



Health Insurance Legislation Amendment (2016 Measures No. 2) Regulation 2016

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 13 October 2016

Peter Cosgrove
Governor-General

By His Excellency's Command

Sussan Ley
Minister for Health and Aged Care

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1 Name

This is the *Health Insurance Legislation Amendment (2016 Measures No. 2) Regulation 2016*.

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. Sections 1 to 4 and anything in this instrument not elsewhere covered by this table	1 November 2016.	1 November 2016
2. Schedule 1, Part 1	1 November 2016.	1 November 2016
3. Schedule 1, Part 2	1 January 2017	1 January 2017

Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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—Main amendments

Health Insurance (Diagnostic Imaging Services Table) Regulation 2016

1 Subclause 2.5.1(1) of Schedule 1

Omit “63486”, substitute “63467, 63487 to 63490, 63470 to 63486”.

2 Subclause 2.5.1(2) of Schedule 1

Omit “63484”, substitute “63467, 63487 to 63490, 63470 to 63484”.

3 Schedule 1 (after item 63467)

Insert:

63487	MRI—performed under the professional supervision of an eligible provider at an eligible location, if: (a) the patient is referred by a specialist or a consultant physician; and (b) a dedicated breast coil is used; and (c) the request for the scan identifies that: (i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and (ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (K) (Anaes)	690.00
63488	MRI—performed under the professional supervision of an eligible provider at an eligible location, if: (a) the patient is referred by a specialist or a consultant physician; and (b) a dedicated breast coil is used; and (c) the request for the scan identifies that: (i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and (ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (NK) (Anaes)	345.00
63489	MRI—guided biopsy, performed under the professional supervision of an eligible provider at an eligible location, if: (a) the patient is referred by a specialist or a consultant physician; and (b) a dedicated breast coil is used; and (c) the request for the scan identifies that: (i) the patient has a suspicious lesion seen on MRI but not on conventional imaging; and (ii) the lesion is not amenable to biopsy guided by conventional imaging; and (d) a repeat ultrasound scan of the affected breast is performed: (i) before the guided biopsy is performed; and (ii) as part of the service under this item (R) (K) (Anaes.)	1440.00
63490	MRI—guided biopsy performed under the professional supervision of an eligible provider at an eligible location, if: (a) the patient is referred by a specialist or a consultant physician; and (b) a dedicated breast coil is used; and	720.00

- (c) the request for the scan identifies that:
 - (i) the patient has a suspicious lesion seen on MRI but not on conventional imaging; and
 - (ii) the lesion is not amenable to biopsy guided by conventional imaging; and
- (d) a repeat ultrasound scan of the affected breast is performed:
 - (i) before the guided biopsy is performed; and
 - (ii) as part of the service under this item (R) (NK) (Anaes.)

Health Insurance (General Medical Services Table) Regulation 2016

4 Subparagraph 1.1.3(1)(b)(i) of Schedule 1

Repeal the subparagraph, substitute:

- (i) for items 735 to 758, 825 to 828, 855 to 858, 6029 to 6042 and 6064 to 6075—includes at least 2 other members; or

5 Subclause 1.1.4(1) of Schedule 1

After “6015,”, insert “6018, 6019, 6024, 6025, 6026, 6051, 6052, 6058, 6059, 6060, 6062, 6063,”.

6 Subclause 1.2.2(1) of Schedule 1

After “6016,”, insert “6018 to 6028, 6051 to 6063,”.

7 Subclause 1.2.3(1) of Schedule 1

After “6016,”, insert “6018 to 6026, 6051 to 6063,”.

8 Subclause 1.2.4(1) of Schedule 1

Omit “4001 to 10816,”, substitute “4001 to 6016, 6018 to 6024, 6051 to 6058, 6062, 6063, 10801 to 10816,”.

9 Paragraph 1.2.4(3)(c) of Schedule 1

After “6016,”, insert “6025, 6026, 6059, 6060,”.

10 Subclause 1.2.5(1) of Schedule 1

Omit “900 to 10816,”, substitute “900 to 6016, 6018 to 6024, 6028, 6051 to 6058, 6062, 6063, 10801 to 10816,”.

