



Health Insurance Legislation Amendment (2017 Measures No. 2) Regulations 2017

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 regulations.

Dated 09 October 2017

Peter Cosgrove
Governor-General

By His Excellency's Command

Greg Hunt
Minister for Health

Contents

1	Name.....	1
2	Commencement	1
3	Authority.....	1
4	Schedules.....	1
	Schedule 1—Medicare Benefits Schedule Review: general	2
	Part 1—Main amendments	2
	<i>Health Insurance (Diagnostic Imaging Services Table) Regulations 2017</i>	2
	<i>Health Insurance (General Medical Services Table) Regulations 2017</i>	2
	<i>Health Insurance Regulations 1975</i>	7
	Part 2—References to the symbol (G)	8
	<i>Health Insurance (General Medical Services Table) Regulations 2017</i>	8
	Part 3—References to the symbol (S)	9
	<i>Health Insurance (General Medical Services Table) Regulations 2017</i>	9
	Schedule 2—Medicare Benefits Schedule Review: co-claim restriction	10
	<i>Health Insurance (General Medical Services Table) Regulations 2017</i>	10
	Schedule 3—Other amendments	12
	<i>Health Insurance (Diagnostic Imaging Services Table) Regulations 2017</i>	12
	<i>Health Insurance (General Medical Services Table) Regulations 2017</i>	12

1 Name

This instrument is the *Health Insurance Legislation Amendment (2017 Measures No. 2) Regulations 2017*.

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 November 2017.	1 November 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Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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—Medicare Benefits Schedule Review: general

Part 1—Main amendments

Health Insurance (Diagnostic Imaging Services Table) Regulations 2017

1 After clause 2.3.1 of Schedule 1

Insert:

2.3.1A Limitation of items—certain services requested by chiropractors, osteopaths and physiotherapists

For any particular patient, if the service mentioned in any of the following items is requested more than once on the same day by the same chiropractor, physiotherapist, or osteopath, the item applies to the service only once on that day:

- (a) items 58100 to 58106;
- (b) items 58109, 58111, 58112, 58117 and 58123.

Health Insurance (General Medical Services Table) Regulations 2017

2 After clause 2.34.3 of Schedule 1 (before the table)

Insert:

2.34.4 Application of items 12306 to 12322

- (1) Items 12306 to 12322 apply to a service for a patient only as set out in this clause.
- (2) Subject to subclause (4), the items apply to a service that is provided by a specialist or consultant physician to whom the patient has been referred by another medical practitioner.
- (3) Subject to subclause (4), the items also apply to a service that is provided as follows:
 - (a) a person (the *radiation licence holder*) who holds a radiation licence under a law of a State or Territory performs the service (other than interpretation and reporting) under the supervision of a specialist or consultant physician;
 - (b) the specialist or consultant physician performs the interpretation and reporting for the service;
 - (c) the radiation licence authorises the radiation licence holder to undertake the activities involved in performing the service (other than interpretation and reporting);
 - (d) the patient has been referred to the specialist or consultant physician by another medical practitioner;
 - (e) for items 12320 and 12322—if the service is performed using quantitative computed tomography:

- (i) the radiation licence holder is registered as a medical radiation practitioner under a law of a State or Territory; and
 - (ii) the specialist or consultant physician is available to monitor and influence the conduct and diagnostic quality of the examination and, if necessary, to attend on the patient personally.
- (4) Items 12312 and 12315 apply to a service for a patient only if:
- (a) the patient has a condition mentioned in the item to which the service relates; and
 - (b) the performing of the service will contribute to the management of that condition.

