



Health Insurance (General Medical Services Table) Amendment (Lipectomy and Other Measures) Regulation 2015

Select Legislative Instrument No. 238, 2015

I, General the Honourable Sir Peter Cosgrove AK MC (Ret'd), Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulation.

Dated 10 December 2015

Peter Cosgrove
Governor-General

By His Excellency's Command

Sussan Ley
Minister for Health

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(Lipectomy and Other Measures) Regulation 2015* i

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1 Name

This is the *Health Insurance (General Medical Services Table) Amendment (Lipectomy and Other Measures) Regulation 2015*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 January 2016.	1 January 2016

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Health Insurance Act 1973*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Part 1—Lipectomy procedures

Health Insurance (General Medical Services Table) Regulation 2015

1 Schedule 1 (items 30165 to 30177)

Repeal the items, substitute:

30165	Lipectomy, wedge excision of abdominal apron that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30168, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and (b) the abdominal apron interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)	454.85
30168	Lipectomy, wedge excision of redundant non-abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and (b) the redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and (d) the procedure involves 1 excision only (H) (Anaes.) (Assist.)	454.85

30171	<p>Lipectomy, wedge excision of redundant non-abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if:</p> <p>(a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and</p> <p>(b) the redundant skin and fat interferes with the activities of daily living; and</p> <p>(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and</p> <p>(d) the procedure involves 2 excisions only</p> <p>(H) (Anaes.) (Assist.)</p>	691.75
30172	<p>Lipectomy, wedge excision of redundant non-abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30171, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if:</p> <p>(a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and</p> <p>(b) the redundant skin and fat interferes with the activities of daily living; and</p> <p>(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and</p> <p>(d) the procedure involves 3 or more excisions</p> <p>(H) (Anaes.) (Assist.)</p>	691.75
30176	<p>Lipectomy, radical abdominoplasty (Pitanguy type or similar), with excision of skin and subcutaneous tissue, repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30177, 30179, 45530, 45564 or 45565 applies, if it can be demonstrated that there is an anterior abdominal wall defect that is a consequence of the surgical removal of large intra-abdominal or pelvic tumours</p> <p>(H) (Anaes.) (Assist.)</p>	985.70

Schedule 1 Amendments

Part 1 Lipectomy procedures

30177	Lipectomy, excision of skin and subcutaneous tissue associated with redundant abdominal skin and fat that is a direct consequence of significant weight loss, in conjunction with a radical abdominoplasty (Pitanguy type or similar), with or without repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and (b) the redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)	985.70
30179	Circumferential lipectomy, as an independent procedure, to correct circumferential excess of redundant skin and fat that is a direct consequence of significant weight loss, with or without a radical abdominoplasty (Pitanguy type or similar), not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 45530, 45564 or 45565 applies, if: (a) the circumferential excess of redundant skin and fat is complicated by intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and (b) the circumferential excess of redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)	1 213.15

2 Schedule 1 (item 45530, column headed “Description”)

Omit “30174 or 30177”, substitute “30172, 30176, 30177 or 30179”.

3 Schedule 1 (item 45564, column headed “Description”)

Omit “30174, 30177,”, substitute “30172, 30176, 30177, 30179,”.

4 Schedule 1 (item 45565, column headed “Description”)

Omit “30174, 30177,”, substitute “30172, 30176, 30177, 30179,”.

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Part 2—Radiation oncology

Health Insurance (General Medical Services Table) Regulation 2015

5 After clause 2.38.2 of Schedule 1

Insert:

2.38.2A Meaning of IGRT

In items 15275 and 15715:

IGRT means image-guided radiation therapy, being a process in which frequent 2 and 3-dimensional imaging is captured as close as possible to the time of treatment by using x-rays and scans (similar to CT scans) before and during radiotherapy treatment, in order to show the size, shape and position of a cancer as well as the surrounding tissues and bones.

2.38.2B Meaning of IMRT

In items 15275, 15555, 15565 and 15715:

IMRT means intensity-modulated radiation therapy, being a form of external beam radiation therapy that uses high energy megavoltage x-rays to allow the radiation dose to conform more closely to the shape of a tumour by changing the intensity of the radiation beam.

6 After clause 2.38.3 of Schedule 1

Insert:

2.38.3A Application of items 15215 to 15272

Items 15215 to 15272 do not apply to a service if the service is undertaken to implement an IMRT dosimetry plan prepared in accordance with item 15565.

