



Health Insurance (Allied Health Services) Determination 2014

made under subsection 3C(1) of the

Health Insurance Act 1973

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About this compilation

This compilation

This is a compilation of the *Health Insurance (Allied Health Services) Determination 2014* that shows the text of the law as amended and in force on 1 July 2022 (the **compilation date**).

The notes at the end of this compilation (the **endnotes**) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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1 Name of Determination

This Determination is the *Health Insurance (Allied Health Services) Determination 2014*.

4 Interpretation

(1) In this Determination:

Act means the *Health Insurance Act 1973*.

allied health professional, for the provision of an allied health service, means a person:

- (a) who meets the qualification requirements set out in Schedule 1 for the provision of the service; and
- (b) whose name is entered in the register, kept by the Chief Executive Medicare, of allied health professionals who are qualified to provide a service of that kind.

Note: Allied health professionals in relation to the provision of a focussed psychological strategies health service are subject to the requirements of section 10.

allied health service means:

- (a) a health service of a kind prescribed by section 12 of the *Health Insurance Regulations 2018*; or
- (b) a health service that is an optometry treatment service;

that is specified in an item in Schedule 2.

course of assessment means:

- (a) for pervasive developmental disorder services—up to 4 services to which any of items 82000, 82005, 82010, 82030 or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination applies provided, on referral by a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics, by any of the following persons:
 - (i) an eligible audiologist;
 - (ii) an eligible occupational therapist;
 - (iii) an eligible optometrist;
 - (iv) an eligible orthoptist;
 - (v) an eligible physiotherapist;
 - (vi) an eligible psychologist; or
 - (vii) an eligible speech pathologist; or
- (b) for disability services—up to 4 services to which any of items 82000, 82005, 82010, 82030 or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination applies provided, on referral by a specialist or consultant physician practising in the practice of his or her field of specialty or a general practitioner, by any of the following persons:
 - (i) an eligible audiologist;

- (ii) an eligible occupational therapist;
- (iii) an eligible optometrist;
- (iv) an eligible orthoptist;
- (v) an eligible physiotherapist;
- (vi) an eligible psychologist; or
- (vii) an eligible speech pathologist.

course of treatment means:

- (a) for psychological therapy and focussed psychological strategies—up to 6 services to which any of items 80000, 80001, 80005, 80010, 80011, 80015, 80100, 80101, 80105, 80110, 80111, 80115, 80125, 80126, 80130, 80135, 80136, 80140, 80150, 80151, 80155, 80160, 80161, 80165 or items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188 of the COVID 19 Determination or items 93375, 93376, 93381, 93382, 93383, 93384, 93385 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020* applies, provided on referral by a medical practitioner, by any of the following persons:
 - (i) an eligible clinical psychologist;
 - (ii) an eligible psychologist;
 - (iii) an eligible occupational therapist;
 - (iv) an eligible social worker; or
- (b) for pervasive developmental disorder services—up to 10 treatment services to which any of items 82015, 82020, 82025, 82035 or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination applies provided, on referral by a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics, by any of the following persons:
 - (i) an eligible audiologist;
 - (ii) an eligible occupational therapist;
 - (iii) an eligible optometrist;
 - (iv) an eligible orthoptist;
 - (v) an eligible physiotherapist;
 - (vi) an eligible psychologist;
 - (vii) an eligible speech pathologist; or
- (c) for disability services—up to 10 treatment services to which any of items 82015, 82020, 82025, 82035 or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination applies provided, on referral by a specialist or consultant physician specialising in the practice of his or her field of specialty, or a general practitioner, by any of the following persons:
 - (i) an eligible audiologist;
 - (ii) an eligible occupational therapist;
 - (iii) an eligible optometrist;
 - (iv) an eligible orthoptist;
 - (v) an eligible physiotherapist;
 - (vi) an eligible psychologist;

(vii) an eligible speech pathologist.

COVID-19 Determination means the *Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020*.

CPD year means the period of time in which focussed psychological strategies continuing professional development must be completed being from 1 July to 30 June annually.

disability treatment and management plan for a child, means a plan for the treatment and management of the child's eligible disability to which any of items 137 or 139 of the general medical services table or items 92141, 92142, 92144 or 92145 of the COVID-19 Determination applies.

eating disorder dietetic treatment service means a service to which any of items 10954, 82350, 82351, or items 93074 or 93108 of the COVID-19 Determination applies.

eating disorder treatment and management plan has the same meaning as in the general medical services table.

eligible Aboriginal and Torres Strait Islander health practitioner means a person who is an allied health professional in relation to the provision of an Aboriginal and Torres Strait Islander health service because of section 1 of item 1 of Schedule 1 of this Determination.

eligible Aboriginal health worker means a person who:

- (a) is an allied health professional in relation to the provision of an Aboriginal and Torres Strait Islander health service because of section 2 of item 1 of Schedule 1 of this Determination; and
- (b) is not providing an Aboriginal and Torres Strait Islander health service in the Northern Territory.

eligible audiologist means a person who is an allied health professional in relation to the provision of an audiology health service.

eligible chiropractor means a person who is an allied health professional in relation to the provision of a chiropractic health service.

eligible clinical psychologist means a person who is an allied health professional in relation to the provision of a psychological therapy health service.

eligible diabetes educator means a person who is an allied health professional in relation to the provision of a diabetes education health service.

eligible dietitian means a person who is an allied health professional in relation to the provision of a dietetics health service.

eligible disability means any of the following:

- (a) sight impairment that results in vision of less than or equal to 6/18 vision or equivalent field loss in the better eye, with correction;

- (b) hearing impairment that results in:
 - (i) a hearing loss of 40 decibels or greater in the better ear, across 4 frequencies; or
 - (ii) permanent conductive hearing loss and auditory neuropathy;
- (c) deafblindness;
- (d) cerebral palsy;
- (e) Down syndrome;
- (f) Fragile X syndrome;
- (g) Prader-Willi syndrome;
- (h) Williams syndrome;
- (i) Angelman syndrome;
- (j) Kabuki syndrome;
- (k) Smith-Magenis syndrome;
- (l) CHARGE syndrome;
- (m) Cri du Chat syndrome;
- (n) Cornelia de Lange syndrome;
- (o) microcephaly, if a child has:
 - (i) a head circumference less than the third percentile for age and sex, and
 - (ii) a functional level at or below 2 standard deviations below the mean for age on a standard development test or an IQ score of less than 70 on a standardised test of intelligence;
- (p) Rett's disorder.

eligible exercise physiologist means a person who is an allied health professional in relation to the provision of an exercise physiology service.

eligible mental health nurse means a person who is an allied health professional in relation to the provision of a non-directive pregnancy support counselling health service.

eligible mental health worker means a person who is an allied health professional in relation to the provision of a mental health service.

eligible occupational therapist means a person who is an allied health professional in relation to the provision of one or both of the following:

- (a) a focussed psychological strategies health service;
- (b) an occupational therapy health service.

eligible optometrist means a person who is an allied health professional in relation to the provision of an optometry health service.

eligible orthoptist means a person who is an allied health professional in relation to the provision of an orthoptic health service.

eligible osteopath means a person who is an allied health professional in relation to the provision of an osteopathy health service.

eligible physiotherapist means a person who is an allied health professional in relation to the provision of a physiotherapy health service.

eligible podiatrist means a person who is an allied health professional in relation to the provision of a podiatry health service.

eligible psychologist means a person who is an allied health professional in relation to the provision of one or more of the following:

- (a) a focussed psychological strategies health service;
- (b) a non-directive pregnancy support counselling health service;
- (c) a psychology health service.

eligible social worker means a person who is an allied health professional in relation to the provision of one or both of the following:

- (a) a focussed psychological strategies health service;
- (b) a non-directive pregnancy support counselling health service.

eligible speech pathologist means a person who is an allied health professional in relation to the provision of a speech pathology health service.

focussed psychological strategies means any of the following mental health care management strategies, each of which has been derived from evidence-based psychological therapies:

- (a) psycho-education;
- (b) cognitive-behavioural therapy that involves cognitive or behavioural interventions;
- (c) relaxation strategies;
- (d) skills training;
- (e) interpersonal therapy;
- (ea) eye movement desensitisation and reprocessing;
- (f) narrative therapy (for Aboriginal and Torres Strait Islander people).

focussed psychological strategies continuing professional development means the completion of 10 continuing professional development units per CPD year, each unit being 1 hour that relate to the delivery of focussed psychological strategies in any of the following areas:

- (a) psycho-education;
- (b) cognitive-behavioural therapy including:
 - (i) behavioural interventions;
 - (ii) behaviour modification;
 - (iii) exposure techniques;
 - (iv) activity scheduling;
- (c) cognitive interventions including:
 - (i) cognitive therapy;
- (d) relaxation strategies including:
 - (i) progressive muscle relaxation;
 - (ii) controlled breathing;

- (e) skills training including:
 - (i) problem solving skills and training;
 - (ii) anger management;
 - (iii) social skills training;
 - (iv) communication training;
 - (v) stress management;
 - (vi) parent management training;
- (f) interpersonal therapy;
- (fa) eye movement desensitisation and reprocessing;
- (g) narrative therapy (for Aboriginal and Torres Strait Islander people);
- (h) clinical skills to undertake a full assessment of a patient in order to form a diagnosis and commence treatment planning.

GP Management Plan, for a patient, means a GP management plan to which item 721 or 732 of the general medical services table, or item 92024, 92028, 92068, 92072, 92055, 92059, 92099 or 92103 of the COVID-19 Determination or item 229 or 233 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* applies.

GP Mental Health Treatment Plan, for a patient, means a GP Mental Health Treatment Plan for the patient to which item 2700, 2701, 2715 or 2717 of the general medical services table applies, or item 272, 276, 281 or 282 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*, or item 92112, 92113, 92116, 92117, 92118, 92119, 92122, 92123, 92124, 92125, 92128, 92129, 92130, 92131, 92134 or 92135 of the COVID-19 Determination applies.

Health Care Homes Program means the program of that name administered by the Department of Health.

Health Care Homes trial site means a medical practice:

- (a) in respect of which a grant was made by the Commonwealth under the Health Care Homes Grant Program; and
- (b) that is participating in the Health Care Homes Program.

mental disorder means a significant impairment of any or all of an individual's cognitive, affective and relational abilities that:

- (a) may require medical intervention;
- (b) may be a recognised, medically diagnosable illness or disorder; and
- (c) is not dementia, delirium, tobacco use disorder or mental retardation.

multidisciplinary care plan, for a patient, means a multidisciplinary care plan to which item 729 or 731 of the general medical services table, or item 92026, 92027, 92070, 92071, 92057, 92058, 92101 or 92102 of the COVID-19 Determination or item 231 or 232 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* applies.

National Law means:

- (a) for a State or Territory other than Western Australia—the Health Practitioner Regulation National Law set out in the Schedule to the *Health Practitioner Regulation National Law Act 2009 (Qld)* as it applies (with or without modifications) as a law of the State or Territory; and
- (b) for Western Australia—the legislation enacted by the *Health Practitioner Regulation National Law(WA) Act 2010* that corresponds to the Health Practitioner Regulation National Law.

non-directive pregnancy support counselling has the meaning given in subsection (2).

Occupational Therapy Australia means the national body of the Australian Association of Occupational Therapists.

PDD treatment and management plan, for a child, means a plan for the treatment and management of the child’s pervasive developmental disorder to which item 135 or 289 of the general medical services table, or item 92140, 92143, 92434 and 92474 of the COVID-19 Determination applies.

Psychology Board of Australia means that body established under section 31 of the National Law.

registered training organisation means a training provider registered under a law of a State, Territory or the Commonwealth to provide accredited vocational education and training.

relevant provisions means all provisions, relating to professional services or to medical services, of the Act and regulations made under the Act, and the *National Health Act 1953* and regulations under that Act.