11 Paragraph 1.2.5(4)(c) of Schedule 1

After “6016,”, insert “6025, 6026, 6059, 6060,”.

12 Subclause 1.2.8(1) of Schedule 1

Omit “12015, 12018, 12021,”, substitute “12017, 12021, 12022, 12024,”.

13 Schedule 1 (cell at item 825, column headed “Description”)

Repeal the cell, substitute:

Attendance by a consultant physician in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the

conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team

14 Schedule 1 (cell at item 826, column headed “Description”)

Repeal the cell, substitute:

Attendance by a consultant physician in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team

15 Schedule 1 (cell at item 828, column headed “Description”)

Repeal the cell, substitute:

Attendance by a consultant physician in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team

16 Schedule 1 (cell at item 855, column headed “Description”)

Repeal the cell, substitute:

Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team

17 Schedule 1 (cell at item 857, column headed “Description”)

Repeal the cell, substitute:

Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team

18 Schedule 1 (cell at item 858, column headed “Description”)

Repeal the cell, substitute:

Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 45 minutes, with the multidisciplinary case conference team

19 After Division 2.21 of Schedule 1

Insert:

Division 2.21A—Group A31: Addiction medicine

2.21A.1 Meaning of organise and coordinate

In items 6029 to 6042:

organise and coordinate, for a conference mentioned in the item, means undertaking all of the following activities:

- (a) explaining to the patient the nature of the conference;
- (b) asking the patient whether the patient agrees to the conference taking place;
- (c) recording the patient's agreement to the conference;
- (d) recording the day the conference was held and the times the conference started and ended;
- (e) recording the names of the participants;
- (f) recording the activities mentioned in the definition of *multidisciplinary case conference* in clause 1.1.2 and putting a copy of that record in the patient's medical records;
- (g) offering the patient and the patient's carer (if any and if the practitioner considers appropriate and the patient agrees), and giving each other member of the team, a summary of the conference;
- (h) discussing the outcomes of the conference with the patient and the patient's carer (if any and if the practitioner considers appropriate and the patient agrees).

2.21A.2 Meaning of participate

In items 6035 to 6042:

participate, for a conference mentioned in the item, means participation that:

- (a) does not include organising and coordinating the conference; and
- (b) involves undertaking all of the following activities in relation to the conference:
 - (i) explaining to the patient the nature of the conference;
 - (ii) asking the patient whether the patient agrees to the practitioner's participation in the conference;
 - (iii) recording the patient's agreement to the practitioner's participation in the conference;
 - (iv) recording the day the conference was held and the times the conference started and ended;
 - (v) recording the names of the participants;
 - (vi) recording the activities mentioned in the definition of *multidisciplinary case conference* in clause 1.1.2 and putting a copy of that record in the patient's medical records.

2.21A.3 Limitation of items 6025 and 6026

- (1) Item 6025 does not apply if the patient or addiction medicine specialist travels to a place to satisfy the requirement in sub-subparagraph (c)(i)(B) of the item.

- (2) Item 6026 does not apply if the patient or addiction medicine specialist travels to a place to satisfy the requirement in sub-subparagraph (d)(i)(B) of the item.

2.21A.4 Application of item 6028

Item 6028 applies only to a service provided in the course of a personal attendance by a single addiction medicine specialist.

Group A31—Addiction medicine		
Item	Description	Fee (\$)
Subgroup 1—Addiction medicine attendances		
6018	Professional attendance by an addiction medicine specialist in the practice of his or her specialty following referral of the patient to him or her by a referring practitioner, if the attendance: (a) includes a comprehensive assessment; and (b) is the first or only time in a single course of treatment that a comprehensive assessment is provided	150.90
6019	Professional attendance by an addiction medicine specialist in the practice of his or her specialty following referral of the patient to him or her by a referring practitioner, if the attendance is a patient assessment: (a) before or after a comprehensive assessment under item 6018 in a single course of treatment; or (b) that follows an initial assessment under item 6023 in a single course of treatment; or (c) that follows a review under item 6024 in a single course of treatment	75.50
6023	Professional attendance by an addiction medicine specialist in the practice of his or her specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to him or her by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) a comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) an addiction medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner: (i) an opinion on diagnosis and risk assessment; (ii) treatment options and decisions; (iii) medication recommendations; and (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018 or 6019 applies did not take place on the same day by the same addiction medicine specialist; and (d) neither this item nor item 132 has applied to an attendance on the patient in the preceding 12 months by the same	263.90

