



# Health Insurance (Allied Health Services) Determination 2014

## *Health Insurance Act 1973*

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I, RICHARD BARTLETT, First Assistant Secretary, Medical Benefits Division, Department of Health, make this Determination under subsection 3C (1) of the *Health Insurance Act 1973*.

Dated 10 December 2013

RICHARD BARTLETT  
First Assistant Secretary  
Medical Benefits Division  
Department of Health

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## 1 Name of Determination

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

## 2 Commencement

This Determination commences on 1 January 2014.

## 3 Revocation

The *Health Insurance (Allied Health Services) Determination 2011* is revoked.

## 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 regulation 3A of the *Health Insurance Regulations 1975*; 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 or 82030 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

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- (vii) an eligible speech pathologist; or
- (b) for disability services—up to 4 services to which any of items 82000, 82005, 82010 or 82030 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 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 and 82035 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 and 82035 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.

**CPD year** means the period of time in which focussed psychological strategies continuing professional development must be completed being:

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- (a) from the date of commencement of the *Health Insurance (Allied Health Services) Amendment Determination 2011 (No. 1)* to 30 June 2011; and
  - (b) after 30 June 2011, 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 item 137 or 139 of the general medical services table applies.

***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;

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- (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.

***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.



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**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;
- (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;
- (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 applies.

**GP Mental Health Treatment Plan**, for a patient, means:

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- (a) a GP Mental Health Treatment Plan for the patient made before 1 November 2011 to which item 2702 or 2710 of the general medical services table as in force on 31 October 2011 applies; or
- (b) a GP Mental Health Treatment Plan for the patient to which item 2700, 2701, 2715 or 2717 of the general medical services table applies.

**multidisciplinary care plan**, for a patient, means a multidisciplinary care plan to which item 731 of the general medical services table 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 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 item 732 of the general medical services table applies.

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

- dental practitioner
- general medical services table
- medical practitioner
- Chief Executive Medicare
- participating 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

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.
- (2) From 1 March 2012 until midnight 31 December 2012, for any particular patient, an item mentioned in subsection (1) applies in a calendar year only if the service described in the item is:
  - (a) one of the first 10 relevant services provided to the patient in the calendar year; or
  - (b) if exceptional circumstances exist in relation to the patient—one of the first 16 relevant services provided to the patient in the calendar year.
- (3) From 1 January 2013, 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:
  - (a) **exceptional circumstances** exist in relation to a patient if:
    - (i) the patient has, in a calendar year, received at least 10 relevant services; and
    - (ii) the patient's referring medical practitioner is satisfied that there has been a significant change in the patient's clinical condition or care circumstances which necessitates a further referral for a service described in an item mentioned in the definition of relevant service; and
  - (b) **relevant service** means a service to which any of items 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, apply.

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**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, 80120, 80145 and 80170 in Schedule 2.

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

- (1) This section applies to items 80000 to 80170 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 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 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 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 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 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 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 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 applies.

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- (7) If a child has previously been provided with a service mentioned in item 135, 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 items 110 to 131 of the general medical services table applies.
- (8) If a child has previously been provided with a service mentioned in item 137 or 139, the medical practitioner cannot refer the child for a service to which item 135 or 289 of the general medical services table 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 apply.
- (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 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 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 applies.
- (6) If a child has previously been provided with a service mentioned in item 135 or 289, the medical practitioner cannot refer the child for a service to which item 137 or 139 of the general medical services table 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.

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**10 Focussed Psychological Strategies health services**