Team Care Arrangements means GP coordination of the development of team care arrangements for the patient to which item 723 or 732 of the general medical services table, or item 92025, 92028, 92069, 92072, 92056, 92059, 92100 or 92103 of the COVID-19 Determination, or item 230 or 233 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* applies.

telehealth eligible area has the meaning given by section 6D.

Note: The following terms are defined in subsection 3(1) of the Act:

- dental practitioner
- general medical services table
- item
- medical practitioner
- Chief Executive Medicare
- optometrist
- professional service.

- (2) A reference in this Determination to ***non-directive pregnancy support counselling*** is a reference to counselling provided to a person, who is currently

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pregnant or who has been pregnant in the preceding 12 months, by a health professional in which:

- (a) information and issues relating to pregnancy are discussed; but
- (b) the health professional does not impose his or her views or values about what the person should or should not do in relation to the pregnancy.

5 Treatment of allied health services

An allied health service provided in accordance with this Determination is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
 - (i) related to the service; and
 - (ii) specified for the service a fee in relation to each State, being the fee specified in the item in Schedule 2 relating to the service.

Note: For this Determination, an internal Territory is deemed to form part of the State of New South Wales—see subsection 3C(7) of the Act.

6 Limitation on certain individual items

- (1) This section applies to items 80000, 80005, 80010, 80015, 80100, 80105, 80110, 80115, 80125, 80130, 80135, 80140, 80150, 80155, 80160 and 80165 in Schedule 2.
- (3) For any particular patient, an item mentioned in subsection (1) applies in a calendar year only if the service described in the item is one of the first 10 relevant services provided to the patient in the calendar year.
- (4) In this section, **relevant service** means a service to which any of items 283 to 287 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* or 2721 to 2727 of the general medical services table, or items 80000 to 80015, 80100 to 80115, 80125 to 80140, or 80150 to 80165 in Schedule 2, or items 91166 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844 and 91845 of the COVID-19 Determination, or items 941, 942, 2733, 2735, 93375, 93376, 93381 to 93386 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020*, apply.

6A Limitation on certain group items

- (1) For any particular patient, an item mentioned in subsection (2) applies in a calendar year only if the service described in the item is one of the first 10 services mentioned in items in subsection (2) provided to the patient in the calendar year.
- (2) The items are items 80020, 80021, 80120, 80121, 80145, 80146, 80170 and 80171 in Schedule 2.

-
- (3) An item listed in subsection (2) does not apply if the mental health treatment plan was provided under items 93400 to 93411 and 93431 to 93442 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020*.

6AA Limitations on eating disorders items

- (1) For an item in Subgroup 2 of Part 8 of Schedule 2, the service must involve the provision of any of the following mental health care management strategies:
- (a) family based treatment (including whole family, parent based therapy, parent only or separated therapy)
 - (b) adolescent focused therapy;
 - (c) cognitive behavioural therapy;
 - (d) cognitive behavioural therapy-anorexia nervosa;
 - (e) cognitive behavioural therapy for bulimia nervosa and binge-eating disorder;
 - (f) specialist supportive clinical management;
 - (g) maudsley model of anorexia treatment in adults;
 - (h) interpersonal therapy for bulimia nervosa and binge-eating disorder;
 - (i) dialectical behavioural therapy for bulimia nervosa and binge-eating disorder;
 - (j) focal psychodynamic therapy.
- (2) An item in Subgroup 2 of Part 8 of Schedule 2 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:
- (a) the service is provided more than 12 months after the plan is prepared; or
 - (b) the patient has already been provided with 40 services under the plan; or
 - (c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing practitioner is given that additional services should be provided under the plan; or
 - (d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:
 - (i) a medical practitioner (other than a specialist or consultant physician);
 - (ii) a consultant physician practising in the specialty of psychiatry or paediatrics; or
 - (e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.
- (3) A reviewing practitioner may recommend that additional services be provided under a plan only if:

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- (a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 of the general medical services table or Subgroup 25 or 26 of Group A40 of the COVID-19 Determination applies; and
 - (b) the service is provided:
 - (i) for the purposes of paragraph (2)(c)—after the patient has been provided with 10 services under the plan; and
 - (ii) for the purposes of paragraph (2)(d)—after the patient has been provided with 20 services under the plan; and
 - (iii) for the purposes of paragraph (2)(e)—after the patient has been provided with 30 services under the plan; and
 - (c) the practitioner records the recommendation in the patient's records.
- (3C) For the purposes of this clause, in counting the services providing treatments under a plan, only count the services to which any of the following apply:
- (a) items 283, 285, 286, 287, 371 and 372;
 - (b) items 2721, 2723, 2725 and 2727;
 - (c) items in Groups M6, M7 and M16 other than items 82350 and 82351;
 - (d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282;
 - (e) items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181 to 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93076, 93079, 93084, 93087, 93092, 93095, 93100, 93103, 93110, 93113, 93118, 93121, 93126, 93129, 93134 and 93137.
- (4) For any particular patient, an item in Subgroup 1 of Part 8 in Schedule 2 does not apply if the patient has had **20 eating disorder dietetic treatment services** in a 12 month period commencing from the provision of an **eating disorder treatment and management plan**.
- (5) For an item in Subgroup 2 of Part 8 of Schedule 2, a patient is an **eligible patient** if the patient meets the requirements for a patient specified in clause 2.31.2 of the general medical services table.

6AB Reporting requirement for eating disorders items

- (1) For an item in Part 8 of Schedule 2, the relevant allied health professional must provide the referring medical practitioner with a written report on assessments carried out, treatment provided and recommendations for future management of the patient's condition at required intervals.
- (2) A report under subsection (1) is to be provided:
 - (a) after the first service;
 - (b) as clinically required following subsequent services; and
 - (c) after the final service.

6AC Limitation on certain individual telehealth items

- (1) This section applies to items 82351, 82353, 82356, 82359, 82361, 82364, 82367, 82369, 82372, 82375, 82377, 82380 and 82383.
- (2) An item mentioned in subsection (1) does not apply to a service if the patient or the allied health professional has travelled to a place to satisfy the requirement that the patient be a distance of at least 15 km by road from the allied health professional.

6B Limitation on certain individual telehealth items

- (1) This section applies to items 80001, 80011, 80101, 80111, 80126, 80136, 80151 and 80161 in Schedule 2.
- (2) For any particular patient, an item mentioned in subsection (1) applies in a calendar year only if the service described in the item is one of the first 10 relevant services provided to the patient in the calendar year.
- (3) An item mentioned in subsection (1) does not apply to a service if the patient or the allied health professional has travelled to a place to satisfy the requirement in paragraph (f) of the item.
- (4) In this section relevant service means a service to which any of items 283 to 287 or 2721 to 2727 of the general medical services table, or items 80000 to 80015, 80100 to 80115, 80125 to 80140, or 80150 to 80165 in Schedule 2, or items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844 and 91845 of the COVID-19 Determination, apply.

6C Limitation on certain group telehealth items

- (1) This section applies to items 80021, 80121, 80146 and 80171 in Schedule 2.
- (2) For any particular patient, an item mentioned in subsection (1) applies in a calendar year only if the service described in the item is one of the first 10 relevant services provided to the patient in the calendar year.
- (3) An item mentioned in subsection (1) does not apply to a service if the patient or the allied health professional has travelled to a place to satisfy the requirement in paragraph (e) of the item.
- (4) In this section relevant service means a service to which any of items 80020, 80021, 80120, 80121, 80145, 80146, 80170 and 80171 in Schedule 2, apply.

6D Telehealth eligible areas

- (1) A *telehealth eligible area* means an area within:
 - (a) Modified Monash area 4, being all areas categorised as ASGS-RA 2 or ASGS-RA 3 under the ASGS that are not in Modified Monash areas 2 or 3,

and are in, or within 10 kilometre road distance of, a town with population between 5,000 and 15,000; or

- (b) Modified Monash area 5, being all areas categorised as ASGS-RA 2 or ASGS-RA 3 under the ASGS that are not in Modified Monash areas 2, 3 or 4; or
- (c) Modified Monash area 6, being all areas categorised as ASGS-RA 4 under the ASGS that are not on a populated island that is separated from the mainland in the Australian Bureau of Statistics geography and is more than 5 kilometres offshore; or
- (d) Modified Monash area 7, being all areas categorised as ASGS-RA 5 under the ASGS and areas on a populated island that is separated from the mainland in the Australian Bureau of Statistics geography and is more than 5 kilometres offshore.

(2) In this section:

- (a) **ASGS** means the July 2016 edition of the Australian Statistical Geography Standard, published by the Australian Bureau of Statistics, as existing on 1 January 2020;
- (b) **Modified Monash area 2** means areas categorised as ASGS-RA 2 or ASGS-RA 3 under the ASGS that are in, or within 20 kilometres road distance of, a town with population >50,000; and
- (c) **Modified Monash area 3** means areas categorised as ASGS-RA 2 or ASGS-RA 3 under the ASGS that are not in Modified Monash area 2 and are in, or within 15 kilometres road distance of, a town with population between 15,001 and 50,000.

Note 1: The ASGS can be viewed on the Australian Bureau of Statistics' website (<https://www.abs.gov.au>).

Note 2: The Modified Monash Model is a geographical classification system developed by the Department for categorising metropolitan, regional, rural and remote locations according to both geographical remoteness and population size, based on population data published by the Australian Bureau of Statistics.

Maps of the Modified Monash Model areas and the Department's remoteness classification can be viewed at www.doctorconnect.gov.au.

7 Referrals by psychiatrists and paediatricians for psychological therapy and focussed psychological strategies health services

- (1) This section applies to items 80000 to 80171 in Schedule 2.
- (2) The referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which any of items 293 to 370 of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92436, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92476, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 of the COVID-19 Determination applies.
- (3) The referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which any of items 110 to

133 of the general medical services table or items 91824, 91825, 91826, 91834, 91835, 91836, 92422, 92423, 92431 and 92432 of the COVID-19 Determination applies.

- (4) The referral by a specialist in the practice of his or her field of psychiatry or paediatrics must be a referral for a service to which any of items 104 to 109 of the general medical services table or items 91822, 91823, 91832 or 91833 of the COVID-19 Determination applies.

8 Referrals by psychiatrists and paediatricians for pervasive developmental disorder services

- (1) This section applies to items 82000 to 82035 in Schedule 2.
- (2) For items 82000, 82005, 82010 and 82030 the referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which any of items 296 to 370 (except item 359) of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 of the COVID-19 Determination applies.
- (3) For items 82000, 82005, 82010 and 82030 the referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which any of items 110 to 131 of the general medical services table or items 91824, 91825, 91826, 91834, 91835 and 91836 of the COVID-19 Determination applies.
- (4) For items 82015, 82020, 82025 and 82035 the referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which item 289 of the general medical services table or item 92434 or 92474 of the COVID-19 Determination applies.
- (5) If a child has previously been provided with a service mentioned in item 289, a consultant physician specialising in the practice of his or her field of psychiatry may only refer the child for a service to which any of items 296 to 370 (excepting item 359) of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 of the COVID-19 Determination applies.
- (6) For items 82015, 82020, 82025 and 82035 the referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which item 135 of the general medical services table or item 92140 or 92143 of the COVID-19 Determination applies.
- (7) If a child has previously been provided with a service mentioned in item 135 of the general medical services table or item 92140 or 92143 of the COVID-19 Determination, a consultant physician specialising in the practice of his or her field of paediatrics may only refer the child for a service to which any of

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items 110 to 131 of the general medical services table or items 91824, 91825, 91826, 91834, 91835 and 91836 of the COVID-19 Determination applies.