3 Schedule 1 (item 11820, column headed “Description”, paragraph (a))

Repeal the paragraph, substitute:

- (a) the service is provided to a patient who:
- (i) has overt gastrointestinal bleeding; or
 - (ii) has gastrointestinal bleeding that is recurrent or persistent, and iron deficiency anaemia that is not due to coeliac disease, and, if the patient also has menorrhagia, has had the menorrhagia considered and managed; and

4 Schedule 1 (item 11820, column headed “Description”, paragraph (e))

Repeal the paragraph, substitute:

- (e) the service is not associated with a service to which item 30680, 30682, 30684 or 30686 applies

5 Schedule 1 (after item 12250)

Insert:

12306	<p>Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting), for:</p> <ul style="list-style-type: none"> (a) confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma; or (b) monitoring of low bone mineral density proven by bone densitometry at least 12 months previously; <p>other than a service associated with a service to which item 12312, 12315 or 12321 applies</p> <p>For any particular patient, once only in a 24 month period</p>	102.40
12312	<p>Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting) for diagnosis and monitoring of bone loss associated with one or more of the following:</p> <ul style="list-style-type: none"> (a) prolonged glucocorticoid therapy; (b) any condition associated with excess glucocorticoid secretion; (c) male hypogonadism; (d) female hypogonadism lasting more than 6 months before the age of 45; <p>other than a service associated with a service to which item 12306, 12315 or 12321 applies</p> <p>For any particular patient, once only in a 12 month period</p>	102.40
12315	<p>Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting) for</p>	102.40

Schedule 1 Medicare Benefits Schedule Review: general

Part 1 Main amendments

	diagnosis and monitoring of bone loss associated with one or more of the following conditions: (a) primary hyperparathyroidism; (b) chronic liver disease; (c) chronic renal disease; (d) any proven malabsorptive disorder; (e) rheumatoid arthritis; (f) any condition associated with thyroxine excess; other than a service associated with a service to which item 12306, 12312 or 12321 applies For any particular patient, once only in a 24 month period	
12320	Bone densitometry, using dual energy X-ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for the measurement of bone mineral density, if: (a) the patient is 70 years of age or over; and (b) the patient has normal to mild osteopenia as measured by a t-score within the range of 0 to -1.5; other than a service associated with a service to which item 12306, 12312, 12315, 12321 or 12322 applies For any particular patient, once only in a 5 year period	102.40
12321	Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites at least 12 months after a significant change in therapy (including interpretation and reporting), for: (a) established low bone mineral density; or (b) confirming a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma; other than a service associated with a service to which item 12306, 12312 or 12315 applies For any particular patient, once only in a 12 month period	102.40
12322	Bone densitometry, using dual energy X-ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for measurement of bone mineral density, if: (a) the patient is 70 years of age or over; and (b) the patient has moderate to marked osteopenia as measured by a t-score of between -1.5 to -2.5; other than a service associated with a service to which item 12306, 12312, 12315, 12320 or 12321 applies For any particular patient, once only in a 2 year period	102.40

6 Schedule 1 (item 30473, column headed “Description”)

Omit “30476 or 30478”, substitute “30478 or 30479”.

7 Schedule 1 (item 30475)

Repeal the item, substitute:

30475	Endoscopic dilatation of stricture of upper gastrointestinal tract (including the use of imaging intensification where clinically indicated) (Anaes.)	348.95
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8 Schedule 1 (items 30476, 30478 and 30479)

Repeal the items, substitute:

30478	Oesophagoscopy (other than a service to which item 41816, 41822 or 41825 applies), gastroscopy, duodenoscopy, panendoscopy or push enteroscopy, one or more such procedures, if: (a) the procedures are performed using one or more of the following endoscopic procedures: (i) polypectomy; (ii) sclerosing or adrenalin injections; (iii) banding; (iv) endoscopic clips; (v) haemostatic powders; (vi) diathermy; (vii) argon plasma coagulation; and (b) the procedures are for the treatment of one or more of the following: (i) upper gastrointestinal tract bleeding; (ii) polyps; (iii) removal of foreign body; (iv) oesophageal or gastric varices; (v) peptic ulcers; (vi) neoplasia; (vii) benign vascular lesions; (viii) strictures of the gastrointestinal tract; (ix) tumorous overgrowth through or over oesophageal stents; other than a service associated with a service to which item 30473 or 30479 applies (Anaes.)	245.55
30479	Endoscopy with laser therapy, for the treatment of one or more of the following: (a) neoplasia; (b) benign vascular lesions; (c) strictures of the gastrointestinal tract; (d) tumorous overgrowth through or over oesophageal stents; (e) peptic ulcers; (f) angiodysplasia; (g) gastric antral vascular ectasia; (h) post-polypectomy bleeding; other than a service associated with a service to which item 30473 or 30478 applies (Anaes.)	476.10

9 Schedule 1 (items 30487 and 30493)

Repeal the items.