- (1) To comply with this section a person must complete focussed psychological strategies continuing professional development each CPD year.
- (2) A person referred to in subsection (1) is required to 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.
- (3) For the period referred to in paragraph (a) of the meaning of **CPD year** in section 4(1), a person who is an allied health professional in relation to the provision of a focussed psychological strategies health service, as at the date of commencement of this Determination, may count for completion of **focussed psychological strategies continuing professional development** any of the units referred to within the meaning of that term in section 4(1) completed from 1 July 2009 to 30 June 2011.
- (4) Other than where subsection (7) applies, where a person 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 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, kept by the Chief Executive Medicare, of allied health professionals who are qualified to provide a service of that kind until the end of that CPD year; and
  - (b) that person will have until the end of that CPD year to meet the focussed psychological strategies continuing professional development 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 an allied health professional in relation to the provision of a focussed psychological strategies health service has not completed their focussed psychological strategies continuing professional development, the Minister:
  - (a) may decide to remove the name of that allied health professional from the register kept by the Chief Executive Medicare; and then
  - (b) notify the Chief Executive Medicare to remove the name from the register.
- (6) Before the Minister provides notification under subsection (5)(b), the Minister must notify that allied health professional in writing of the decision setting out:
  - (a) the decision;
  - (b) the reasons for the decision; and
  - (c) a statement of the allied health professional's reconsideration rights under section 11.
- (7) If the name of a person has been removed from the register as an allied health professional in relation to the provision of a focussed psychological strategies health service 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 focused 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 the allied health professional from completing focussed psychological strategies continuing professional development in a CPD year.
- (9) Upon receiving notification under subsection (5)(b), the Chief Executive Medicare shall not remove the name of an allied health professional from the register until notified either:
- (a) under section 11(10) that if the allied health professional has applied under section 11(1), the Minister has given notice, under section 11(5) that the decision to remove has been affirmed; or
  - (b) under section 11(10) that, if the allied health professional has applied under section 11(6), the Minister has given notice under section 11(9)(c); or
  - (c) where subsections (9)(a) or (b) are not applicable that such period of time as referred to in section 11(2) has expired.

## **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.

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- (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).
- (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.



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## **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 the Audiological Society of Australia and the holder of a Certificate of Clinical Practice issued by that Society; 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 credentialled by the Australian Diabetes Educators Association as a ‘Credentialled 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', as in force on 8 November 2008;
- (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', as in force on 8 November 2008.

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', as in force on 8 November 2008 or as an accredited social worker; 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 a participating 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) either:
  - (i) is a member of the College of Clinical Psychologists of the Australian Psychological Society (APS): or
  - (ii) has been assessed by the APS as meeting the requirements for membership of that College and continues to meet those requirements; or
  - (iii) is endorsed by the Psychology Board of Australia to practice in clinical psychology.

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.

Until midnight 31 August 2013, a person who provides a speech pathology health service in Queensland is also an allied health professional in relation to the provision of a speech pathology health service if he or she was such a person on 30 April 2013 because of paragraph (b) of item 18 of Schedule 1 of this Determination as in force on that date.

## Schedule 2—Allied health services

(section 6)

### Part 1—Services and fees—general

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"> <li>(a) the service is provided to a person who has:               <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(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"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
10951	<p>Diabetes education health service provided to a person by an eligible diabetes educator if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has:               <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> </ul> </li> </ul>	62.25

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

Item	Service	Fee(\$)
	<ul style="list-style-type: none"> <li>(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</li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(g) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c): <ul style="list-style-type: none"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10952	<p>Audiology health service provided to a person by an eligible audiologist if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has: <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> </ul>	62.25

Item	Service	Fee(\$)
	<ul style="list-style-type: none"> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(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"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10953	<p>Exercise physiology health service provided to a person by an eligible exercise physiologist if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has:               <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person's Team Care Arrangements or multidisciplinary care plan as part of the management of the person's chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(g) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c):               <ul style="list-style-type: none"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25

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

<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
10954	<p>Dietetics health service provided to a person by an eligible dietitian if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has: <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(c) the person is referred to the 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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(g) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c): <ul style="list-style-type: none"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
10956	<p>Mental health service provided to a person by an eligible mental health worker if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has: <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> </ul>	62.25



Item	Service	Fee(\$)
	<p>(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</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 mental health worker gives a written report to the referring medical practitioner mentioned in paragraph (c):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10958	<p>Occupational therapy health service provided to a person by an eligible occupational therapist if:</p> <p>(a) the service is provided to a person who has:</p> <p>(i) a chronic condition; and</p> <p>(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 or 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 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</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 occupational therapist gives a written report to the referring medical practitioner mentioned in paragraph (c):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p>	62.25

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

Item	Service	Fee(\$)
	(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 applies) in a calendar year This item is subject to section 9	
10960	Physiotherapy health service provided to a person by an eligible physiotherapist if: <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has:               <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(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"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year This item is subject to section 9	62.25
10962	Podiatry health service provided to a person by an eligible podiatrist if: <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has:               <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> </ul>	62.25