- (8) If a child has previously been provided with a service mentioned in item 137 or 139 of the general medical services table or item 92141, 92142, 92144 or 92145 of the COVID-19 Determination, the medical practitioner cannot refer the child for a service to which item 135 or 289 of the general medical services table or item 92140, 92143, 92434 or 92474 of the COVID-19 Determination applies.

8A Referrals by specialists, consultant physicians and general practitioners for disability services

- (1) This section applies to items 82000 to 82035 in Schedule 2.
- (2) For items 82000, 82005, 82010 and 82030 the referral by a specialist or consultant physician specialising in the practice of his or her field of speciality must be a referral for a service to which any of items 104 to 131 or 296 to 370 (except item 359) of the general medical services table or items 91822 to 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 of the COVID-19 Determination applies.
- (3) For items 82000, 82005, 82010 and 82030 the referral by a general practitioner must be a referral for a service to which any of items 3 to 51 of the general medical services table or item 91790 to 91802, 91795, 91809 to 91811 of the COVID-19 Determination applies.
- (4) For items 82015, 82020, 82025 and 82035 the referral by a specialist or consultant physician specialising in the practice of his or her field of speciality must be a referral for a service to which item 137 of the general medical services table or item 92141 or 92144 of the COVID-19 Determination applies.
- (5) For items 82015, 82020, 82025 and 82035 the referral by a general practitioner must be a referral for a service to which item 139 of the general medical services table or item 92142 or 92145 of the COVID-19 Determination applies.
- (6) If a child has previously been provided with a service mentioned in item 135 or 289 of the general medical services table or item 92140, 92143, 92434 and 92474 of the COVID-19 Determination, the medical practitioner cannot refer the child for a service to which item 137 or 139 of the general medical services table or item 92141, 92142, 92144 or 92145 of the COVID-19 Determination applies.

8B Referrals by medical practitioners for eating disorder allied health treatment services

- (1) This section applies to items in Part 8 of Schedule 2.
- (2) For any particular patient, an item in Part 8 of Schedule 2 does not apply unless the patient has been referred by:
 - (a) a general practitioner or medical practitioner who issued the referral as part of a service to which an item in Subgroup 1 of Group A36 of the general

medical services table or item 92146, 92147, 92148, 92149, 92150, 92151, 92152, 92153, 92154, 92155, 92156, 92157, 92158, 92159, 92160 or 92161 of the COVID-19 Determination applies; or

- (b) a consultant physician in the specialty of psychiatry or paediatrics who issued the referral as part of a service to which an item in Subgroup 2 of Group A36 of the general medical services table or item 92162, 92163, 92166 or 92167 applies; or
- (c) a medical practitioner who issued the referral as part of a service to which an item in Subgroup 3 of Group A36 of the general medical services table or item 92170 to 92173 or 92176 to 92179, of the COVID-19 Determination applies.

9 Effect of election to claim private health insurance for an allied health service

An item in Schedule 2 applies to an allied health service only if a private health insurance benefit has not been claimed for the service.

9A Pervasive developmental disorder and disability services course of assessment—reporting requirements

- (1) This section applies to items 82000, 82005 and 82030.
- (2) At the completion of a course of assessment, the allied health professional must provide a written report to the referring medical practitioner.

10 Focussed Psychological Strategies health services

- (1) A person to whom subsection (1A) applies must complete focussed psychological strategies continuing professional development each CPD year.
- (1A) This subsection applies to a person who:
 - (a) is an allied health professional in relation to the provision of a focussed psychological strategies health service; and
 - (b) is not a general registrant psychologist.
- (2) A person required to complete focussed psychological strategies continuing professional development must keep written records of completion of focussed psychological strategies continuing professional development for a period of two years from the end of the CPD year to which the focussed psychological strategies continuing professional development relates.
- (4) Other than where subsection (7) applies, where a person who is not a general registrant psychologist seeks to become an allied health professional in relation to the provision of a focussed psychological strategies health service during a CPD year and meets the qualification requirements set out in Schedule 1 for the provision of a focussed psychological strategies health service:
 - (a) that person's name will be entered on the register; and
 - (b) that person will have until the end of that CPD year to meet their focussed psychological strategies continuing professional development requirements

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on a pro-rata basis, with units being calculated from the first day of the month immediately succeeding the date of registration.

- (5) If the Minister is satisfied that a person referred to in subsection (1) has not completed their focussed psychological strategies continuing professional development, the Minister:
- (a) may decide to remove the name of that person from the register; and then
 - (b) notify the Chief Executive Medicare to remove the name from the register.
- (6) Before the Minister provides notification under paragraph (5)(b), the Minister must notify that person in writing of the decision setting out:
- (a) the decision;
 - (b) the reasons for the decision; and
 - (c) a statement of the person's reconsideration rights under section 11.
- (7) If the name of a person has been removed from the register under subsection (9), in order to become an allied health professional in relation to the provision of a focussed psychological strategies health service (**reregistered**) that person must apply to be registered and in his or her application must:
- (a) provide evidence of attaining the necessary amount of units that he or she was required to attain to comply with the focussed psychological strategies continuing professional development in the CPD year in which he or she failed to comply;
- and if reregistered must
- (b) comply with subsection (1) as if the CPD year in which he or she was reregistered commenced on the date of reregistration.
- (8) The Minister may grant an exemption in whole or part from focussed psychological strategies continuing professional development, where:
- (a) a written application from an allied health professional has been received; and
 - (b) the Minister is satisfied that special circumstances prevented or will prevent the allied health professional from completing focussed psychological strategies continuing professional development in a CPD year.
- (9) Upon receiving notification under paragraph (5)(b), the Chief Executive Medicare must not remove the name of an allied health professional from the register until notified:
- (a) under subsection 11(10) that the Minister has given notice to the allied health professional:
 - (i) under subsection 11(5) that the decision to remove the name of the person from the register has been affirmed; or
 - (ii) under subsection 11(9)(c); or
 - (b) that such period of time as referred to in subsection 11(2) has expired and the allied health professional has not applied for reconsideration under subsection 11(1) or requested further time under subsection 11(6).

- (10) For the avoidance of doubt, nothing in this section:
- (a) prevents the Chief Executive Medicare from including the name of a general registrant psychologist on the register; or
 - (b) requires the Chief Executive Medicare to remove the name of a general registrant psychologist from the register.

- (11) In this section:

general registrant psychologist means a person who holds general registration in the health profession of psychology under the applicable law in force in the State or Territory in which the service is provided; and

register means the register kept by the Chief Executive Medicare of allied health professionals who are qualified to provide a focussed psychological strategies health service.

11 Reconsideration of Decision

- (1) Where the Minister has provided notification under section 10(6), the allied health professional may apply to the Minister for reconsideration of that decision.
- (2) The application must be made in writing:
 - (a) within 28 days from the date of the decision; or
 - (b) if the Minister is satisfied that special circumstances exist, within such further period as the Minister, before the expiration of the period referred to in paragraph (a), allows.
- (3) The allied health professional must set out the reasons for the application and in doing so, may provide new material for the Minister to consider.
- (4) The Minister must, within 28 days after receipt of an application made in accordance with subsection (1), reconsider the decision and make a new decision either:
 - (a) affirming the decision; or
 - (b) setting aside the decision.
- (5) The Minister must give the allied health professional notice in writing of the reconsideration decision setting out:
 - (a) the decision; and
 - (b) the reasons for the decision.
- (6) The allied health professional may, as an alternative to applying for reconsideration of the decision, request further time to complete the number of units required to satisfy the Minister that the allied health professional complies with section 10(1).
- (7) If the allied health professional makes a request for further time under subsection (6) that request takes the place of the right to reconsideration under subsection (1).

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- (8) If the allied health professional makes a request under subsection (6), the period of time in which to complete the number of units required to satisfy the Minister is 28 days, commencing from the date of notification by the Minister that the allied health professional may complete the nominated amount of units.
- (9) If, by the end of the period of time referred to in subsection (8), the Minister is not satisfied that the allied health professional has completed the amount of units required to comply with section 10(1), the Minister must:
 - (a) proceed as if the allied health professional had applied under subsection (1);
 - (b) make a decision, which will be regarded as being made under subsection (4); and
 - (c) give the allied health professional notice in writing of the decision as if the notice was given under subsection (5).
- (10) The Minister must provide a written copy of a decision made under this section to the Chief Executive Medicare.

12 Requests for diagnostic audiology services

- (1) This section applies to items 82300 to 82332 in Schedule 2.
- (2) The request must be in writing and must contain:
 - (a) the date of the request; and
 - (b) the name of the eligible practitioner who requested the service and either the address of his or her place of practice or the provider number in respect of his or her place of practice; and
 - (c) a description of the service which provides sufficient information to identify the service as relating to a particular item mentioned in subsection (1) but need not specify the item number.
- (3) A request may be for the performance of more than one diagnostic audiology service making up a single audiological assessment but cannot be for more than one audiological assessment.

13 Referrals by medical practitioners under a shared care plan

- (1) This Section applies to items 10950 to 10970, 80000, 80001, 80005, 80010, 80011, 80015, 80020, 80021, 80100, 80101, 80105, 80110, 80111, 80115, 80120, 80121, 80125, 80126, 80130, 80135, 80136, 80140, 80145, 80146, 80150, 80151, 80155, 80160, 80161, 80165, 80170, 80171, 81100, 81110, 81120 and 81300 to 81360 in Schedule 2.
- (2) For an item mentioned in subsection (1), where the referral is by a medical practitioner as part of a shared care plan, the shared care plan must have been prepared on or before 30 June 2021.

14 Application of case conference items generally

- (1) This Section applies to items 10955, 10957, 10959, 82001, 82002 and 82003 in Schedule 2.
- (2) For the purposes of an item mentioned in subsection (1):
 - (a) **community case conference** has the meaning given by clause 7.1.1 of the general medical services table;
 - (b) **multidisciplinary case conference** has the meaning given by clause 1.1.4 of the general medical services table;
 - (c) **multidisciplinary case conference team** has the meaning given by clause 1.1.5 of the general medical services table as if the items were also specified in subparagraph 1.1.5(1)(b)(i); and
 - (d) **participate** has the meaning given by clause 2.16.16 of the general medical services table.

Patient and multidisciplinary case conference team member attendance requirements

- (3) An item mentioned in subsection (1) may apply to a service provided for a patient if the patient is not in attendance.
- (4) An item mentioned in subsection (1) does not apply to a service if the minimum number of members of the multidisciplinary case conference team are not in attendance.
- (5) For subsection (4), the minimum number of members is 3.
- (6) For subsections (3) and (4), attendance is taken to include attending in person, by phone or by video conference.

Note: this is consistent with the requirements of the incorporated meaning of **multidisciplinary case conference team** in subsection (2).

Attendance options for the eligible allied health practitioner

- (7) For the purposes of an item mentioned in subsection (1), attendance by the eligible allied health practitioner may:
 - (a) be provided in person, by phone or by video conference; and
 - (b) differ from the means of attendance provided by other members of the multidisciplinary case conference team.

15 Limitations on case conference items for chronic disease management

- (1) This Section applies to items 10955, 10957 and 10959 in Schedule 2.

Eligible patients

- (2) An item mentioned in subsection (1) only applies to a service if the patient who the service is provided to:
 - (a) has at least one medical condition that:
 - (i) has been (or is likely to be) present for at least six months; or

- (ii) is terminal; and
- (b) is not an admitted patient of a hospital.

Frequency limitations

- (3) An item mentioned in subsection (1) does not apply to a service if the service has been performed in the last 3 months, unless in exceptional circumstances.
- (3A) For subsection (3), exceptional circumstances means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service.

Additional requirements on the multidisciplinary case conference team

- (4) An item mentioned in subsection (1) only applies to a service if the patient requires ongoing care from a multidisciplinary case conference team which includes at least one medical practitioner (including a general practitioner, but not a specialist or consultant physician).