10 Schedule 1 (items 30631 and 30635, column headed "Description")

Omit "30638,".

11 Schedule 1 (item 30640, column headed "Description")

Omit ", 30620".

12 Schedule 1 (item 30642, column headed "Description")

Omit "30634, 30635, 30638," , substitute "30635,".

13 Schedule 1 (items 30688, 30690, 30692 and 30694, column headed “Description”)

After “Subgroup”, insert “(other than item 30484, 30485, 30491 or 30494)”.

14 Before clause 2.44.14 of Schedule 1

Insert:

2.44.13B Application of items 32084, 32087, 32090 and 32093

If a service to which item 32084, 32087, 32090 or 32093 applies is provided by a practitioner to a patient on more than one occasion on a day, the second service is taken to be a separate service for the purposes of the item if the second service is provided under a second episode of anaesthesia or other sedation.

15 Schedule 1 (item 32084, column headed “Description”)

After “biopsy”, insert “, other than a service associated with a service to which item 32090 or 32093 applies”.

16 Schedule 1 (item 32087, column headed “Description”)

After “one or more of”, insert “, other than a service associated with a service to which item 32090 or 32093 applies”.

17 Schedule 1 (item 35643, column headed “Description”)

Omit “35639 or”.

18 Schedule 1 (item 35644, column headed “Description”)

Omit “35639,”.

19 Schedule 1 (item 41674, column headed “Description”)

Omit “septum, turbinates or pharynx”, substitute “septum or turbinates”.

20 Schedule 1 (item 41789, column headed “Description”)

After “years”, insert “(including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies”.

21 Schedule 1 (item 41793, column headed “Description”)

After “over”, insert “(including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies”.

22 Schedule 1 (item 41801, column headed “Description”)

After “removal of”, insert “(including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies”.

23 Schedule 1 (items 41819 and 41820)

Repeal the items.

24 Schedule 1 (item 41831, column headed “Description”)

After “dilatation of”, insert “, for treatment of achalasia”.

25 Schedule 1 (items 46495, 46498, 46500, 46501, 46502 and 46503, column headed “Description”)

Omit “30106 or”.

Health Insurance Regulations 1975

26 Regulation 11

Repeal the regulation, substitute:

11 R-type diagnostic imaging services that chiropractors, osteopaths, physiotherapists and podiatrists may request

Services that chiropractors may request

- (1) For the purposes of subsection 16B(3) of the Act, the services are those mentioned in the diagnostic imaging services table in items 57712, 57714, 57715, 57717, 58100 to 58106, 58109, 58111, 58112, 58117 and 58123.

Services that physiotherapists and osteopaths may request

- (2) For the purposes of subsections 16B(3A) and (3C) of the Act, the services are those mentioned in the diagnostic imaging services table in items 57712, 57714, 57715, 57717, 58100 to 58106, 58109, 58111, 58112, 58117, 58120, 58121, 58123, 58126 and 58127.

Services that podiatrists may request

- (3) For the purposes of subsection 16B(3B) of the Act, the services are those mentioned in the diagnostic imaging services table in items 55836, 55837, 55840, 55841, 55844, 55845, 57521, 57527, 57536 and 57539.

Part 2—References to the symbol (G)

Health Insurance (General Medical Services Table) Regulations 2017

27 Clause 1.1.5 of Schedule 1

Repeal the clause.

28 Clause 3.1 of Schedule 1 (definition of (G))

Repeal the definition.

29 Amendments of listed provisions—repeals

Repeal the following items of the table in Schedule 1:

- (a) item 30009;
- (b) item 30013;
- (c) item 30041;
- (d) item 30048;
- (e) item 30067;
- (f) item 30074;
- (g) item 30102;
- (h) item 30106;
- (i) item 30110;
- (j) item 30265;
- (k) item 30282;
- (l) item 30620;
- (m) item 30634;
- (n) item 30638;
- (o) item 30675;
- (p) item 35512;
- (q) item 35516;
- (r) item 35526;
- (s) item 35617;
- (t) item 35639;
- (u) item 35676;
- (v) item 35683;
- (w) item 35687;
- (x) item 35712;
- (y) item 35716;
- (z) item 37622;
- (za) item 41665;
- (zb) item 41788;
- (zc) item 41792;
- (zd) item 41796;
- (ze) item 41800.