Item	Service	Fee(\$)
	<ul style="list-style-type: none"> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(g) after the service, the eligible podiatrist gives a written report to the referring medical practitioner mentioned in paragraph (c):                             <ul style="list-style-type: none"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10964	<p>Chiropractic health service provided to a person by an eligible chiropractor if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has:                             <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(g) after the service, the eligible chiropractor gives a written report to the referring medical practitioner mentioned in paragraph (c):                             <ul style="list-style-type: none"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> </ul> </li> </ul>	62.25

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

Item	Service	Fee(\$)
	<ul style="list-style-type: none"> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10966	<p>Osteopathy health service provided to a person by an eligible osteopath if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has: <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(c) the person is referred to the eligible osteopath 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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(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"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
10968	<p>Psychology health service provided to a person by an eligible psychologist if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has: <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> </ul> </li> </ul>	62.25

Item	Service	Fee(\$)
	<ul style="list-style-type: none"> <li>(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</li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 20 minutes duration; and</li> <li>(g) after the service, the eligible psychologist gives a written report to the referring medical practitioner mentioned in paragraph (c):               <ul style="list-style-type: none"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 1 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	
10970	<p>Speech pathology health service provided to a person by an eligible speech pathologist if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided to a person who has:               <ul style="list-style-type: none"> <li>(i) a chronic condition; and</li> <li>(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</li> </ul> </li> <li>(b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> </ul>	62.25

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

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
	<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 speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (c):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	

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

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"> <li>(a) the person is referred by:                             <ul style="list-style-type: none"> <li>(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</li> <li>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</li> <li>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</li> </ul> </li> <li>(aa) the service is provided to the person individually and in person; and</li> <li>(b) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> <li>(c) 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</li> <li>(d) the service is at least 30 minutes but less than 50 minutes duration</li> </ul> This item is subject to sections 6, 7 and 9	99.75
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 This item is subject to sections 6, 7 and 9	124.65
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: <ul style="list-style-type: none"> <li>(a) the person is referred by:                             <ul style="list-style-type: none"> <li>(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</li> <li>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</li> <li>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</li> </ul> </li> <li>(aa) the service is provided to the person individually and in person; and</li> <li>(b) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> </ul>	146.45

**Schedule 2** Allied health services

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

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
	(c) 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 (d) the service is at least 50 minutes duration This item is subject to sections 6, 7 and 9	
80015	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 This item is subject to sections 6, 7 and 9	171.35
80020	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: (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 (aa) the service is provided in person; and (b) the service is at least 60 minutes duration; This item is subject to sections 6A, 7 and 9	37.20
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: (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 (aa) the service is provided to the person individually and in person; and (b) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (c) 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 (d) the service is at least 20 minutes but less than 50 minutes duration This item is subject to sections 6, 7 and 9	70.65

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Item	Service	Fee(\$)
80105	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 This item is subject to sections 6, 7 and 9	96.15
80110	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: (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 (aa) the service is provided to the person individually and in person; and (b) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (c) 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 (d) the service is at least 50 minutes duration This item is subject to sections 6, 7 and 9	99.75
80115	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 This item is subject to sections 6, 7 and 9	125.30
80120	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: (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 (aa) the service is provided in person; and (b) the service is at least 60 minutes duration; This item is subject to sections 6A, 7 and 9	25.45

**Schedule 2** Allied health services

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

<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
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> <ul style="list-style-type: none"><li>(a) the person is referred by:<ul style="list-style-type: none"><li>(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</li><li>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</li><li>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</li></ul></li><li>(aa) the service is provided to the person individually and in person; and</li><li>(b) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li><li>(c) 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</li><li>(d) the service is at least 20 minutes but less than 50 minutes duration</li></ul> <p>This item is subject to sections 6, 7 and 9</p>	62.25
80130	<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 occupational therapist in accordance with the requirements of item 80125</p> <p>This item is subject to sections 6, 7 and 9</p>	87.70
80135	<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> <ul style="list-style-type: none"><li>(a) the person is referred by:<ul style="list-style-type: none"><li>(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</li><li>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</li><li>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</li></ul></li><li>(aa) the service is provided to the person individually and in person; and</li><li>(b) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li><li>(c) 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</li><li>(d) the service is at least 50 minutes duration</li></ul> <p>This item is subject to sections 6, 7 and 9</p>	87.95