Eligible allied health practitioners

- (5) For the purposes of the items mentioned in subsection (1), **eligible allied health practitioner means:**
 - (a) an eligible Aboriginal health worker;
 - (b) an eligible Aboriginal and Torres Strait Islander health practitioner;
 - (c) an eligible diabetes educator;
 - (d) an eligible audiologist;
 - (e) an eligible dietitian;
 - (f) an eligible mental health worker;
 - (g) an eligible occupational therapist;
 - (h) an eligible exercise physiologist;
 - (i) an eligible physiotherapist;
 - (j) an eligible podiatrist;
 - (k) an eligible chiropractor;
 - (l) an eligible osteopath;
 - (m) an eligible psychologist; or
 - (n) an eligible speech pathologist.

16 Limitations on case conference items for autism and other pervasive developmental disorders

- (1) This Section applies to items 82001, 82002 and 82003 in Schedule 2.

Eligible patients

- (2) An item mentioned in subsection (1) only applies to a service if the patient:
 - (a) is a child under 13 years of age; and
 - (b) has been diagnosed with, or is suspected of having:
 - (i) autism or another pervasive developmental disorder; or

- (ii) an eligible disability; and
- (c) is not an admitted patient of a hospital.

Additional requirements on the multidisciplinary case conference team

- (3) An item mentioned in subsection (1) only applies to a service if the patient requires ongoing care from a multidisciplinary case conference team which includes:
 - (a) if the patient has been diagnosed with, or is suspected of having:
 - (i) autism or another pervasive developmental disorder, a consultant physician in the practice of the consultant physician's specialty of paediatrics or psychiatry; or
 - (ii) an eligible disability, a specialist or consultant physician practising in their specialty, or a general practitioner.

Eligible allied health practitioners

- (4) For the purposes of the items mentioned in subsection (1), **eligible allied health practitioner** means:
 - (a) an eligible Aboriginal health worker;
 - (b) an eligible Aboriginal and Torres Strait Islander health practitioner;
 - (c) an eligible psychologist;
 - (d) an eligible speech pathologist;
 - (e) an eligible occupational therapist;
 - (f) an eligible audiologist;
 - (g) an eligible optometrist;
 - (h) an eligible mental health nurse;
 - (i) an eligible mental health worker;
 - (j) an eligible orthoptist; or
 - (k) an eligible physiotherapist.

17 Indexation

- (1) On 1 July 2022 (the *indexation day*), each amount covered by subsection (2) is replaced by the amount worked out using the following formula:

$1.016 \times$ the amount immediately before the indexation day

- (2) The amounts covered by this subsection are the fee for each item in Schedule 2 of this Determination.
- (3) An amount worked out under subsection (1) is to be rounded up or down to the nearest 5 cents (rounding down if the amount is an exact multiple of 2.5 cents).

Schedule 1—Qualification requirements for allied health professionals

(section 4)

1 *Aboriginal and Torres Strait Islander health service*

- (1) A person is an allied health professional in relation to the provision of an Aboriginal and Torres Strait Islander health service in any State or Territory if the person is registered in the Aboriginal and Torres Strait Islander health practice profession under the applicable law in force in the State or Territory in which the service is provided.
- (2) In a State or Territory other than the Northern Territory, a person is also an allied health professional in relation to the provision of an Aboriginal and Torres Strait Islander health service if the person has been either:
 - (a) awarded a Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (or an equivalent or higher qualification) by a registered training organisation; or
 - (b) awarded a Certificate III in Aboriginal and Torres Strait Islander Health (or an equivalent or higher qualification) by a registered training organisation) before 1 July 2012.

Note: a person registered in the Aboriginal and Torres Strait Islander health practice profession may use the following titles:

- Aboriginal and Torres Strait Islander health practitioner;
- Aboriginal health practitioner;
- Torres Strait Islander health practitioner.

2 *Audiology health service*

A person is an allied health professional in relation to the provision of an audiology health service if the person is:

- (a) a Full Member of Audiology Australia and the holder of a Certificate of Clinical Practice issued by that organisation; or
- (b) an Ordinary Member—Audiologist, or a Fellow Audiologist, of the Australian College of Audiology.

3 *Chiropractic health service*

A person is an allied health professional in relation to the provision of a chiropractic health service if the person is registered as a person who may provide that kind of service under the applicable law in force in the State or Territory in which the service is provided.

4 *Diabetes education health service*

A person is an allied health professional in relation to the provision of a diabetes education health service if the person is credentialed by the Australian Diabetes Educators Association as a ‘Credentialed Diabetes Educator’.

5 ***Dietetics health service***

A person is an allied health professional in relation to the provision of a dietetics health service if the person is accredited by the Dietitians Association of Australia as an 'Accredited Practising Dietitian'.

6 ***Exercise physiology health service***

A person is an allied health professional in relation to the provision of an exercise physiology health service if the person is accredited by the Exercise and Sports Science Australia as an 'Accredited Exercise Physiologist'.

7 ***Focussed psychological strategies health service***

A person is an allied health professional in relation to the provision of a focussed psychological strategies health service if the person meets one of the following requirements:

- (a) the person holds general registration in the health profession of psychology under the applicable law in force in the State or Territory in which the service is provided;
- (b) the person is a member of the Australian Association of Social Workers (AASW) and certified by AASW as meeting the standards for mental health set out in the document published by AASW titled 'Practice Standards for Mental Health Social Workers 2014' as in force on 25 September 2014;
- (c) the person:
 - (i) is an occupational therapist who is registered as a person who may provide that kind of service under the applicable law in force in the State or Territory in which the service is provided; and
 - (ii) is accredited by Occupational Therapy Australia as:
 - (A) having a minimum of two years experience in mental health; and
 - (B) having undertaken to observe the standards set out in the document published by Occupational Therapy Australia 'Australian Competency Standards for Occupational Therapists in Mental Health' as in force on 1 November 2006.

Note: Allied health professionals in relation to the provision of a focussed psychological strategies health service are subject to the requirements of section 10.

8 ***Mental health service***

A person is an allied health professional in relation to the provision of a mental health service if the person meets one of the following requirements:

- (a) the person meets the requirements specified for an allied health professional in relation to the provision of an Aboriginal and Torres Strait Islander health service;
- (b) the person is a credentialed mental health nurse, as certified by the Australian College of Mental Health Nurses;
- (c) the person is an occupational therapist who is registered as a person who may provide that kind of service under the applicable law in force in the State or Territory in which the service is provided;
- (d) the person holds general registration in the health profession of psychology under the applicable law in force in the State or Territory in which the service is provided;
- (e) the person is:
 - (i) a Member of the Australian Association of Social Workers; and
 - (ii) certified by that Association as meeting the standards for mental health set out in the document published by that Association titled 'Practice Standards for Mental Health Social Workers 2014' as in force on 25 September 2014.

9 ***Non-directive pregnancy support counselling health service***

A person is an allied health professional in relation to the provision of a non-directive pregnancy support counselling health service if the person meets one of the following requirements:

- (a) the person is certified by the Australian College of Mental Health Nurses:
 - (i) as a credentialed mental health nurse; and
 - (ii) as appropriately trained in non-directive pregnancy counselling;
- (b) the person holds general registration in the health profession of psychology under the applicable law in force in the State or Territory in which the service is provided and is certified by the Australian Psychological Society as appropriately trained in non-directive pregnancy counselling;
- (c) the person is:
 - (i) a member of the Australian Association of Social Workers (AASW); and
 - (ii) certified by AASW either as meeting the standards for mental health set out in the document published by that Association titled 'Practice Standards for Mental Health Social Workers 2014' as in force on 25 September 2014; and
 - (iii) certified by AASW as appropriately trained in non-directive pregnancy counselling.

For this health service, a person is appropriately trained in non-directive pregnancy counselling if the person has undergone training based on the key criteria contained in the document published by the Department titled 'Key criteria for non-directive pregnancy counselling training provided to GPs and allied health professionals in relation to the Medicare non-directive pregnancy support counselling items', as in force on 1 November 2006.

10 ***Occupational therapy health service***

A person is an allied health professional in relation to the provision of an occupational therapy health service if the person is an occupational therapist who is registered as a person who may provide that kind of service under the applicable law in force in the State or Territory in which the service is provided.

11 ***Optometry health service***

A person is an allied health professional in relation to the provision of an optometry health service if the person is an optometrist.

12 ***Orthoptic health service***

A person is an allied health professional in relation to the provision of an orthoptic health service if the person is:

- (a) registered with the Australian Orthoptic Board and has a Certificate of Currency;
and
- (b) a member of Orthoptics Australia.

13 ***Osteopathy health service***

A person is an allied health professional in relation to the provision of an osteopathy health service if the person is registered as a person who may provide that kind of service under the applicable law in force in the State or Territory in which the service is provided.

14 ***Physiotherapy health service***

A person is an allied health professional in relation to the provision of a physiotherapy health service if the person is registered as a person who may provide that kind of service under the applicable law in force in the State or Territory in which the service is provided.

15 ***Podiatry health service***

A person is an allied health professional in relation to the provision of a podiatry health service if the person is registered as a person who may provide that kind of service under the applicable law in force in the State or Territory in which the service is provided.

16 ***Psychological therapy health service***

A person is an allied health professional in relation to the provision of a psychological therapy health service if the person:

- (a) holds general registration in the health profession of psychology under the applicable law in force in the State or Territory in which the service is provided; and
- (b) is endorsed by the Psychology Board of Australia to practice in clinical psychology.

Until 31 October 2015, a person is also an allied health professional in relation to the provision of a psychological therapy health service if the person:

- (a) holds general registration in the health profession of psychology under the applicable law in force in the State or Territory in which the service is provided; and
- (b) on 31 October 2014 was an allied health professional in relation to the provision of a psychological therapy health service because the person:
 - (i) was a member of the College of Clinical Psychologists of the Australian Psychological Society; or
 - (ii) had been assessed by the College of Clinical Psychologists of the Australian Psychological Society as meeting the requirements for membership of that College.

17 ***Psychology health service***

A person is an allied health professional in relation to the provision of a psychology health service if the person holds general registration in the health profession of psychology under the applicable law in force in the State or Territory in which the service is provided.

18 ***Speech pathology health service***

A person is an allied health professional in relation to the provision of a speech pathology health service if the person is a Practising Member of Speech Pathology Australia.