Part 3—References to the symbol (S)

Health Insurance (General Medical Services Table) Regulations 2017

30 Clause 1.1.7 of Schedule 1

Repeal the clause.

31 Clause 3.1 of Schedule 1 (definition of (S))

Repeal the definition.

32 Amendments of listed provisions—(S)

Omit “(S)” in the following items of the table in Schedule 1:

- (a) item 30010;
- (b) item 30014;
- (c) item 30042;
- (d) item 30049;
- (e) item 30068;
- (f) item 30075;
- (g) item 30103;
- (h) item 30107;
- (i) item 30111;
- (j) item 30266;
- (k) item 30283;
- (l) item 30621;
- (m) item 30635;
- (n) item 30641;
- (o) item 30676;
- (p) item 35513;
- (q) item 35517;
- (r) item 35527;
- (s) item 35618;
- (t) item 35640;
- (u) item 35677;
- (v) item 35684;
- (w) item 35688;
- (x) item 35713;
- (y) item 35717;
- (z) item 37623;
- (za) item 41668;
- (zb) item 41789;
- (zc) item 41793;
- (zd) item 41797;
- (ze) item 41801.

Schedule 2—Medicare Benefits Schedule Review: co-claim restriction

Health Insurance (General Medical Services Table) Regulations 2017

1 After clause 1.2.2 of Schedule 1

Insert:

1.2.2A Limitation of items—certain attendances by specialists and consultant physicians

- (1) Use this clause for items 105, 116, 119, 386, 2806, 2814, 3010, 3014, 6019, 6052 and 16404.
- (2) The item does not apply to a service if:
 - (a) the service is an attendance on a patient by a specialist or a consultant physician on the same day as the day on which an operation is performed on the patient by the specialist or consultant physician; and
 - (b) the operation is a service to which an item in Group T8 applies; and
 - (c) the amount specified in the item in Group T8 as the fee for a service to which that item applies is \$300 or more.

2 Schedule 1 (after item 109)

Insert:

111	Professional attendance at consulting rooms or in hospital by a specialist in the practice of his or her specialty following referral of the patient to him or her by a referring practitioner—an attendance after the first attendance in a single course of treatment, if: <ol style="list-style-type: none">(a) during the attendance, the specialist determines the need to perform an operation on the patient that had not otherwise been scheduled; and(b) the specialist subsequently performs the operation on the patient, on the same day; and(c) the operation is a service to which an item in Group T8 applies; and(d) the amount specified in the item in Group T8 as the fee for a service to which that item applies is \$300 or more For any particular patient, once only on the same day	43.00
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3 Schedule 1 (after item 116)

Insert:

117	Professional attendance at consulting rooms or in hospital, by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a referring practitioner—an attendance after the first attendance in a single course of treatment, if: <ol style="list-style-type: none">(a) the attendance is not a minor attendance; and(b) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and	75.50
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- (c) the consultant physician subsequently performs the operation on the patient, on the same day; and
- (d) the operation is a service to which an item in Group T8 applies; and
- (e) the amount specified in the item in Group T8 as the fee for a service to which that item applies is \$300 or more

For any particular patient, once only on the same day

4 Schedule 1 (after item 119)

Insert:

120	<p>Professional attendance at consulting rooms or in hospital by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a referring practitioner—an attendance after the first attendance in a single course of treatment, if:</p> <ul style="list-style-type: none"> (a) the attendance is a minor attendance; and (b) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and (c) the consultant physician subsequently performs the operation on the patient, on the same day; and (d) the operation is a service to which an item in Group T8 applies; and (e) the amount specified in the item in Group T8 as the fee for a service to which that item applies is \$300 or more <p>For any particular patient, once only on the same day</p>	43.00
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Schedule 3—Other amendments

Health Insurance (Diagnostic Imaging Services Table) Regulations 2017

1 Schedule 1 (item 61616)

Repeal the item.