7 Schedule 1 (after item 15272)

Insert:

15275	Radiation oncology treatment with IGRT imaging undertaken: (a) to implement an IMRT dosimetry plan prepared in accordance with item 15565; and (b) utilising an intensity-modulated treatment delivery (fixed or dynamic gantry linear accelerator or non-linear accelerator) mode, once only at each attendance at which treatment is given	182.90
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8 Schedule 1 (after item 15553)

Insert:

15555	Simulation for IMRT, with or without intravenous contrast medium, if: (a) treatment set-up and technique specifications are in preparation for IMRT dose planning; and (b) patient set-up and immobilisation techniques are suitable for reliable CT image volume data acquisition and IMRT; and (c) a high-quality CT image volume dataset is acquired for the relevant region of interest to be planned and treated; and (d) the image set is suitable for the generation of quality digitally reconstructed radiographic images	710.55
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9 Schedule 1 (after item 15562)

Insert:

15565	Preparation of an IMRT dosimetry plan, which uses one or more CT image volume datasets, if: (a) in preparing the IMRT dosimetry plan: (i) the differential between target dose and normal tissue dose is maximised, based on a review and assessment by a radiation oncologist; and (ii) all gross tumour targets, clinical targets, planning targets and organs at risk are rendered as volumes as defined in the prescription; and (iii) organs at risk are nominated as planning dose goals or constraints and the prescription specifies the organs at risk as dose goals or constraints; and (iv) dose calculations and dose volume histograms are generated in an inverse planned process, using a specialised calculation algorithm, with	3 313.85
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Schedule 1 Amendments
Part 2 Radiation oncology

- prescription and plan details approved and recorded in the plan; and
- (v) a CT image volume dataset is used for the relevant region to be planned and treated; and
 - (vi) the CT images are suitable for the generation of quality digitally reconstructed radiographic images; and
- (b) the final IMRT dosimetry plan is validated by the radiation therapist and the medical physicist, using robust quality assurance processes that include:
- (i) determination of the accuracy of the dose fluence delivered by the multi-leaf collimator and gantry position (static or dynamic); and
 - (ii) ensuring that the plan is deliverable, data transfer is acceptable and validation checks are completed on a linear accelerator; and
 - (iii) validating the accuracy of the derived IMRT dosimetry plan in a known dosimetric phantom; and
 - (iv) determining the accuracy of planned doses in comparison to delivered doses to designated points within the phantom or dosimetry device; and
- (c) the final IMRT dosimetry plan is approved by the radiation oncologist prior to delivery

10 Schedule 1 (after item 15600)

Insert:

Subgroup 7—Radiation oncology treatment verification

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|-------|---|-------|
| 15715 | Radiation oncology treatment verification of planar or volumetric IGRT for IMRT, involving the use of at least 2 planar image views or projections or 1 volumetric image set to facilitate a 3-dimensional adjustment to radiation treatment field positioning, if: | 76.60 |
|-------|---|-------|
- (a) the treatment technique is classified as IMRT; and
 - (b) the margins applied to volumes (clinical target volume or planning target volume) are tailored or reduced to minimise treatment related exposure of healthy or normal tissues; and
 - (c) the decisions made using acquired images are based on action algorithms and are given effect immediately prior to or during treatment delivery by qualified and trained staff considering complex competing factors
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- and using software-driven modelling programs; and
- (d) the radiation treatment field positioning requires accuracy levels of less than 5mm (curative cases) or up to 10mm (palliative cases) to ensure accurate dose delivery to the target; and
 - (e) the image decisions and actions are documented in the patient's record; and
 - (f) the radiation oncologist is responsible for supervising the process, including specifying the type and frequency of imaging, tolerance and action levels to be incorporated in the process, reviewing the trend analysis and any reports and relevant images during the treatment course and specifying action protocols as required; and
 - (g) when treatment adjustments are inadequate to satisfy treatment protocol requirements, replanning is required; and
 - (h) the imaging infrastructure (hardware and software) is linked to the treatment unit and networked to an image database, enabling both on-line and off-line reviews

11 Part 3 of Schedule 1

Insert:

IGRT, for items 15275 and 15715, has the meaning given by clause 2.38.2A.

IMRT, for items 15275, 15555, 15565 and 15715, has the meaning given by clause 2.38.2B.