Schedule 2—Allied health services

(section 6)

Part 1—Services and fees—general

Group M3 – Allied health services

Item	Service	Fee (\$)
10950	<p>Aboriginal and Torres Strait Islander health service provided to a person by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if:</p> <ul style="list-style-type: none"> (a) the service is provided to a person who has: <ul style="list-style-type: none"> (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and (c) the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the person is not an admitted patient of a hospital; and (e) the service is provided to the person individually and in person; and (f) the service is of at least 20 minutes duration; and (g) after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP</i></p>	64.80

Schedule 2 Allied health services
Part 1 Services and fees—general

and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020 applies) in a calendar year

This item is subject to section 9

10951	Diabetes education health service provided to a person by an eligible diabetes educator if:	64.80
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- (a) the service is provided to a person who has:
 - (i) a chronic condition; and
 - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan as part of the management of the person's chronic condition and complex care needs; and
- (c) the person is referred to the eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and
- (d) the person is not an admitted patient of a hospital; and
- (e) the service is provided to the person individually and in person; and
- (f) the service is of at least 20 minutes duration; and
- (g) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c):
 - (i) if the service is the only service under the referral—in relation to that service; or
 - (ii) if the service is the first or last service under the referral—in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;

to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* applies) in a calendar year

This item is subject to section 9

10952	<p>Audiology health service provided to a person by an eligible audiologist if:</p> <ul style="list-style-type: none"> (a) the service is provided to a person who has: <ul style="list-style-type: none"> (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and (c) the person is referred to the eligible audiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the person is not an admitted patient of a hospital; and (e) the service is provided to the person individually and in person; and (f) the service is of at least 20 minutes duration; and (g) after the service, the eligible audiologist gives a written report to the referring medical practitioner mentioned in paragraph (c): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	64.80
10953	<p>Exercise physiology health service provided to a person by an eligible exercise physiologist if:</p> <ul style="list-style-type: none"> (a) the service is provided to a person who has: <ul style="list-style-type: none"> (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an 	64.80

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	<p>aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and</p> <p>(b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</p> <p>(c) the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is provided to the person individually and in person; and</p> <p>(f) the service is of at least 20 minutes duration; and</p> <p>(g) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c):</p> <p style="padding-left: 20px;">(i) if the service is the only service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;</p> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10954	<p>Dietetics health service provided to a person by an eligible dietitian if:</p> <p>(a) the service is provided to a person who has:</p> <p style="padding-left: 20px;">(i) a chronic condition; and</p> <p style="padding-left: 20px;">(ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and</p> <p>(b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</p> <p>(c) the person is referred to the eligible dietitian by the medical practitioner using a referral form that has been issued by the</p>	64.80

Department or a referral form that contains all the components of the form issued by the Department; and

- (d) the person is not an admitted patient of a hospital; and
- (e) the service is provided to the person individually and in person; and
- (f) the service is of at least 20 minutes duration; and
- (g) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c):
 - (i) if the service is the only service under the referral—in relation to that service; or
 - (ii) if the service is the first or last service under the referral—in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;

to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* applies) in a calendar year

This item is subject to section 9

10956	Mental health service provided to a person by an eligible mental health worker if: <ul style="list-style-type: none">(a) the service is provided to a person who has:<ul style="list-style-type: none">(i) a chronic condition; and(ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and(b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and(c) the person is referred to the eligible mental health worker by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and(d) the person is not an admitted patient of a hospital; and(e) the service is provided to the person individually and in person; and(f) the service is of at least 20 minutes duration; and(g) after the service, the eligible mental health worker gives a written report to the referring medical practitioner mentioned in	64.80
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	paragraph (c): <ul style="list-style-type: none">(i) if the service is the only service under the referral—in relation to that service; or(ii) if the service is the first or last service under the referral—in relation to that service; or(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year This item is subject to section 9	
10958	Occupational therapy health service provided to a person by an eligible occupational therapist if: <ul style="list-style-type: none">(a) the service is provided to a person who has:<ul style="list-style-type: none">(i) a chronic condition; and(ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and(b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and(c) the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and(d) the person is not an admitted patient of a hospital; and(e) the service is provided to the person individually and in person; and(f) the service is of at least 20 minutes duration; and(g) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner mentioned in paragraph (c):<ul style="list-style-type: none">(i) if the service is the only service under the referral—in relation to that service; or(ii) if the service is the first or last service under the referral—in relation to that service; or(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would	64.80

	<p>reasonably expect to be informed of—in relation to those matters;</p> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10960	<p>Physiotherapy health service provided to a person by an eligible physiotherapist if:</p> <ul style="list-style-type: none"> (a) the service is provided to a person who has: <ul style="list-style-type: none"> (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and (c) the person is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the person is not an admitted patient of a hospital; and (e) the service is provided to the person individually and in person; and (f) the service is of at least 20 minutes duration; and (g) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner mentioned in paragraph (c): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>)</p>	64.80

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	applies) in a calendar year This item is subject to section 9	
10962	Podiatry health service provided to a person by an eligible podiatrist if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and (c) the person is referred to the eligible podiatrist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the person is not an admitted patient of a hospital; and (e) the service is provided to the person individually and in person; and (f) the service is of at least 20 minutes duration; and (g) after the service, the eligible podiatrist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year This item is subject to section 9	64.80
10964	Chiropractic health service provided to a person by an eligible chiropractor if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or	64.80

consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and

- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan as part of the management of the person's chronic condition and complex care needs; and
- (c) the person is referred to the eligible chiropractor by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and
- (d) the person is not an admitted patient of a hospital; and
- (e) the service is provided to the person individually and in person; and
- (f) the service is of at least 20 minutes duration; and
- (g) after the service, the eligible chiropractor gives a written report to the referring medical practitioner mentioned in paragraph (c):
 - (i) if the service is the only service under the referral—in relation to that service; or
 - (ii) if the service is the first or last service under the referral—in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;

to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* applies) in a calendar year

This item is subject to section 9

10966 Osteopathy health service provided to a person by an eligible osteopath if: 64.80

- (a) the service is provided to a person who has:
 - (i) a chronic condition; and
 - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan as part of the management of the person's chronic condition and complex care needs; and
- (c) the person is referred to the eligible osteopath by the medical

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	<p>practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and</p> <ul style="list-style-type: none">(d) the person is not an admitted patient of a hospital; and(e) the service is provided to the person individually and in person; and(f) the service is of at least 20 minutes duration; and(g) after the service, the eligible osteopath gives a written report to the referring medical practitioner mentioned in paragraph (c):<ul style="list-style-type: none">(i) if the service is the only service under the referral—in relation to that service; or(ii) if the service is the first or last service under the referral—in relation to that service; or(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10968	<p>Psychology health service provided to a person by an eligible psychologist if:</p> <ul style="list-style-type: none">(a) the service is provided to a person who has:<ul style="list-style-type: none">(i) a chronic condition; and(ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and(b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and(c) the person is referred to the eligible psychologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and(d) the person is not an admitted patient of a hospital; and(e) the service is provided to the person individually and in person; and(f) the service is of at least 20 minutes duration; and(g) after the service, the eligible psychologist gives a written report to	64.80

<p>the referring medical practitioner mentioned in paragraph (c):</p> <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	<p>10970</p>	<p>Speech pathology health service provided to a person by an eligible speech pathologist if:</p> <ul style="list-style-type: none"> (a) the service is provided to a person who has: <ul style="list-style-type: none"> (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person’s Team Care Arrangements, multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and (c) the person is referred to the eligible speech pathologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the person is not an admitted patient of a hospital; and (e) the service is provided to the person individually and in person; and (f) the service is of at least 20 minutes duration; and (g) after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (c): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would 	<p>64.80</p>
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	reasonably expect to be informed of—in relation to those matters;	
	to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule or items 93000 or 93013 in the COVID-19 Determination or items 93501 to 93513 or 93524 to 93538 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year	
	This item is subject to section 9	

Subgroup 1 – Chronic disease management case conference services

10955	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: <ul style="list-style-type: none"> (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	50.85
10957	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: <ul style="list-style-type: none"> (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	87.15
10959	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: <ul style="list-style-type: none"> (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	145.10

Part 2—Services and fees—psychological therapy and focussed psychological strategies

Group M6 – Psychological Therapy Services

Item	Service	Fee(\$)
80000	Psychological therapy health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually and in person; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person’s condition; and (e) the service is at least 30 minutes but less than 50 minutes duration This item is subject to sections 6, 7 and 9	103.80
80001	Psychological therapy health service provided to a person (but not as an admitted patient of a hospital) by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) the attendance is by video conference; and (d) the patient is not an admitted patient; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (g) at the completion of a course of treatment, the referring medical 	103.80

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	practitioner reviews the need for a further course of treatment; and	
	(h) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and	
	(i) the service is at least 30 minutes but less than 50 minutes duration	
	This item is subject to sections 6B, 7 and 9	
80005	Psychological therapy health service provided to a person at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible clinical psychologist in accordance with the requirements of item 80000	129.70
	This item is subject to sections 6, 7 and 9	
80010	Psychological therapy health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible clinical psychologist if:	152.40
	(a) the person is referred by:	
	(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or	
	(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or	
	(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and	
	(b) the service is provided to the person individually and in person; and	
	(c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and	
	(d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and	
	(e) the service is at least 50 minutes duration	
	This item is subject to sections 6, 7 and 9	
80011	Psychological therapy health service provided to a person (but not as an admitted patient of a hospital) by an eligible clinical psychologist if:	152.40
	(a) the person is referred by:	
	(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or	
	(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or	
	(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and	

	<ul style="list-style-type: none"> (b) the service is provided to the person individually; and (c) the attendance is by video conference; and (d) the patient is not an admitted patient; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (g) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (h) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person’s condition; and (i) the service is at least 50 minutes duration <p>This item is subject to sections 6B, 7 and 9</p>	
80015	<p>Psychological therapy health service provided to a person at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible clinical psychologist in accordance with the requirements of item 80010</p> <p>This item is subject to sections 6, 7 and 9</p>	178.30
80020	<p>Psychological therapy health service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible clinical psychologist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration; <p>This item is subject to sections 6A, 7 and 9</p>	38.70
80021	<p>Psychological therapy health service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible clinical psychologist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and 	38.70

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- (b) the attendance is by video conference; and
 - (c) the patient is not an admitted patient; and
 - (d) the patient is located within a telehealth eligible area; and
 - (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and
 - (f) the service is at least 60 minutes duration

This item is subject to sections 6C, 7 and 9

Group M7 – Focussed Psychological Strategies (Allied Mental Health)

80100 Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist if: 73.55

- (a) the person is referred by:
 - (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or
 - (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or
 - (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and
- (b) the service is provided to the person individually and in person; and
- (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and
- (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and
- (e) the service is at least 20 minutes but less than 50 minutes duration

This item is subject to sections 6, 7 and 9

80101 Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible psychologist if: 73.55

- (a) the person is referred by:
 - (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or
 - (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or
 - (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and
- (b) the service is provided to the person individually; and
- (c) the attendance is by video conference; and
- (d) the patient is not an admitted patient; and

	<ul style="list-style-type: none"> (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (g) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (h) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person’s condition; and (i) the service is at least 20 minutes but less than 50 minutes duration <p>This item is subject to sections 6B, 7 and 9</p>	
80105	<p>Focussed psychological strategies health service provided to a person at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist in accordance with the requirements of item 80100</p> <p>This item is subject to sections 6, 7 and 9</p>	100.05
80110	<p>Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually and in person; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person’s condition; and (e) the service is at least 50 minutes duration <p>This item is subject to sections 6, 7 and 9</p>	103.80
80111	<p>Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible psychologist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and 	103.80

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	<p>management plan; or</p> <ul style="list-style-type: none">(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and <ul style="list-style-type: none">(b) the service is provided to the person individually; and(c) the attendance is by video conference; and(d) the patient is not an admitted patient; and(e) the patient is located within a telehealth eligible area; and(f) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and(g) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and(h) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and(i) the service is at least 50 minutes duration <p>This item is subject to sections 6B, 7 and 9</p>	
80115	<p>Focussed psychological strategies health service provided to a person at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist in accordance with the requirements of item 80110</p> <p>This item is subject to sections 6, 7 and 9</p>	130.35
80120	<p>Focussed psychological strategies health service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible psychologist if:</p> <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and(b) the service is provided in person; and(c) the service is at least 60 minutes duration; <p>This item is subject to sections 6A, 7 and 9</p>	26.50
80121	<p>Focussed psychological strategies health service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible psychologist if:</p> <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and	26.50

	<p>management plan; or</p> <p>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</p> <p>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</p> <p>(b) the attendance is by video conference; and</p> <p>(c) the patient is not an admitted patient; and</p> <p>(d) the patient is located within a telehealth eligible area; and</p> <p>(e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and</p> <p>(f) the service is at least 60 minutes duration</p> <p>This item is subject to sections 6C, 7 and 9</p>	
80125	<p>Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist if:</p> <p>(a) the person is referred by:</p> <p>(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or</p> <p>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</p> <p>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</p> <p>(b) the service is provided to the person individually and in person; and</p> <p>(c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(e) the service is at least 20 minutes but less than 50 minutes duration</p> <p>This item is subject to sections 6, 7 and 9</p>	64.80
80126	<p>Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible occupational therapist if:</p> <p>(a) the person is referred by:</p> <p>(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or</p> <p>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</p> <p>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</p>	64.80