Item	Service	Fee(\$)
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	113.35
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"> <li>(a) the person is referred by:                             <ul style="list-style-type: none"> <li>(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</li> <li>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</li> <li>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</li> </ul> </li> <li>(aa) the service is provided in person; and</li> <li>(b) the service is at least 60 minutes duration;</li> </ul> This item is subject to sections 6A, 7 and 9	22.35
80150	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: <ul style="list-style-type: none"> <li>(a) the person is referred by:                             <ul style="list-style-type: none"> <li>(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</li> <li>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</li> <li>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</li> </ul> </li> <li>(aa) the service is provided to the person individually and in person; and</li> <li>(b) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> <li>(c) 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</li> <li>(d) the service is at least 20 minutes but less than 50 minutes duration</li> </ul> This item is subject to sections 6, 7 and 9	62.25
80155	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 This item is subject to sections 6, 7 and 9	87.70

**Schedule 2** Allied health services

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

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
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"><li>(a) the person is referred by:<ul style="list-style-type: none"><li>(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</li><li>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</li><li>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</li></ul></li><li>(aa) the service is provided to the person individually and in person; and</li><li>(b) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li><li>(c) 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</li><li>(d) the service is at least 50 minutes duration</li></ul> <p>This item is subject to sections 6, 7 and 9</p>	87.95
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>	113.35
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"><li>(a) the person is referred by:<ul style="list-style-type: none"><li>(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</li><li>(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or</li><li>(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and</li></ul></li><li>(aa) the service is provided in person; and</li><li>(b) the service is at least 60 minutes duration;</li></ul> <p>This item is subject to sections 6A, 7 and 9</p>	22.35

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## Part 3—Services and fees—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"> <li>(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</li> <li>(b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and</li> <li>(ba) the service is provided to the person individually and in person; and</li> <li>(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</li> <li>(d) the service is at least 30 minutes duration;</li> </ul> <p>to a maximum of 3 services (including services to which items 81000, 81005, 81010 and 4001* 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> <p>[* in the general medical services table]</p>	73.15
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"> <li>(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</li> <li>(b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and</li> <li>(ba) the service is provided to the person individually and in person; and</li> <li>(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</li> <li>(d) the service is at least 30 minutes duration;</li> </ul> <p>to a maximum of 3 services (including services to which items 81000, 81005, 81010 and 4001* 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> <p>[* in the general medical services table]</p>	73.15

**Schedule 2** Allied health services

**Part 3** Services and fees—pregnancy support counselling

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
81010	<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 mental health nurse if:</p> <ul style="list-style-type: none"><li>(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</li><li>(b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and</li><li>(ba) the service is provided to the person individually and in person; and</li><li>(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</li><li>(d) the service is at least 30 minutes duration;</li></ul> <p>to a maximum of 3 services (including services to which items 81000, 81005, 81010 and 4001* 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> <p>[* in the general medical services table]</p>	73.15

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## Part 4—Services and fees—group services

### Division 4.1—Diabetes education 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"> <li>(a) the person has type 2 diabetes; and</li> <li>(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</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 45 minutes duration; and</li> <li>(g) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c);</li> </ul> <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)</p> <p>This item is subject to section 9</p>	79.85
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"> <li>(a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120; and</li> <li>(b) the service is provided to a person who is part of a group of between 2 and 12 patients; and</li> <li>(c) the person is not an admitted patient of a hospital; and</li> <li>(d) the service is provided in person; and</li> <li>(e) the service is of at least 60 minutes duration; and</li> <li>(f) after the last service in the group services program provided to the person under item 81105, 81115 or 81125, the eligible diabetes educator prepares, or contributes to, a written report to be provided to the referring medical practitioner; and</li> </ul>	19.90

**Schedule 2** Allied health services

**Part 4** Services and fees—group services

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
	(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) This item is subject to section 9	