Group A31—Addiction medicine		
Item	Description	Fee (\$)
	addiction medicine specialist	
6024	<p>Professional attendance by an addiction medicine specialist in the practice of his or her specialty of at least 20 minutes after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities if:</p> <p>(a) a review is undertaken that covers:</p> <ul style="list-style-type: none"> (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and <p>(b) the modified addiction medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate:</p> <ul style="list-style-type: none"> (i) a revised opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and <p>(c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018 or 6019 applies did not take place on the same day by the same addiction medicine specialist; and</p> <p>(d) item 6023 applied to an attendance claimed in the preceding 12 months; and</p> <p>(e) the attendance under this item is claimed by the same addiction medicine specialist who claimed item 6023 or by a locum tenens; and</p> <p>(f) this item has not applied more than twice in any 12 month period</p>	132.10
6025	<p>Initial professional attendance of 10 minutes or less, on a patient by an addiction medicine specialist in the practice of his or her specialty, if:</p> <p>(a) the attendance is by video conference; and</p> <p>(b) the patient is not an admitted patient; and</p> <p>(c) the patient:</p> <ul style="list-style-type: none"> (i) is located both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 km by road from the addiction medicine specialist; or (ii) is a care recipient in a residential care service; or (iii) is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service; <ul style="list-style-type: none"> for which a direction made under subsection 19(2) of the Act applies; and <p>(d) no other initial consultation has taken place for a single course of treatment</p>	113.20
6026	Professional attendance on a patient by an addiction medicine	50% of the fee for

Schedule 1 Amendments
Part 1 Main amendments

Group A31—Addiction medicine		
Item	Description	Fee (\$)
	specialist in the practice of his or her specialty, if:	item 6018, 6019, 6023 or 6024
	(a) the attendance is by video conference; and	
	(b) the attendance is for a service:	
	(i) provided with item 6018 or 6019 and lasting more than 10 minutes; or	
	(ii) provided with item 6023 or 6024; and	
	(c) the patient is not an admitted patient; and	
	(d) the patient:	
	(i) is located both:	
	(A) within a telehealth eligible area; and	
	(B) at the time of the attendance—at least 15 km by road from the addiction medicine specialist; or	
	(ii) is a care recipient in a residential care service; or	
	(iii) is a patient of:	
	(A) an Aboriginal Medical Service; or	
	(B) an Aboriginal Community Controlled Health Service;	
	for which a direction made under subsection 19 (2) of the Act applies	
Subgroup 2—Group therapy		
6028	Group therapy (including any associated consultation with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour, given under the continuous direct supervision of an addiction medicine specialist in the practice of his or her specialty for a group of 2 to 9 unrelated patients, or a family group of more than 2 patients, each of whom is referred to the addiction medicine specialist by a referring practitioner—for each patient	49.30
Subgroup 3—Addiction medicine case conferences		
6029	Attendance by an addiction medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of less than 15 minutes, with the multidisciplinary case conference team	42.70
6031	Attendance by an addiction medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	75.50
6032	Attendance by an addiction medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	113.30
6034	Attendance by an addiction medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of	150.90

Group A31—Addiction medicine		
Item	Description	Fee (\$)
	different disciplines, to organise and coordinate the multidisciplinary case conference of at least 45 minutes, with the multidisciplinary case conference team	
6035	Attendance by an addiction medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of less than 15 minutes, with the multidisciplinary case conference team	34.15
6037	Attendance by an addiction medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	60.40
6038	Attendance by an addiction medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	90.65
6042	Attendance by an addiction medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team	120.75

Division 2.21B—Group A32: Sexual health medicine

2.21B.1 Meaning of organise and coordinate

In items 6064 to 6075:

organise and coordinate, for a conference mentioned in the item, means undertaking all of the following activities:

- (a) explaining to the patient the nature of the conference;
- (b) asking the patient whether the patient agrees to the conference taking place;
- (c) recording the patient's agreement to the conference;
- (d) recording the day the conference was held and the times the conference started and ended;
- (e) recording the names of the participants;
- (f) recording the activities mentioned in the definition of *multidisciplinary case conference* in clause 1.1.2 and putting a copy of that record in the patient's medical records;

- (g) offering the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees), and giving each other member of the team, a summary of the conference;
- (h) discussing the outcomes of the conference with the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees).