2 Schedule 1 (items 61620, 61622 and 61628, column headed “Description”)

Omit “Hodgkin’s or non-Hodgkin’s lymphoma (excluding indolent non-Hodgkin’s lymphoma)”, substitute “Hodgkin or non-Hodgkin lymphoma”.

3 Schedule 1 (item 61632, column headed “Description”)

Omit “stem cell transplantation is being considered for Hodgkin’s or non-Hodgkin’s lymphoma (excluding indolent non-Hodgkin’s lymphoma)”, substitute “haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma”.

Health Insurance (General Medical Services Table) Regulations 2017

4 Schedule 1 (items 11204 and 11205, column headed “Description”)

After “standards”, insert “, performed by or on behalf of a specialist or consultant physician in the practice of his or her speciality”.

5 Schedule 1 (cell at item 20560, column headed “Description”)

Repeal the cell, substitute:

Initiation of the management of anaesthesia for:

- (a) open procedures on the heart, pericardium or great vessels of the chest; or
- (b) percutaneous insertion of a valvular prosthesis

6 Schedule 1 (items 36658, 36660 and 36662)

Repeal the items.

7 Schedule 1 (after item 38275)

Insert:

38276	Transcatheter occlusion of left atrial appendage, and cardiac catheterisation performed by the same practitioner, for stroke prevention in a patient who has non-valvular atrial fibrillation and a contraindication to life-long oral anticoagulation therapy, and is at increased risk of thromboembolism demonstrated by: (a) a prior stroke (whether of an ischaemic or unknown type), transient ischaemic attack or non-central nervous system systemic embolism; or (b) at least 2 of the following risk factors: (i) an age of 65 years or more; (ii) hypertension;	912.30
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- (iii) diabetes mellitus;
- (iv) heart failure or left ventricular ejection fraction of 35% or less (or both);
- (v) vascular disease (prior myocardial infarction, peripheral artery disease or aortic plaque)

(H) (Anaes.) (Assist.)

8 Schedule 1 (item 38452, column headed “Description”)

Omit “sub-xyphoid”, substitute “subxiphoid”.

9 Schedule 1 (after item 40700)

Insert:

40701	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, subcutaneous placement of electrical pulse generator, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (H) (Anaes.) (Assist.)	340.60
40702	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of electrical pulse generator inserted for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (H) (Anaes.) (Assist.)	159.40

10 Schedule 1 (after item 40703)

Insert:

40704	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical placement of lead, including connection of lead to left vagus nerve and intra-operative test stimulation, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (H) (Anaes.) (Assist.)	674.15
40705	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of lead attached to left vagus nerve for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (H) (Anaes.) (Assist.)	605.35

11 Schedule 1 (after item 40706)

Insert:

40707	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, electrical analysis and programming of vagus nerve stimulation	189.70
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Schedule 3 Other amendments

	therapy device using external wand, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery	
40708	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical replacement of battery in electrical pulse generator inserted for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (H) (Anaes.) (Assist.)	340.60

12 Schedule 1 (items 50950 and 50952)

Repeal the items (including the Subgroup 16 heading), substitute:

Subgroup 16—Radiofrequency and microwave tissue ablation

50950	Unresectable primary malignant tumour of the liver, destruction of, by percutaneous radiofrequency ablation or percutaneous microwave tissue ablation (including any associated imaging services), other than a service associated with a service to which item 30419 or 50952 applies (Anaes.)	817.10
50952	Unresectable primary malignant tumour of the liver, destruction of, by open or laparoscopic radiofrequency ablation or open or laparoscopic microwave tissue ablation (including any associated imaging services), if a multi-disciplinary team has assessed that percutaneous radiofrequency ablation or percutaneous microwave tissue ablation cannot be performed or is not practical because of one or more of the following clinical circumstances: (a) percutaneous access cannot be achieved; (b) vital organs or tissues are at risk of damage from the percutaneous radiofrequency ablation or percutaneous microwave tissue ablation procedure; (c) resection of one part of the liver is possible, however there is at least one primary liver tumour in an unresectable portion of the liver that is suitable for radiofrequency ablation or microwave tissue ablation; other than a service associated with a service to which item 30419 or 50950 applies (Anaes.)	817.10