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## Division 4.2—Exercise physiology 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"> <li>(a) the person has type 2 diabetes; and</li> <li>(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</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 45 minutes duration; and</li> <li>(g) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c);</li> </ul> <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)</p> <p>This item is subject to section 9</p>	79.85
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"> <li>(a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120; and</li> <li>(b) the service is provided to a person who is part of a group of between 2 and 12 patients; and</li> <li>(c) the person is not an admitted patient of a hospital; and</li> <li>(d) the service is provided in person; and</li> <li>(e) the service is of at least 60 minutes duration; and</li> <li>(f) after the last service in the group services program provided to the person under item 81105, 81115 or 81125, the eligible exercise physiologist prepares, or contributes to, a written report to be provided to the referring medical practitioner; and</li> <li>(g) an attendance record for the group is maintained by the eligible exercise physiologist;</li> </ul> <p>to a maximum of 8 group services in a calendar year (including services in items 81105, 81115 and 81125)</p> <p>This item is subject to section 9</p>	19.90

### Division 4.3—Dietetics 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"> <li>(a) the person has type 2 diabetes; and</li> <li>(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</li> <li>(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</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the person individually and in person; and</li> <li>(f) the service is of at least 45 minutes duration; and</li> <li>(g) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c);</li> </ul> <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)</p> <p>This item is subject to section 9</p>	79.85
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"> <li>(a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120; and</li> <li>(b) the service is provided to a person who is part of a group of between 2 and 12 patients; and</li> <li>(c) the person is not an admitted patient of a hospital; and</li> <li>(d) the service is provided in person; and</li> <li>(e) the service is of at least 60 minutes duration; and</li> <li>(f) after the last service in the group services program provided to the person under item 81105, 81115 or 81125, the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner; and</li> <li>(g) an attendance record for the group is maintained by the eligible dietitian;</li> </ul> <p>to a maximum of 8 group services in a calendar year (including services to which items 81105, 81115 and 81125 apply)</p> <p>This item is subject to section 9</p>	19.90

## Part 5—Services and fees—pervasive developmental disorder or 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"> <li>(a) the child was referred to the eligible psychologist by an eligible practitioner:                             <ul style="list-style-type: none"> <li>(i) to assist with the diagnosis of the child by the practitioner; or</li> <li>(ii) to contribute to the child’s PDD or disability treatment and management plan, developed by the practitioner; and</li> </ul> </li> <li>(b) the eligible practitioner is:                             <ul style="list-style-type: none"> <li>(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or</li> <li>(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and</li> </ul> </li> <li>(c) the eligible psychologist attending the child is registered with the Department of Human Resources as meeting the credentialing requirements for the provision of that service; and</li> <li>(d) the child is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the child individually and in person; and</li> <li>(f) the service is at least 50 minutes duration;</li> </ul> <p>to a maximum of 4 services (including services to which this item or items 82005, 82010 and 82030 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>	99.75
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"> <li>(a) the child was referred to the eligible speech pathologist by an eligible practitioner:                             <ul style="list-style-type: none"> <li>(i) to assist with the diagnosis of the child by the practitioner: or</li> <li>(ii) to contribute to the child’s PDD or disability treatment and management plan, developed by the practitioner; and</li> </ul> </li> <li>(b) the eligible practitioner is:                             <ul style="list-style-type: none"> <li>(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;</li> <li>(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and</li> </ul> </li> <li>(c) the eligible speech pathologist attending the child is registered with the Department of Human Resources as meeting the credentialing requirements for the provision of that service; and</li> <li>(d) the child is not an admitted patient of a hospital; and</li> <li>(e) the service is provided to the child individually and in person; and</li> </ul>	87.95