2.21B.2 Meaning of participate

In items 6071 to 6075:

participate, for a conference mentioned in the item, means participation that:

- (a) does not include organising and coordinating the conference; and
- (b) involves undertaking all of the following activities in relation to the conference:
 - (i) explaining to the patient the nature of the conference;
 - (ii) asking the patient whether the patient agrees to the practitioner’s participation in the conference;
 - (iii) recording the patient’s agreement to the practitioner’s participation in the conference;
 - (iv) recording the day the conference was held and the times the conference started and ended;
 - (v) recording the names of the participants;
 - (vi) recording the activities mentioned in the definition of *multidisciplinary case conference* in clause 1.1.2 and putting a copy of that record in the patient’s medical records.

2.21B.3 Limitation of items 6059 and 6060

- (1) Item 6059 does not apply if the patient or sexual health medicine specialist travels to a place to satisfy the requirement in sub-subparagraph (c)(i)(B) of the item.
- (2) Item 6060 does not apply if the patient or sexual health medicine specialist travels to a place to satisfy the requirement in sub-subparagraph (d)(i)(B) of the item.

Group A32—Sexual health medicine

Item	Description	Fee (\$)
Subgroup 1—Sexual health medicine attendances		
6051	Professional attendance by a sexual health medicine specialist in the practice of his or her specialty following referral of the patient to him or her by a referring practitioner, if the attendance: <ul style="list-style-type: none"> (a) includes a comprehensive assessment; and (b) is the first or only time in a single course of treatment that a comprehensive assessment is provided 	150.90
6052	Professional attendance by a sexual health medicine specialist in the practice of his or her specialty following referral of the patient to him or her by a referring practitioner, if the attendance is a patient assessment: <ul style="list-style-type: none"> (a) before or after a comprehensive assessment under item 6051 in a single course of treatment; or 	75.50

Group A32—Sexual health medicine		
Item	Description	Fee (\$)
	(b) that follows an initial assessment under item 6057 in a single course of treatment; or (c) that follows a review under item 6058 in a single course of treatment	
6057	Professional attendance by a sexual health medicine specialist in the practice of his or her specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to him or her by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) a comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) a sexual health medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner: (i) an opinion on diagnosis and risk assessment; (ii) treatment options and decisions; (iii) medication recommendations; and (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6051 or 6052 applies did not take place on the same day by the same sexual health medicine specialist; and (d) neither this item nor item 132 has applied to an attendance on the patient in the preceding 12 months by the same sexual health medicine specialist	263.90
6058	Professional attendance by sexual health medicine specialist in the practice of his or her specialty of at least 20 minutes after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified sexual health medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient, being an attendance to which item 104, 105, 110, 116, 119, 132, 133, 6051 or 6052 applies did not take place on the same day by the same sexual health medicine specialist; and (d) item 6057 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same sexual health medicine specialist who claimed item 6057 or by a locum tenens; and (f) this item has not applied more than twice in any 12 month period	132.10