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	<ul style="list-style-type: none">(b) the service is provided to the person individually; and(c) the attendance is by video conference; and(d) the patient is not an admitted patient; and(e) the patient is located within a telehealth eligible area; and(f) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and(g) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and(h) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and(i) the service is at least 20 minutes but less than 50 minutes duration <p>This item is subject to sections 6B, 7 and 9</p>	
80130	Focussed psychological strategies health service provided to a person at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist in accordance with the requirements of item 80125 <p>This item is subject to sections 6, 7 and 9</p>	91.25
80135	Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist if: <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and(b) the service is provided to the person individually and in person; and(c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and(e) the service is at least 50 minutes duration <p>This item is subject to sections 6, 7 and 9</p>	91.50
80136	Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible occupational therapist if:	91.50

	<ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) the attendance is by video conference; and (d) the patient is not an admitted patient; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and (g) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (h) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (i) the service is at least 50 minutes duration 	
	This item is subject to sections 6B, 7 and 9	
80140	Focussed psychological strategies health service provided to a person at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist in accordance with the requirements of item 80135 This item is subject to sections 6, 7 and 9	117.95
80145	Focussed psychological strategies health service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration; This item is subject to sections 6A, 7 and 9	23.25
80146	Focussed psychological strategies health service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible occupational therapist if:	23.25

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	<ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and(b) the attendance is by video conference; and(c) the patient is not an admitted patient; and(d) the patient is located within a telehealth eligible area; and(e) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and(f) the service is at least 60 minutes duration <p>This item is subject to sections 6C, 7 and 9</p>	
80150	<p>Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker if:</p> <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and(b) the service is provided to the person individually and in person; and(c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and(e) the service is at least 20 minutes but less than 50 minutes duration <p>This item is subject to sections 6, 7 and 9</p>	64.80
80151	<p>Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible social worker if:</p> <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice	64.80

	<ul style="list-style-type: none"> of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) the attendance is by video conference; and (d) the patient is not an admitted patient; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and (g) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (h) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person’s condition; and (i) the service is at least 20 minutes but less than 50 minutes duration <p>This item is subject to sections 6B, 7 and 9</p>	
80155	<p>Focussed psychological strategies health service provided to a person at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker in accordance with the requirements of item 80150</p> <p>This item is subject to sections 6, 7 and 9</p>	91.25
80160	<p>Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually and in person; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person’s condition; and (e) the service is at least 50 minutes duration <p>This item is subject to sections 6, 7 and 9</p>	91.50

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80161	<p>Focussed psychological strategies health service provided to a person (but not as an admitted patient of a hospital) by an eligible social worker if:</p> <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and(b) the service is provided to the person individually; and(c) the attendance is by video conference; and(d) the patient is not an admitted patient; and(e) the patient is located within a telehealth eligible area; and(f) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and(g) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and(h) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and(i) the service is at least 50 minutes duration <p>This item is subject to sections 6B, 7 and 9</p>	91.50
80165	<p>Focussed psychological strategies health service provided to a person at a place other than consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker in accordance with the requirements of item 80160</p> <p>This item is subject to sections 6, 7 and 9</p>	117.95
80170	<p>Focussed psychological strategies health service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if:</p> <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and(b) the service is provided in person; and(c) the service is at least 60 minutes duration; <p>This item is subject to sections 6A, 7 and 9</p>	23.25

80171	Focussed psychological strategies health service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the eligible social; and (f) the service is at least 60 minutes duration This item is subject to sections 6C, 7 and 9	23.25
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Part 3—Services and fees—pregnancy support counselling

Group M8 – Pregnancy support counselling

Item	Service	Fee(\$)
81000	<p>Non-directive pregnancy support counselling health service provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months, (but not as an admitted patient of a hospital) by an eligible psychologist if:</p> <ul style="list-style-type: none"> (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (ba) the service is provided to the person individually and in person; and (c) the eligible psychologist does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (d) the service is at least 30 minutes duration; <p>to a maximum of 3 services (including services to which items 81000, 81005, 81010, item 4001 in the general medical services table, item 792 in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>, or items 92136, 92138, 93026, 93029, 92137 or 92139 in the COVID-19 Determination apply) for each pregnancy</p> <p>The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate</p> <p>This item is subject to section 9</p>	76.10
81005	<p>Non-directive pregnancy support counselling health service provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months, (but not as an admitted patient of a hospital) by an eligible social worker if:</p> <ul style="list-style-type: none"> (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (ba) the service is provided to the person individually and in person; and (c) the eligible social worker does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (d) the service is at least 30 minutes duration; <p>to a maximum of 3 services (including services to which items 81000, 81005, 81010, item 4001 in the general medical services table, item 792 in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>, or items 92136, 92138, 93026,</p>	76.10

Group M8 – Pregnancy support counselling

Item	Service	Fee(\$)
	93029, 92137 or 92139 in the COVID-19 Determination apply) for each pregnancy The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate This item is subject to section 9	
81010	Non-directive pregnancy support counselling health service provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months, (but not as an admitted patient of a hospital) by an eligible mental health nurse if: <ul style="list-style-type: none"> (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (ba) the service is provided to the person individually and in person; and (c) the eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (d) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005, 81010, item 4001 in the general medical services table, item 792 in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i> , or items 92136, 92138, 93026, 93029, 92137 or 92139 in the COVID-19 Determination apply) for each pregnancy The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate This item is subject to section 9	76.10

Part 4—Services and fees—group services

Division 4.1—Diabetes education services

Group M9 – Allied health group services

Item	Service	Fee(\$)
81100	<p>Diabetes education health service provided to a person by an eligible diabetes educator for assessing the person’s suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient’s needs and preparing the person for the group services if:</p> <ul style="list-style-type: none"> (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP Management Plan or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the person is not an admitted patient of a hospital; and (e) the service is provided to the person individually and in person; and (f) the service is of at least 45 minutes duration; and (g) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c); <p>payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the COVID-19 Determination or items 93606, 93607 and 93608 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>)</p> <p>This item is subject to section 9</p>	83.10
81105	<p>Diabetes education health service provided to a person by an eligible diabetes educator, as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the COVID-19 Determination or items 93606, 93607 and 93608 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>; and 	20.70

Group M9 – Allied health group services

Item	Service	Fee(\$)
	(b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided in person; and (e) the service is of at least 60 minutes duration; and (f) after the last service in the group services program provided to the person under item 81105, 81115 or 81125 or item 93285 of the COVID-19 Determination or items 93613, 93614 and 93615 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> , the eligible diabetes educator prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible diabetes educator;	
	to a maximum of 8 group services in a calendar year (including services in items 81105, 81115 and 81125 or item 93285 of the COVID-19 Determination or items 93613, 93614 and 93615 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>)	
	This item is subject to section 9	

Division 4.2—Exercise physiology services

Group M9 – Allied health group services

Item	Service	Fee(\$)
81110	<p>Exercise physiology health service provided to a person by an eligible exercise physiologist for assessing the person’s suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient’s needs and preparing the person for the group services if:</p> <ul style="list-style-type: none"> (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP Management Plan or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the person is not an admitted patient of a hospital; and (e) the service is provided to the person individually and in person; and (f) the service is of at least 45 minutes duration; and (g) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c); <p>payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the COVID-19 Determination or items 93606, 93607 and 93608 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>)</p> <p>This item is subject to section 9</p>	83.10
81115	<p>Exercise physiology health service provided to a person by an eligible exercise physiologist, as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the COVID-19 Determination or items 93606, 93607 and 93608 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>; and (b) the service is provided to a person who is part of a group of between 	20.70

Group M9 – Allied health group services

Item	Service	Fee(\$)
	2 and 12 patients; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided in person; and (e) the service is of at least 60 minutes duration; and (f) after the last service in the group services program provided to the person under item 81105, 81115 or 81125 or item 93285 of the COVID-19 Determination or items 93613, 93614 and 93615 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> , the eligible exercise physiologist prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible exercise physiologist; to a maximum of 8 group services in a calendar year (including services in items 81105, 81115 and 81125 or item 93285 of the COVID-19 Determination or items 93613, 93614 and 93615 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>) This item is subject to section 9	

Division 4.3—Dietetics services

Group M9 – Allied health group services

Item	Service	Fee(\$)
81120	<p>Dietetics health service provided to a person by an eligible dietitian for assessing the person’s suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient’s needs and preparing the person for the group services if:</p> <ul style="list-style-type: none"> (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP Management Plan or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the person is not an admitted patient of a hospital; and (e) the service is provided to the person individually and in person; and (f) the service is of at least 45 minutes duration; and (g) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); <p>payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the COVID-19 Determination or items 93606, 93607 and 93608 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>)</p> <p>This item is subject to section 9</p>	83.10
81125	<p>Dietetics health service provided to a person by an eligible dietitian, as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the COVID-19 Determination or items 93606, 93607 and 93608 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i>; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the person is not an admitted patient of a hospital; and 	20.70

Group M9 – Allied health group services

Item	Service	Fee(\$)
	(d) the service is provided in person; and (e) the service is of at least 60 minutes duration; and (f) after the last service in the group services program provided to the person under item 81105, 81115 or 81125 or item 93285 of the COVID-19 Determination or items 93613, 93614 and 93615 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> , the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible dietitian; to a maximum of 8 group services in a calendar year (including services to which items 81105, 81115 and 81125 or item 93285 of the COVID-19 Determination or items 93613, 93614 and 93615 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> apply) This item is subject to section 9	

Part 5—Services and fees—pervasive developmental disorder or disability services

Group M10 – Autism, pervasive developmental disorder and disability services

Item	Service	Fee(\$)
82000	<p>Psychology health service provided to a child aged under 13 years by an eligible psychologist if:</p> <ul style="list-style-type: none"> (a) the child was referred to the eligible psychologist by an eligible practitioner: <ul style="list-style-type: none"> (i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child’s PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: <ul style="list-style-type: none"> (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the child is not an admitted patient of a hospital; and (e) the service is provided to the child individually and in person; and (f) the service is at least 50 minutes duration; <p>to a maximum of 4 services (including services to which this item or items 82005, 82010 and 82030 or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination apply)</p> <p>Up to 4 services may be provided to the same child on the same day</p> <p>This item is subject to sections 8, 8A, 9 and 9A</p>	103.80

Group M10 – Autism, pervasive developmental disorder and disability services		
Item	Service	Fee(\$)
82005	<p>Speech pathology health service provided to a child aged under 13 years by an eligible speech pathologist if:</p> <ul style="list-style-type: none"> (a) the child was referred to the eligible speech pathologist by an eligible practitioner: <ul style="list-style-type: none"> (i) to assist with the diagnosis of the child by the practitioner: or (ii) to contribute to the child’s PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: <ul style="list-style-type: none"> (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible speech pathologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the child is not an admitted patient of a hospital; and (e) the service is provided to the child individually and in person; and (f) the service is at least 50 minutes duration; <p>to a maximum of 4 services (including services to which this item or items 82000, 82010 and 82030 or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination apply)</p> <p>Up to 4 services may be provided to the same child on the same day</p> <p>This item is subject to sections 8, 8A, 9 and 9A</p>	91.50
82010	<p>Occupational therapy health service provided to a child aged under 13 years by an eligible occupational therapist if:</p> <ul style="list-style-type: none"> (a) the child was referred to the eligible occupational therapist by an eligible practitioner: <ul style="list-style-type: none"> (i) to assist with the diagnosis of the child by the practitioner: or (ii) to contribute to the child’s PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: <ul style="list-style-type: none"> (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and (c) the eligible occupational therapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the child is not an admitted patient of a hospital; and (e) the service is provided to the child individually and in person; and (f) the service is at least 50 minutes duration; 	91.50