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

Item	Service	Fee(\$)
	<p>(f) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item or items 82000, 82010 and 82030 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</p>	
82010	<p>Occupational therapy health service provided to a child aged under 13 years by an eligible occupational therapist if:</p> <p>(a) the child was referred to the eligible occupational therapist by an eligible practitioner:</p> <p style="padding-left: 20px;">(i) to assist with the diagnosis of the child by the practitioner: or</p> <p style="padding-left: 20px;">(ii) to contribute to the child’s PDD or disability treatment and management plan, developed by the practitioner; and</p> <p>(b) the eligible practitioner is:</p> <p style="padding-left: 20px;">(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;</p> <p style="padding-left: 20px;">(ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and</p> <p>(c) the eligible occupational therapist attending the child is registered with the Department of Human Resources as meeting the credentialing requirements for the provision of that service; and</p> <p>(d) the child is not an admitted patient of a hospital; and</p> <p>(e) the service is provided to the child individually and in person; and</p> <p>(f) the service is at least 50 minutes duration;</p> <p>to a maximum of 4 services (including services to which this item or items 82000, 82005 and 82030 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</p>	87.95
82015	<p>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:</p> <p>(a) the child has been diagnosed with a PDD or an eligible disability; and</p> <p>(b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and</p> <p>(c) the child was referred by an eligible practitioner for services consistent with the child’s PDD or disability treatment and management plan; and</p> <p>(d) the eligible practitioner is:</p> <p style="padding-left: 20px;">(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;</p> <p style="padding-left: 20px;">(ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and</p> <p>(e) the eligible psychologist attending the child is registered with the Department of Human Resources as meeting the credentialing</p>	99.75

Item	Service	Fee(\$)
	<p>requirements for the provision of those services; and</p> <p>(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</p> <p>(g) the eligible practitioner is:</p> <p style="padding-left: 20px;">(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;</p> <p style="padding-left: 20px;">(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and</p> <p>(h) the child is not an admitted patient of a hospital; and</p> <p>(i) the service is provided to the child individually and in person; and</p> <p>(j) the service is at least 30 minutes duration;</p> <p>to a maximum of 20 services (including services to which this item or items 82020, 82025 and 82035 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>	
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> <p>(a) the child has been diagnosed with a PDD or an eligible disability; and</p> <p>(b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and</p> <p>(c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and</p> <p>(d) the eligible practitioner is:</p> <p style="padding-left: 20px;">(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;</p> <p style="padding-left: 20px;">(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and</p> <p>(e) the eligible speech pathologist attending the child is registered with the Department of Human Resources 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 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</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, 82025 and 82035 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>	87.95

**Schedule 2** Allied health services

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

<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
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"><li>(a) the child has been diagnosed with a PDD or an eligible disability; and</li><li>(b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and</li><li>(c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and</li><li>(d) the eligible practitioner is:<ul style="list-style-type: none"><li>(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;</li><li>(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and</li></ul></li><li>(e) the eligible occupational therapist attending the child is registered with the Department of Human Resources as meeting the credentialing requirements for the provision of those services; and</li><li>(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</li><li>(g) the child is not an admitted patient of a hospital; and</li><li>(h) the service is provided to the child individually and in person; and</li><li>(i) the service is at least 30 minutes duration;</li></ul> <p>to a maximum of 20 services (including services to which this item or items 82015, 82020 and 82035 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>	87.95
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"><li>(a) the child was referred to the eligible audiologist, optometrist, orthoptist or physiotherapist by an eligible practitioner:<ul style="list-style-type: none"><li>(i) to assist with the diagnosis of the child by the practitioner; or</li><li>(ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and</li></ul></li><li>(b) the eligible practitioner is:<ul style="list-style-type: none"><li>(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;</li><li>(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and</li></ul></li><li>(c) the eligible audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Resources as meeting the credentialing requirements for the provision of that service; and</li><li>(d) the child is not an admitted patient of a hospital; and</li></ul>	87.95

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 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"> <li>(a) the child has been diagnosed with a PDD or an eligible disability; and</li> <li>(b) the child, while aged under 13 years, received a PDD or disability                              treatment and management plan as prepared by the eligible                              practitioner; and</li> <li>(c) the child was referred by an eligible practitioner for services                              consistent with the child's PDD or disability treatment and                              management plan; and</li> <li>(d) the eligible practitioner is:                             <ul style="list-style-type: none"> <li>(i) for a child with PDD, a consultant physician specialising in the                                      practice of his or her field of psychiatry or paediatrics;</li> <li>(ii) for a child with disability, a specialist or consultant physician                                      practising in his or her specialty, or a general practitioner; and</li> </ul> </li> <li>(e) the eligible audiologist, optometrist, orthoptist or physiotherapist                              attending the child is registered with the Department of Human                              Resources as meeting the credentialing requirements for the                              provision of those services; and</li> <li>(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</li> <li>(g) the child is not an admitted patient of a hospital; and</li> <li>(h) the service is provided to the child individually and in person; and</li> <li>(i) the service is at least 30 minutes duration;</li> </ul> to a maximum of 20 services (including services to which this item or items 82015, 82020 and 82025 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	87.95