Schedule 1 Amendments
Part 1 Main amendments

Group A32—Sexual health medicine		
Item	Description	Fee (\$)
6059	Initial professional attendance of 10 minutes or less, on a patient by a sexual health medicine specialist in the practice of his or her specialty, if: <ul style="list-style-type: none"> (a) the attendance is by video conference; and (b) the patient is not an admitted patient; and (c) the patient: <ul style="list-style-type: none"> (i) is located both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 km by road from the sexual health medicine specialist; or (ii) is a care recipient in a residential care service; or (iii) is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19(2) of the Act applies; and (d) no other initial consultation has taken place for a single course of treatment 	113.20
6060	Professional attendance on a patient by a sexual health medicine specialist in the practice of his or her specialty if: <ul style="list-style-type: none"> (a) the attendance is by video conference; and (b) the attendance is for a service: <ul style="list-style-type: none"> (i) provided with item 6051 or 6052 and lasting more than 10 minutes; or (ii) provided with item 6057 or 6058; and (c) the patient is not an admitted patient; and (d) the patient: <ul style="list-style-type: none"> (i) is located both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 km by road from the sexual health medicine specialist; or (ii) is a care recipient in a residential care service; or (iii) is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19 (2) of the Act applies 	50% of the fee for item 6051, 6052, 6057 or 6058
Subgroup 2—Home visits		
6062	Professional attendance at a place other than consulting rooms or a hospital by a sexual health medicine specialist in the practice of his or her specialty following referral of the patient to him or her by a referring practitioner—initial attendance in a single course of treatment	183.10
6063	Professional attendance at a place other than consulting rooms or a hospital by a sexual health medicine specialist in the practice of his or her specialty following referral of the patient to him or her by a referring practitioner—each attendance after the attendance under item 6062 in a single course of treatment	110.75
Subgroup 3—Sexual health medicine case conferences		
6064	Attendance by a sexual health medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise	42.70

Group A32—Sexual health medicine		
Item	Description	Fee (\$)
	and coordinate a community case conference of less than 15 minutes, with the multidisciplinary case conference team	
6065	Attendance by a sexual health medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	75.50
6067	Attendance by a sexual health medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	113.30
6068	Attendance by a sexual health medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 45 minutes, with the multidisciplinary case conference team	150.90
6071	Attendance by a sexual health medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of less than 15 minutes, with the multidisciplinary case conference team	34.15
6072	Attendance by a sexual health medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	60.40
6074	Attendance by a sexual health medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	90.65
6075	Attendance by a sexual health medicine specialist in the practice of his or her specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team	120.75

20 Schedule 1 (items 11215 and 11218, column headed “Description”)

Omit “photography”, substitute “angiography”.

21 Schedule 1 (items 12000 and 12003, column headed “Description”)

Omit “12015, 12018 or 12021”, substitute “12017, 12021, 12022 or 12024”.

22 Schedule 1 (items 12012, 12015, 12018 and 12021)

Repeal the items, substitute:

Schedule 1 Amendments
Part 1 Main amendments

12012	Epicutaneous patch testing in the investigation of allergic dermatitis using not more than 25 allergens	20.80
12017	Epicutaneous patch testing in the investigation of allergic dermatitis using more than 25 allergens but not more than 50 allergens	70.30
12021	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist in the practice of his or her specialty, using more than 50 allergens but not more than 75 allergens	115.50
12022	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist in the practice of his or her specialty, using more than 75 allergens but not more than 100 allergens	135.65
12024	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist in the practice of his or her specialty, using more than 100 allergens	154.50

23 Schedule 1 (after item 12250)

Insert:

12325	Assessment of visual acuity and bilateral retinal photography with a non-mydratic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if: (a) the patient is of Aboriginal and Torres Strait Islander descent; and (b) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and (c) this item and item 12326 have not applied to the patient in the preceding 12 months; and (d) the patient does not have: (i) an existing diagnosis of diabetic retinopathy; or (ii) visual acuity of less than 6/12 in either eye; or (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation	50.00
12326	Assessment of visual acuity and bilateral retinal photography with a non-mydratic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if: (a) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and (b) this item and item 12325 have not applied to the patient in the preceding 24 months; and (c) the patient does not have: (i) an existing diagnosis of diabetic retinopathy; or (ii) visual acuity of less than 6/12 in either eye; or (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation	50.00

24 Schedule 1 (item 30071, column headed "Description")

Omit "or mucous membrane".

