hospital facility.

**Item [10]**

This item amends item 11820 to extend the eligibility for item 11820 from patients aged 18 years or over to patients aged 10 years or over.

**Item [11]**

This item amends item 14124 to clarify the intent of item 14124. The amendment removes the need to demonstrate that the seventh or subsequent session of laser photocoagulation in a 12 month period is clinically necessary.

**Item [12]**

This item amends item 14218 to clarify that item 14218 is for the management of chronic intractable pain.

**Item [13]**

This item amends item 30195 to clarify that this item cannot be claimed for the treatment of cysts.

**Item [14]**

This item amends item 30375 to allow surgical procedures on the abdominal viscera (such as the stomach, the intestine, the gall bladder and the bowel) to be performed by techniques other than laparotomy.

**Item [15]**

This item amends items 30403 and 30405 to reflect current clinical practice for the repair of abdominal wall hernias.

**Item [16]**

This item amends item 30440 to clarify that the item is for the insertion of a biliary drainage tube. It also provides that item 30440 cannot be claimed in conjunction with item 30451.

Diagnostic imaging is a necessary part of the procedure specified in item 30440. For this reason, item 30440 specifies that imaging occur as part of the medical intervention. New rule 89 provides that item 30440 does not include imaging, and that the imaging services associated with item are described in the diagnostic imaging services table (see item [3], above).

**Item [17]**

This item amends item 30451 to reflect current clinical practice in interventional radiology. It also provides that item 30451 cannot be claimed in conjunction with item 30440.

Diagnostic imaging is a necessary part of the procedure specified in item 30451. For this reason, item 30451 specifies that imaging occur as part of the medical intervention. New rule 89 provides that item 30451 does not include imaging, and that the imaging services associated with item are described in the diagnostic imaging services table (see item [3], above).

**Item [18]**

Item 18 introduces new items 30492 and 30495, to reflect current clinical practice in interventional radiology in biliary, endovascular and urological procedures.

**Item [19]**

This item amends item 30514 to clarify that reversal can be performed by any surgical approach, such as open surgery or by laparoscopy.

**Item [20]**

Item 20 introduces 24 new items (31256, 31257, 31258, 31261, 31262, 31263, 31266, 31267, 31268, 31271, 31272, 31273, 31276, 31277, 31278, 31281, 31282, 31283, 31286, 31287, 31288, 31291, 31292, 31293) for the removal of skin cell carcinomas to simplify Medicare claiming arrangements in line with recommended clinical practice. It also amends 9 items (31255, 31260, 31265, 31270, 31275, 31280, 31285, 31290, 31295), so that the drafting of these items is clearer and consistent with the drafting of the new items.

**Item [21]**

Item 21 introduces a new item 35331 to reflect current clinical practice in endovascular procedures.

**Item [22]**

Item 22 introduces four new items (35360, 35361, 35362, and 35363) to reflect current clinical practice in interventional radiology in biliary, endovascular and urological procedures.

**Item [23]**

Item 23 introduces eight new items (35568, 36670, 35571, 35572, 35573, 35577, 35578, and 35597) and removes eight items (35567, 35576, 35580, 35584, 35587, 35590, 35593, and 35600) to reflect current best clinical practice in pelvic floor surgery.

**Item [24]**

This item amends items 35617 and 35618 to reflect that item 35584 is replaced by new items 35577 and 35578 (see item [23], above).

**Item [25]**

Item 25 introduces three new items (36605, 36607, and 36608) to reflect current clinical practice in urological procedures. These items involve the insertion or exchange of a ureteric stent which is a specially designed hollow tube that is placed in the ureter.

**Item [26]**

Item 26 introduces a new item 36650 to reflect current clinical practice in urological procedures.

**Item [27]**

This item amends items 39125, 39126, 39127 and 39128 to clarify that these items are for the management of chronic intractable pain.

**Item [28]**

This item amends item 39133 to clarify that this item is for the management of chronic intractable pain.