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

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"> <li>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and</li> <li>(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</li> <li>(c) the person is not an admitted patient of a hospital; and</li> <li>(d) the service is provided to the person individually and in person; and</li> <li>(e) the service is of at least 20 minutes duration; and</li> <li>(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"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or the last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
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"> <li>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and</li> <li>(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</li> <li>(c) the person is not an admitted patient of a hospital; and</li> <li>(d) the service is provided to the person individually and in person; and</li> <li>(e) the service is of at least 20 minutes duration; and</li> </ul>	62.25



Item	Service	Fee(\$)
	<p>(f) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p>(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 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>(b) the person is referred to the eligible audiologist 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 audiologist gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p>(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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
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> <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 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</p> <p>(c) the person is not an admitted patient of a hospital; and</p>	62.25

**Schedule 2** Allied health services

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

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
	<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 exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p>(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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	
81320	<p>Dietetics health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible dietitian 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 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</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 dietitian gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p>(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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
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> <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 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</p>	62.25

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Item	Service	Fee(\$)
	<ul style="list-style-type: none"> <li>(c) the person is not an admitted patient of a hospital; and</li> <li>(d) the service is provided to the person individually and in person; and</li> <li>(e) the service is of at least 20 minutes duration; and</li> <li>(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"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or the last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	
81330	<p>Occupational therapy health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible occupational therapist if:</p> <ul style="list-style-type: none"> <li>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and</li> <li>(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</li> <li>(c) the person is not an admitted patient of a hospital; and</li> <li>(d) the service is provided to the person individually and in person; and</li> <li>(e) the service is of at least 20 minutes duration; and</li> <li>(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"> <li>(i) if the service is the only service under the referral—in relation to that service; or</li> <li>(ii) if the service is the first or the last service under the referral—in relation to that service; or</li> <li>(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;</li> </ul> </li> </ul> <p>to a maximum of 5 services (including any services to which this item or any other item in Part 6 of this Schedule applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
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"> <li>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and</li> </ul>	62.25

**Schedule 2** Allied health services

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

Item	Service	Fee(\$)
	<p>(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</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 physiotherapist 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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	
81340	<p>Podiatry health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible podiatrist 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 podiatrist 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 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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
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>	62.25

Item	Service	Fee(\$)
	<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 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 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> <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 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</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 osteopath 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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25
81355	<p>Psychology health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible psychologist if:</p> <p>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and</p>	62.25

**Schedule 2** Allied health services

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

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
	<p>(b) the person is referred to the eligible psychologist 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 psychologist gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p>(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 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> <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 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</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 speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (b):</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or the last service under the referral—in relation to that service; or</p> <p>(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 applies) in a calendar year</p> <p>This item is subject to section 9</p>	62.25

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

Item	Service	Fee(\$)
82300	Audiology health service, consisting of brain stem evoked response audiometry, performed on a person by an eligible audiologist if: <ul style="list-style-type: none"> <li>(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</li> <li>(b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and</li> <li>(c) the service is not performed for the purpose of a hearing screening; and</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is performed on the person individually and in person; and</li> <li>(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</li> <li>(g) a service to which item 11300 applies has not been performed on the person on the same day.</li> </ul> This item is subject to sections 9 and 12.	153.95
82306	Audiology health service, consisting of non-determinate audiometry performed on a person by an eligible audiologist if: <ul style="list-style-type: none"> <li>(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</li> <li>(b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and</li> <li>(c) the service is not performed for the purpose of a hearing screening; and</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is performed on the person individually and in person; and</li> <li>(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</li> <li>(g) a service to which item 11306 applies has not been performed on the person on the same day.</li> </ul> This item is subject to sections 9 and 12.	17.50