Schedule 2 Allied health services

Part 5 Services and fees—pervasive developmental disorder or disability services

Group M10 – Autism, pervasive developmental disorder and disability services

Item	Service	Fee(\$)
	to a maximum of 4 services (including services to which this item or items 82000, 82005 and 82030 or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination apply) Up to 4 services may be provided to the same child on the same day This item is subject to sections 8, 8A, 9 and 9A	
82015	Psychology health service provided to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible psychologist, if: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and (e) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and (g) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (h) the child is not an admitted patient of a hospital; and (i) the service is provided to the child individually and in person; and (j) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item or items 82020, 82025 and 82035 or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination apply) Up to 4 services may be provided to the same child on the same day This item is subject to sections 8, 8A and 9	103.80

Group M10 – Autism, pervasive developmental disorder and disability services

Item	Service	Fee(\$)
82020	<p>Speech pathology health service provided to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible speech pathologist, if:</p> <ul style="list-style-type: none"> (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child’s PDD or disability treatment and management plan; and (d) the eligible practitioner is: <ul style="list-style-type: none"> (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (e) the eligible speech pathologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child’s condition; and (g) the child is not an admitted patient of a hospital; and (h) the service is provided to the child individually and in person; and (i) the service is at least 30 minutes duration; <p>to a maximum of 20 services (including services to which this item or items 82015, 82025 and 82035 or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination apply)</p> <p>Up to 4 services may be provided to the same child on the same day</p> <p>This item is subject to sections 8, 8A and 9</p>	91.50
82025	<p>Occupational therapy health service provided to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible occupational therapist if:</p> <ul style="list-style-type: none"> (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child’s PDD or disability treatment and management plan; and 	91.50

Schedule 2 Allied health services

Part 5 Services and fees—pervasive developmental disorder or disability services

Group M10 – Autism, pervasive developmental disorder and disability services

Item	Service	Fee(\$)
	<p>(d) the eligible practitioner is:</p> <ul style="list-style-type: none">(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and <p>(e) the eligible occupational therapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and</p> <p>(f) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and</p> <p>(g) the child is not an admitted patient of a hospital; and</p> <p>(h) the service is provided to the child individually and in person; and</p> <p>(i) the service is at least 30 minutes duration;</p> <p>to a maximum of 20 services (including services to which this item or items 82015, 82020 and 82035 or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination apply)</p> <p>Up to 4 services may be provided to the same child on the same day</p> <p>This item is subject to sections 8, 8A and 9</p>	
82030	<p>Audiology, optometry, orthoptic or physiotherapy health service provided to a child aged under 13 years by an eligible audiologist, optometrist, orthoptist or physiotherapist if:</p> <ul style="list-style-type: none">(a) the child was referred to the eligible audiologist, optometrist, orthoptist or physiotherapist by an eligible practitioner:<ul style="list-style-type: none">(i) to assist with the diagnosis of the child by the practitioner; or(ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and(b) the eligible practitioner is:<ul style="list-style-type: none">(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and(c) the eligible audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and(d) the child is not an admitted patient of a hospital; and	91.50

Group M10 – Autism, pervasive developmental disorder and disability services

Item	Service	Fee(\$)
	(e) the service is provided to the child individually and in person; and (f) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item or items 82000, 82005 and 82010 or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination apply) Up to 4 services may be provided to the same child on the same day This item is subject to sections 8, 8A, 9 and 9A	
82035	Audiology, optometry, orthoptic or physiotherapy health service provided to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible audiologist, optometrist, orthoptist or physiotherapist, if: <ul style="list-style-type: none"> (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child’s PDD or disability treatment and management plan; and (d) the eligible practitioner is: <ul style="list-style-type: none"> (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (e) the eligible audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child’s condition; and (g) the child is not an admitted patient of a hospital; and (h) the service is provided to the child individually and in person; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item or items 82015, 82020 and 82025 or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination apply) Up to 4 services may be provided to the same child on the same day This item is subject to sections 8, 8A and 9	91.50

Schedule 2 Allied health services

Part 5 Services and fees—pervasive developmental disorder or disability services

Group M10 – Autism, pervasive developmental disorder and disability services

Item	Service	Fee(\$)
Subgroup 1 – Autism, pervasive developmental disorder and disability case conference services		
82001	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	50.85
82002	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	87.15
82003	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	145.10

Part 6—Services and fees—Aboriginal and Torres Strait Islander services

Group M11 – Allied health services for Indigenous Australians who have had a health check

Item	Service	Fee(\$)
81300	<p>Aboriginal and Torres Strait Islander health service provided to a person of Aboriginal or Torres Strait Islander descent by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	64.80
81305	<p>Diabetes education health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible diabetes educator if:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and 	64.80

Group M11 – Allied health services for Indigenous Australians who have had a health check

Item	Service	Fee(\$)
	<p>(b) the person is referred to the eligible diabetes educator by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and</p> <p>(c) the person is not an admitted patient of a hospital; and</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is of at least 20 minutes duration; and</p> <p>(f) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p style="padding-left: 20px;">(i) if the service is the only service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;</p> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	
81310	<p>Audiology health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible audiologist if:</p> <p>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and</p> <p>(c) the person is not an admitted patient of a hospital; and</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is of at least 20 minutes duration; and</p> <p>(f) after the service, the eligible audiologist gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p style="padding-left: 20px;">(i) if the service is the only service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;</p>	64.80

Group M11 – Allied health services for Indigenous Australians who have had a health check

Item	Service	Fee(\$)
	<p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	
81315	<p>Exercise physiology health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible exercise physiologist if:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible exercise physiologist by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (b): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	64.80

Schedule 2 Allied health services

Part 6 Services and fees—Aboriginal and Torres Strait Islander services

Group M11 – Allied health services for Indigenous Australians who have had a health check

Item	Service	Fee(\$)
81320	<p>Dietetics health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible dietitian if:</p> <ul style="list-style-type: none">(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and(b) the person is referred to the eligible dietitian by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and(c) the person is not an admitted patient of a hospital; and(d) the service is provided to the person individually and in person; and(e) the service is of at least 20 minutes duration; and(f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (b):<ul style="list-style-type: none">(i) if the service is the only service under the referral—in relation to that service; or(ii) if the service is the first or the last service under the referral—in relation to that service; or(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	64.80
81325	<p>Mental health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible mental health worker if:</p> <ul style="list-style-type: none">(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and(b) the person is referred to the eligible mental health worker by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and(c) the person is not an admitted patient of a hospital; and(d) the service is provided to the person individually and in person; and(e) the service is of at least 20 minutes duration; and	64.80

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Item	Service	Fee(\$)
	(f) after the service, the eligible mental health worker gives a written report to the referring medical practitioner mentioned in paragraph (b): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year This item is subject to section 9	
81330	Occupational therapy health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible occupational therapist by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner mentioned in paragraph (b): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; 	64.80

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Item	Service	Fee(\$)
	<p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year This item is subject to section 9</p>	
81335	<p>Physiotherapy health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible physiotherapist if:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible physiotherapist by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner mentioned in paragraph (b): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year This item is subject to section 9</p>	64.80
81340	<p>Podiatry health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible podiatrist if:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible podiatrist by a medical 	64.80

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Item	Service	Fee(\$)
	<p>practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and</p> <p>(c) the person is not an admitted patient of a hospital; and</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is of at least 20 minutes duration; and</p> <p>(f) after the service, the eligible podiatrist gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p style="padding-left: 20px;">(i) if the service is the only service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(ii) if the service is the first or the last service under the referral – in relation to that service; or</p> <p style="padding-left: 20px;">(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;</p> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	
81345	<p>Chiropractic health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible chiropractor if:</p> <p>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and</p> <p>(b) the person is referred to the eligible chiropractor by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and</p> <p>(c) the person is not an admitted patient of a hospital; and</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is of at least 20 minutes duration; and</p> <p>(f) after the service, the eligible chiropractor gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p style="padding-left: 20px;">(i) if the service is the only service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p style="padding-left: 20px;">(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would</p>	64.80

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Part 6 Services and fees—Aboriginal and Torres Strait Islander services

Group M11 – Allied health services for Indigenous Australians who have had a health check

Item	Service	Fee(\$)
	<p>reasonably expect to be informed of—in relation to those matters;</p> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	
81350	<p>Osteopathy health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible osteopath if:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible osteopath by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible osteopath gives a written report to the referring medical practitioner mentioned in paragraph (b): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	64.80
81355	<p>Psychology health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible psychologist if:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and 	64.80

Group M11 – Allied health services for Indigenous Australians who have had a health check

Item	Service	Fee(\$)
	<ul style="list-style-type: none"> (c) the person is not an admitted patient of a hospital; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible psychologist gives a written report to the referring medical practitioner mentioned in paragraph (b): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year</p> <p>This item is subject to section 9</p>	
81360	<p>Speech pathology health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible speech pathologist if:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible speech pathologist by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (b): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; 	64.80

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Part 6 Services and fees—Aboriginal and Torres Strait Islander services

Group M11 – Allied health services for Indigenous Australians who have had a health check

Item	Service	Fee(\$)
	to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule or items 93048 or 93061 of the COVID-19 Determination or items 93546 to 93558 or 93579 to 93593 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies) in a calendar year	
	This item is subject to section 9	

Part 7—Services and fees—audiology services (diagnostic)

Group M15 – Diagnostic audiology services

Item	Service	Fee(\$)
82300	<p>Audiology health service, consisting of brain stem evoked response audiometry, performed on a person by an eligible audiologist if:</p> <ul style="list-style-type: none"> (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11300 applies has not been performed on the person on the same day. 	160.20
	This item is subject to sections 9 and 12.	
82306	<p>Audiology health service, consisting of non-determinate audiometry performed on a person by an eligible audiologist if:</p> <ul style="list-style-type: none"> (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11306 applies has not been performed on the person on the same day. 	18.20
	This item is subject to sections 9 and 12.	