25 Schedule 1 (after item 30071)

Insert:

30072	Diagnostic biopsy of mucous membrane, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)	52.20
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26 Schedule 1 (items 30653, 30656, 30659 and 30660)

Repeal the items, substitute:

30654	Circumcision of the penis (other than a service to which item 30658 applies)	46.50
30658	Circumcision of the penis, when performed in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.)	142.00

27 Schedule 1 (items 31200 to 31240)

Repeal the items, substitute:

31206	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is not more than 10 mm in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	95.45
31211	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is more than 10 mm, but not more than 20 mm, in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	123.10
31216	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is more than 20 mm in diameter; and (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination (Anaes.)	143.55
31220	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions and suture, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous or subcutaneous tissue by surgical excision (other than by shave excision); and (c) all of the specimens excised are sent for histological examination (Anaes.)	214.55
31221	Tumours, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from a mucous membrane by surgical excision (other	214.55

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	than by shave excision); and (c) each site of excision is closed by suture; and (d) all of the specimens excised are sent for histological examination (Anaes.)	
31225	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of more than 10 lesions, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous or subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and (c) each site of excision is closed by suture; and (d) all of the specimens excised are sent for histological examination (Anaes.)	381.30
28 Schedule 1 (items 31255 to 31335)		
Repeal the items.		
29 Schedule 1 (item 31340, column headed “Description”, paragraph (b))		
Omit “any of items 31255 to 31335”, substitute “item 31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369, 31371, 31372, 31373, 31374, 31375 or 31376”.		
30 Schedule 1 (after item 31355)		
Insert:		
31356	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	221.35
31357	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	109.70
31358	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and	270.85

	(c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	
31359	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision), if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia (the <i>applicable site</i>); and (b) the necessary excision area is at least one third of the surface area of the applicable site; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (H) (Anaes.)	330.15
31360	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	168.05
31361	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	186.70
31362	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	133.90
31363	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and	244.30

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	(b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	
31364	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	168.05
31365	Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372 or 31373), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	158.30
31366	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; not in association with item 45201 (Anaes.)	95.45
31367	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	213.60
31368	Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by	125.55

	<p>item 31357, 31360, 31362 or 31364; and</p> <p>(b) the necessary excision diameter is at least 15 mm but not more than 30mm; and</p> <p>(c) the excised specimen is sent for histological examination;</p> <p>not in association with item 45201 (Anaes.)</p>	
31369	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and</p> <p>(b) the necessary excision diameter is more than 30 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy</p> <p>(Anaes.)</p>	245.90
31370	<p>Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and</p> <p>(b) the necessary excision diameter is more than 30 mm; and</p> <p>(c) the excised specimen is sent for histological examination</p> <p>(Anaes.)</p>	143.55
31371	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and</p> <p>(b) the necessary excision diameter is 6 mm or more; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy</p> <p>(Anaes.)</p>	357.00
31372	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and</p> <p>(b) the necessary excision diameter is less than 14 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy;</p> <p>not in association with item 45201 (Anaes.)</p>	308.70
31373	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper</p>	356.80

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	limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	
31374	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	281.90
31375	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201 (Anaes.)	303.40
31376	Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if: (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)	351.60

31 Schedule 1 (cell at item 34103, column headed “Description”)

Repeal the cell, substitute:

Great artery (aorta or pulmonary artery) or great vein (superior or inferior vena cava), ligation or exploration of immediate branches or tributaries, or ligation or exploration of the subclavian, axillary, iliac, femoral or popliteal arteries or veins, if the service is not associated with item 32508, 32511, 32520, 32522, 32523 or 32526—for a maximum of 2 services provided to the same patient on the same occasion (H) (Anaes.) (Assist.)

32 Schedule 1 (item 45000, column headed “Description”)

After “genitals”, insert “—not in association with any of items 31356 to 31376”.

33 Schedule 1 (item 45003, column headed “Description”)

After “small”, insert “—not in association with any of items 31356 to 31376”.

34 Schedule 1 (cell at item 45018, column headed “Description”)

Repeal the cell, substitute:

Dermis, dermofat or fascia graft (excluding transfer of fat by injection), if the service is not associated with neurosurgical services for spinal disorders mentioned in any of items 40300 to 40351 (Anaes.) (Assist.)

35 Schedule 1 (item 45200, column headed “Description”)

After “advancement flap”, insert “—not in association with any of items 31356 to 31376”.