**Schedule 2** Allied health services

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

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
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"><li>(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</li><li>(b) the eligible practitioner is:<ul style="list-style-type: none"><li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li><li>(ii) a specialist or consultant physician in the specialty of neurology; and</li></ul></li><li>(c) the service is not performed for the purpose of a hearing screening; and</li><li>(d) the person is not an admitted patient of a hospital; and</li><li>(e) the service is performed on the person individually and in person; and</li><li>(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</li><li>(g) a service to which item 11309 applies has not been performed on the person on the same day.</li></ul> <p>This item is subject to sections 9 and 12.</p>	21.05
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"><li>(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</li><li>(b) the eligible practitioner is:<ul style="list-style-type: none"><li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li><li>(ii) a specialist or consultant physician in the specialty of neurology; and</li></ul></li><li>(c) the service is not performed for the purpose of a hearing screening; and</li><li>(d) the person is not an admitted patient of a hospital; and</li><li>(e) the service is performed on the person individually and in person; and</li><li>(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</li><li>(g) a service to which item 11312 applies has not been performed on the person on the same day.</li></ul> <p>This item is subject to sections 9 and 12.</p>	29.70

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Item	Service	Fee(\$)
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> <ul style="list-style-type: none"> <li>(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</li> <li>(b) the eligible practitioner is: <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> </li> <li>(c) the service is not performed for the purpose of a hearing screening; and</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is performed on the person individually and in person; and</li> <li>(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</li> <li>(g) a service to which item 11315 applies has not been performed on the person on the same day.</li> </ul> <p>This item is subject to sections 9 and 12.</p>	39.35
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> <ul style="list-style-type: none"> <li>(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</li> <li>(b) the eligible practitioner is: <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> </li> <li>(c) the service is not performed for the purpose of a hearing screening; and</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is performed on the person individually and in person; and</li> <li>(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</li> <li>(g) a service to which item 11318 applies has not been performed on the person on the same day.</li> </ul> <p>This item is subject to sections 9 and 12.</p>	48.60

**Schedule 2** Allied health services

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

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<b>Item</b>	<b>Service</b>	<b>Fee(\$)</b>
82324	<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 (not being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if:</p> <ul style="list-style-type: none"><li>(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</li><li>(b) the eligible practitioner is:<ul style="list-style-type: none"><li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li><li>(ii) a specialist or consultant physician in the specialty of neurology; and</li></ul></li><li>(c) the service is not performed for the purpose of a hearing screening; and</li><li>(d) the person is not an admitted patient of a hospital; and</li><li>(e) the service is performed on the person individually and in person; and</li><li>(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</li><li>(g) a service to which item 11324 applies has not been performed on the person on the same day.</li></ul> <p>This item is subject to sections 9 and 12.</p>	26.30
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"><li>(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</li><li>(b) the eligible practitioner is:<ul style="list-style-type: none"><li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li><li>(ii) a specialist or consultant physician in the specialty of neurology; and</li></ul></li><li>(c) the service is not performed for the purpose of a hearing screening; and</li><li>(d) the person is not an admitted patient of a hospital; and</li><li>(e) the service is performed on the person individually and in person; and</li><li>(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</li></ul>	15.80

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Item	Service	Fee(\$)
	(g) a service to which item 11327 applies has not been performed on the person on the same day.	
	This item is subject to sections 9 and 12.	
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"> <li>(a) the service is performed pursuant to a written request made by an eligible practitioner who is: <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> </li> <li>(b) the infant or child is at risk due to 1 or more of the following factors: <ul style="list-style-type: none"> <li>(i) admission to a neonatal intensive care unit;</li> <li>(ii) family history of hearing impairment;</li> <li>(iii) intra-uterine or perinatal infection (either suspected or confirmed);</li> <li>(iv) birthweight less than 1.5kg;</li> <li>(v) craniofacial deformity;</li> <li>(vi) birth asphyxia;</li> <li>(vii) chromosomal abnormality, including Down Syndrome;</li> <li>(viii) exchange transfusion; and</li> </ul> </li> <li>(c) middle ear pathology has been excluded by specialist opinion; and</li> <li>(d) the infant or child is not an admitted patient of a hospital; and</li> <li>(e) the service is performed on the infant or child individually and in person; and</li> <li>(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</li> <li>(g) a service to which item 11332 applies has not been performed on the infant or child on the same day.</li> </ul> <p>This item is subject to sections 9 and 12.</p>	46.85