Schedule 2 Allied health services

Part 7 Services and fees—audiology services (diagnostic)

Group M15 – Diagnostic audiology services

Item	Service	Fee(\$)
82309	<p>Audiology health service, consisting of an air conduction audiogram performed on a person by an eligible audiologist if:</p> <ul style="list-style-type: none">(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and(b) the eligible practitioner is:<ul style="list-style-type: none">(i) a specialist in the specialty of otolaryngology head and neck surgery; or(ii) a specialist or consultant physician in the specialty of neurology; and(c) the service is not performed for the purpose of a hearing screening; and(d) the person is not an admitted patient of a hospital; and(e) the service is performed on the person individually and in person; and(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and(g) a service to which item 11309 applies has not been performed on the person on the same day. <p>This item is subject to sections 9 and 12.</p>	21.90
82312	<p>Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram performed on a person by an eligible audiologist if:</p> <ul style="list-style-type: none">(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and(b) the eligible practitioner is:<ul style="list-style-type: none">(i) a specialist in the specialty of otolaryngology head and neck surgery; or(ii) a specialist or consultant physician in the specialty of neurology; and(c) the service is not performed for the purpose of a hearing screening; and(d) the person is not an admitted patient of a hospital; and(e) the service is performed on the person individually and in person; and(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the	30.95

Group M15 – Diagnostic audiology services

Item	Service	Fee(\$)
	<p>eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11312 applies has not been performed on the person on the same day.</p> <p>This item is subject to sections 9 and 12.</p>	
82315	<p>Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is:</p> <p style="margin-left: 20px;">(i) a specialist in the specialty of otolaryngology head and neck surgery; or</p> <p style="margin-left: 20px;">(ii) a specialist or consultant physician in the specialty of neurology; and</p> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11315 applies has not been performed on the person on the same day.</p> <p>This item is subject to sections 9 and 12.</p>	40.95
82318	<p>Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram with other cochlear tests performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is:</p> <p style="margin-left: 20px;">(i) a specialist in the specialty of otolaryngology head and neck surgery; or</p> <p style="margin-left: 20px;">(ii) a specialist or consultant physician in the specialty of neurology; and</p> <p>(c) the service is not performed for the purpose of a hearing screening; and</p>	50.60

Schedule 2 Allied health services

Part 7 Services and fees—audiology services (diagnostic)

Group M15 – Diagnostic audiology services

Item	Service	Fee(\$)
	(d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11318 applies has not been performed on the person on the same day. This item is subject to sections 9 and 12.	
82324	Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (not being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if: (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11324 applies has not been performed on the person on the same day. This item is subject to sections 9 and 12.	27.35

Group M15 – Diagnostic audiology services

Item	Service	Fee(\$)
82327	<p>Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if:</p> <ul style="list-style-type: none"> (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: <ul style="list-style-type: none"> (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11327 applies has not been performed on the person on the same day. <p>This item is subject to sections 9 and 12.</p>	16.45
82332	<p>Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of permanent congenital hearing impairment performed by an eligible audiologist on an infant or child in circumstances in which:</p> <ul style="list-style-type: none"> (a) the service is performed pursuant to a written request made by an eligible practitioner who is: <ul style="list-style-type: none"> (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (b) the infant or child is at risk due to 1 or more of the following factors: <ul style="list-style-type: none"> (i) admission to a neonatal intensive care unit; (ii) family history of hearing impairment; (iii) intra-uterine or perinatal infection (either suspected or confirmed); (iv) birthweight less than 1.5kg; 	48.75

Schedule 2 Allied health services

Part 7 Services and fees—audiology services (diagnostic)

Group M15 – Diagnostic audiology services

Item	Service	Fee(\$)
	(v) craniofacial deformity; (vi) birth asphyxia; (vii) chromosomal abnormality, including Down Syndrome; (viii) exchange transfusion; and (c) middle ear pathology has been excluded by specialist opinion; and (d) the infant or child is not an admitted patient of a hospital; and (e) the service is performed on the infant or child individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11332 applies has not been performed on the infant or child on the same day. This item is subject to sections 9 and 12.	

Part 8 – Services and Fees – eating disorders services

Group M16 – Eating disorders services

Subgroup 1 – Eating disorders dietitian services

Item	Service	Fee (\$)
82350	Dietetics health service provided to an eligible patient by an eligible dietitian if: (a) the service is recommended in the patient’s eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is of at least 20 minutes in duration.	64.80
82351	Dietetics health service provided to an eligible patient by an eligible dietitian if: (a) the service is recommended in the patient’s eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) the attendance is by video conference; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the dietitian; and (g) the service is of at least 20 minutes duration.	64.80

Subgroup 2 – Eating disorder psychological treatment services provided by eligible clinical psychologists

82352	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient’s eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 30 minutes but less than 50 minutes in duration.	103.80
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Schedule 2 Allied health services

Part 7 Services and fees—audiology services (diagnostic)

82353	Eating disorder psychological treatment service provided to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) the attendance is by video conference; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (g) the service is at least 30 minutes but less than 50 minutes in duration.	103.80
82354	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 30 minutes but less than 50 minutes in duration.	129.70
82355	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes in duration.	152.40

82356	Eating disorder psychological treatment service provided to an eligible patient by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) attendance is by video conference; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (g) the service is at least 50 minutes in duration. 	152.40
82357	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes in duration. 	178.30
82358	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration. 	38.70
82359	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 	38.70

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15 kilometres by road from the clinical psychologist; and

(f) the service is at least 60 minutes in duration.

Subgroup 3	Eating disorder psychological treatment services provided by eligible psychologists	
82360	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration. 	73.55
82361	Eating disorder psychological treatment service provided to an eligible patient by an eligible psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) the attendance is by video conference; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (g) the service is at least 20 minutes but less than 50 minutes in duration. 	73.55
82362	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration. 	100.05

82363	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes in duration. 	103.80
82364	Eating disorder psychological treatment service provided to an eligible patient by an eligible psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) the attendance is by video conference; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (g) the service is at least 50 minutes in duration. 	103.80
82365	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes in duration. 	130.35
82366	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration. 	26.50

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82367	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.	26.50
Subgroup 4	Eating disorder psychological treatment services provided by eligible occupational therapists	
82368	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.	64.80
82369	Eating disorder psychological treatment service provided to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) the attendance is by video conference; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (g) the service is at least 20 minutes but less than 50 minutes in duration.	64.80

82370	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration. 	91.25
82371	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes in duration. 	91.50
82372	Eating disorder psychological treatment service provided to an eligible patient by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) the attendance is by video conference; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (g) the service is at least 50 minutes in duration. 	91.50
82373	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes in duration. 	117.95

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82374	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration	23.25
82375	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.	23.25
Subgroup 5	Eating disorder psychological treatment services provided by eligible social workers	
82376	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.	64.80
82377	Eating disorder psychological treatment service provided to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) the attendance is by video conference; and (e) the patient is located within a telehealth eligible	64.80

	area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (g) the service is at least 20 minutes but less than 50 minutes in duration.	
82378	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.	91.25
82379	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes in duration.	91.50
82380	Eating disorder psychological treatment service provided to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided to the patient individually; and (d) the attendance is by video conference; and (e) the patient is located within a telehealth eligible area; and (f) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (g) the service is at least 50 minutes in duration.	91.50
82381	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and	117.95

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	(c) the service is provided to the patient individually and in person; and	
	(d) the service is at least 50 minutes in duration.	
82382	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration.	23.25
82383	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan ; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.	23.25

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

Endnotes

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Allied Health Services) Determination 2014	17 Dec 2013 (F2013L02134)	1 Jan 2014 (s 2)	
Health Insurance (Allied Health Services) Amendment Determination 2014 (No. 1)	28 Feb 2014 (F2014L00203)	1 Mar 2014 (s 2)	—
Health Insurance (Allied Health Services) Amendment Determination 2014 (No. 2)	30 Oct 2014 (F2014L01447)	1 Nov 2014 (s 2)	—
Health Insurance Legislation Amendment (Group Numbers) Determination 2017	10 Aug 2017 (F2017L01007)	11 Aug 2017 (s 2)	—
Health Insurance (Allied Health Services) Amendment (Health Care Homes) Determination 2017	25 Aug 2017 (F2017L01092)	1 Oct 2017 (s 2)	—
Health Insurance (Allied Health Services) Amendment (Psychological Telehealth Services) Determination 2017	11 Oct 2017 (F2017L01340)	1 Nov 2017 (s 2)	—
Health Insurance (Allied Health Services) Amendment (Other Medical Practitioner) Determination 2018	28 June 2018 (F2018L00932)	1 July 2018 (s 2)	Sch 2
Health Insurance (Allied Health Services) Amendment (Psychological Telehealth Services) Determination 2018	28 Aug 2018 (F2018L01197)	1 Sept 2018 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2018 Measures No. 1) Instrument 2018	24 Sept 2018 (F2018L01333)	1 Oct 2018 (s 2)	—
Health Insurance (Section 3C – Allied Health Services) Amendment Determination 2019	9 Apr 2019 (F2019L00587)	1 July 2019 (s 2(1) item 1)	—
Health Insurance (Allied Health Services) Amendment (Eating Disorders) Determination 2019	10 Oct 2019 (F2019L01315)	Sch 1: 1 Nov 2019 (s 2(1) item 2) Sch 2: 1 Jan 2020 (s 2(1) item 3)	—
Health Insurance (Section 3C General Medical Services – GP and Allied Health COVID-19 Services) Amendment (Consequential) Determination 2020	30 Apr 2020 (F2020L00530)	30 Apr 2020 (s 2(1) item 1)	—

Endnotes

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance Legislation Amendment (Consequential Change to Incorporated GMST Clauses and Eye Movement Desensitisation and Reprocessing) Determination 2020	30 Apr 2020 (F2020L00535)	1 May 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Amendment (Further Expansion of Remote Attendance Items) Determination 2020	20 May 2020 (F2020L00593)	Sch 2: 22 May 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C – Allied Health Services) Amendment (Medicare Indexation) Determination 2020	18 June 2020 (F2020L00759)	1 July 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Amendment (Care Recipient in a Residential Aged Care Facility) Determination 2020	9 Dec 2020 (F2020L01548)	Sch 1 (item 20): 10 Dec 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services and Chronic Disease Management) Amendment Determination 2020	23 Dec 2020 (F2020L01704)	Sch 1 (items 7–22): 10 Dec 2020 (s 2(1) item 2)	—
Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2021	8 Apr 2021 (F2021L00426)	Sch 1 (items 112–229): 1 July 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Section 3C General Medical Services – Eating Disorder and HCH Consequential Changes) Determination 2021	29 June 2021 (F2021L00896)	Sch 1 (items 1–10): 1 Mar 2021 (s 2(1) item 2) Sch 2 (item 1): 30 June 2021 (s 2(1) item 3) Sch 3 (items 1–8): 30 June 2022 (s 2(1) item 4)	—
Health Insurance Legislation Amendment (Section 3C General Medical Services – Allied Health Case Conference) Determination 2021	15 Sept 2021 (F2021L01268)	Sch 1: 1 Nov 2021 (s 2(1) item 1)	—

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C – Allied Health Services) Amendment (Case Conference Exceptional Circumstance) Determination 2021	4 Nov 2021 (F2021L01512)	8 Nov 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2022	7 Apr 2022 (F2022L00553)	Sch 1 (item 1): 1 July 2022 (s 2(1) item 1)	—

Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
s 2	rep LA s 48D
s 3	rep LA s 48C
s 4	am F2014L00203; F2017L01092; F2017L01340; F2018L00932; F2018L01333; F2019L00587; F2019L01315; F2020L00530 ed C12 am F2020L00535; F2020L01704; F2021L00896; F2021L01268 ed C21; C23
s 6	am F2017L01340; F2018L00932; F2018L01197; F2020L00530; F2020L01704
s 6A	am F2017L01340; F2020L01548
s 6AA	ad F2019L01315 am F2021L00896
s 6AB	ad F2019L01315
s 6AC	ad F2019L01315
s 6B	ad F2017L01340 am F2018L00932 rs F2018L01197 am F2020L00530
s 6C	ad F2017L01340 rs F2018L01197
s 6D	ad F2017L01340 am F2019L01315
s 7	am F2017L01092; F2017L01340; F2020L00530; F2021L00896
s 8	am F2020L00530
s 8A	am F2020L00530
s 8B	ad F2019L01315; F2020L00530 am F2021L00896
s 9B	ad F2017L01092 rep F2021L00896
s 10	rs F2014L01447 am F2018L01333
s 13	ad F2021L00896
s 14	ad F2021L01268
s 15	ad F2021L01268 am F2021L01512 ed C22
s 16	ad F2021L01268
s 17	ad F2022L00553

Schedule 1

Endnote 4—Amendment history

Provision affected	How affected
Schedule 1	am F2014L01447; F2014L00203 rs F2017L01077 am F2018L01333; F2020L00530
Schedule 2	
Schedule 2	rs F2017L01007 am F2017L01092; F2017L01340; F2018L00932; F2019L00587; F2019L01315; F2020L00530; F2020L00593 ed C14 am F2020L00759 ed C15 am F2020L01704; F2021L00426; F2021L00896; F2021L01268 ed C23