36 Schedule 1 (after item 45200)

Insert:

45201	Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion (only in association with items 31000, 31001, 31002, 31358, 31359, 31360, 31363, 31364, 31369, 31370, 31371, 31373 or 31376)—may be claimed only once per defect (Anaes.)	413.95
45202	Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion in a patient, if the clinical relevance of the procedure is clearly annotated in the patient’s record and either: (a) item 45201 applies and additional flap repair is required for the same defect; or (b) item 45201 does not apply and either: (i) the patient has severe pre-existing scarring, severe skin atrophy or sclerodermoid changes; or (ii) the repair is contiguous with a free margin (Anaes.)	413.95

37 Schedule 1 (items 45203 and 45206, column headed “Description”)

After “advancement flap”, insert “—not in association with any of items 31356 to 31376”.

38 Schedule 1 (item 45207, column headed “Description”)

After “forehead”, insert “—not in association with any of items 31356 to 31376”.

39 Schedule 1 (cell at item 48424, column headed “Description”)

Repeal the cell, substitute:

Femur or pelvis, osteotomy or osteectomy of, other than a service:
(a) associated with surgery for femoroacetabular impingement; or
(b) to which item 47933 or 47936 applies

(H) (Anaes.) (Assist.)

40 Schedule 1 (cell at item 49303, column headed “Description”)

Repeal the cell, substitute:

Hip, arthrotomy of, including lavage, drainage or biopsy when performed, other than a service associated with surgery for femoroacetabular impingement (H) (Anaes.) (Assist.)

41 Schedule 1 (cell at item 49366, column headed “Description”)

Repeal the cell, substitute:

Hip, arthroscopic surgery of, other than a service associated with:
(a) another arthroscopic procedure of the hip; or
(b) surgery for femoroacetabular impingement
(H) (Anaes.) (Assist.)

42 Part 3 of Schedule 1 (at the end of the definition of *organise and coordinate*)

Add:

; and (c) for items 6029 to 6042—has the meaning given by clause 2.21A.1; and
(d) for items 6064 to 6075—has the meaning given by clause 2.21B.1.

43 Part 3 of Schedule 1 (at the end of the definition of *participate*)

Add:

; and (c) for items 6035 to 6042—has the meaning given by clause 2.21A.2; and
(d) for items 6071 to 6075—has the meaning given by clause 2.21B.2.

Health Insurance Regulations 1975

44 Regulation 15

Repeal the regulation.

45 Part 2 of Schedule 5 (at the end of the table)

Add:

18	Australian College of Rural and Remote Medicine	Independent Pathway
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Part 2—Amendments relating to midwives

Health Insurance Regulations 1975

46 Before regulation 1

Insert:

Part 1—General

47 Regulation 14A

Repeal the regulation, substitute:

14A Eligibility requirements for midwives

For the purposes of paragraph 21(1)(b) of the Act, a midwife must be endorsed by the Nursing and Midwifery Board.

48 After regulation 31

Insert:

Part 2—Transitional, savings and application provisions

32 Amendments made by the *Health Insurance Legislation Amendment (2016 Measures No. 2) Regulation 2016*

Despite the repeal and substitution of regulation 14A of these Regulations by Schedule 1 to the *Health Insurance Legislation Amendment (2016 Measures No. 2) Regulation 2016*, that regulation, as in force immediately before 1 January 2017, continues to apply until the end of 30 June 2018 in relation to a person who is a midwife if, before 1 January 2017, the person:

- (a) is registered as a midwife in Australia with no restrictions in relation to practice; and
- (b) has at least 3 years full time experience as a midwife; and
- (c) is recognised by the Nursing and Midwifery Board as being competent to provide pregnancy, labour, birth and post-natal care to women and their infants; and
- (d) has successfully completed a professional practice review program approved by the Nursing and Midwifery Board for midwives working in all areas of midwifery care; and
- (e) has, for each year that he or she has been registered as a midwife, undertaken 20 hours of continuing professional development in midwifery care; and
- (f) has successfully completed, or has provided a formal undertaking to the Nursing and Midwifery Board that he or she will complete within 18 months of recognition as an eligible midwife:

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- (i) a program of study determined by the Nursing and Midwifery Board to develop midwives' knowledge and skills in prescribing medicines relevant to a midwife; or
- (ii) a program, recognised by the Nursing and Midwifery Board, that is substantially equivalent to such a program of study.