



# Health Insurance Legislation Amendment (2018 Measures No. 1) Regulations 2018

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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 19 April 2018

Peter Cosgrove  
Governor-General

By His Excellency's Command

Greg Hunt  
Minister for Health

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# Contents

1	Name.....	1
2	Commencement .....	1
3	Authority.....	1
4	Schedules.....	1
<b>Schedule 1—Amendments</b>		<b>2</b>
	<i>Health Insurance (Diagnostic Imaging Services Table) Regulations 2017</i>	2
	<i>Health Insurance (General Medical Services Table) Regulations 2017</i>	6
	<i>Health Insurance Regulations 1975</i>	9



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## 1 Name

This instrument is the *Health Insurance Legislation Amendment (2018 Measures No. 1) Regulations 2018*.

## 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 May 2018.	1 May 2018

Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

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## Schedule 1—Amendments

### *Health Insurance (Diagnostic Imaging Services Table) Regulations 2017*

#### **1 Subclause 2.4.2(1) of Schedule 1**

Omit “61646”, substitute “61647”.

#### **2 Schedule 1 (item 61369)**

Repeal the item, substitute:

61369	Indium-labelled octreotide study (including single photon emission tomography when undertaken), if: (a) a gastro-entero-pancreatic endocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or (b) both: (i) a surgically amenable gastro-entero-pancreatic endocrine tumour has been identified on the basis of conventional techniques; and (ii) the study is to exclude additional disease sites (R) (K)	2,015.75
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#### **3 Schedule 1 (after item 61646)**

Insert:

61647	Whole body <sup>68</sup> Ga-DOTA-peptide PET study (including any associated computed tomography scans for anatomic localisation and attenuation correction), if: (a) a gastro-entero-pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or (b) both: (i) a surgically amenable gastro-entero-pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and (ii) the study is for excluding additional disease sites (R)	1,053.00
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#### **4 Schedule 1 (item 61671)**

Repeal the item, substitute:

61671	Indium-labelled octreotide study (including single photon emission tomography when undertaken), if: (a) a gastro-entero-pancreatic endocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or (b) both: (i) a surgically amenable gastro-entero-pancreatic endocrine tumour has been identified on the basis of conventional techniques; and (ii) the study is to exclude additional disease sites (R) (NK)	1,007.90
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**5 Subclause 2.5.1(1) of Schedule 1**

Omit “Items 63001 to 63467, 63487 to 63490, 63470 to 63486 and 63740 to 63747”, substitute “The items in Subgroups 1 to 21”.

**6 Subclause 2.5.1(2) of Schedule 1**

Omit “Items 63457, 63458, 63464 to 63467, 63487 to 63490, 63470 to 63484 and 63740 to 63747”, substitute “Items 63395 to 63398 and the items in Subgroups 19, 20 and 21 (other than items 63455 and 63461)”.

**7 Subclause 2.5.1(3) of Schedule 1**

Omit “Items 63491 to 63497”, substitute “The items in Subgroup 22”.

**8 Subclause 2.5.1(4) of Schedule 1**

Omit “Items 63507 to 63561”, substitute “The items in Subgroups 33 and 34”.

**9 Clause 2.5.4 of Schedule 1**

Repeal the clause, substitute:

**2.5.4 MRI and MRA services—eligible provider**

A person mentioned in column 2 of an item of the following table is an *eligible provider* for an MRI or MRA service mentioned in column 1 of the item.

<b>Eligible providers</b>		
<b>Item</b>	<b>Column 1 MRA or MRA service</b>	<b>Column 2 Person</b>
1	A service to which none of items 63395 to 63398 apply	A person who: <ul style="list-style-type: none"> <li>(a) is a specialist in diagnostic radiology; and</li> <li>(b) satisfies the Chief Executive Medicare that the specialist is a participant in the Royal Australian and New Zealand College of Radiologists’ Quality and Accreditation Program</li> </ul>
2	A service to which any of items 63395 to 63398 apply	A person who is: <ul style="list-style-type: none"> <li>(a) a specialist in diagnostic radiology or a consultant physician; and</li> <li>(b) recognised by the Conjoint Committee for Certification in Cardiac MRI</li> </ul>

**10 Clause 2.5.9 of Schedule 1**

Repeal the clause, substitute:

**2.5.9 MRI or MRA services—application of items to related services provided in same period**

An MRI or MRA item does not apply to a service provided to a person if:

- (a) the MRI or MRA item is specified in column 1 of an item (the *table item*) of the following table; and
- (b) during the period (the *limitation period*):
  - (i) specified in column 2 of the table item; and

**Schedule 1** Amendments

- (ii) ending immediately before the service is provided;  
the person was provided with one or more services (the *earlier services*) to which any of the MRI or MRA items mentioned in the table item applied;  
and
- (c) the number of earlier services provided to the person in the limitation period was equal to the maximum number specified in column 3 of the table item.

<b>Related services</b>			
<b>Item</b>	<b>Column 1 MRI or MRA items</b>	<b>Column 2 Limitation period</b>	<b>Column 3 Maximum number of services</b>
1	63040 to 63085	12 months	3
2	63101 and 63104	12 months	3
3	63125 to 63136	12 months	3
4	63161 to 63194	12 months	3
5	63219 to 63265	12 months	3
6	63271 to 63285	12 months	3
7	63322 to 63348	12 months	3
8	63361 and 63364	12 months	2
9	63385 to 63394	12 months	2
10	63395 and 63396	12 months	1
11	63397 and 63398	36 months	1
12	63401 to 63408	12 months	3
13	63416 and 63419	12 months	1
14	63425 to 63433	12 months	2
15	63455 to 63467	12 months	1
16	63547 and 63548	patient's lifetime	1
17	63482 and 63486	12 months	3
18	63507 to 63523 and 63551 to 63561	12 months	3

**11 Schedule 1 (at the end of Subgroup 14 of Group I5)**

Add:

63395	<p>MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:</p> <ul style="list-style-type: none"> <li>(a) dedicated right ventricular views; and</li> <li>(b) 3D volumetric assessment of the right ventricle; and</li> <li>(c) reporting of end-diastolic and end-systolic volumes, ejection fraction and BSA-indexed values;</li> </ul> <p>if the request for the scan indicates that:</p> <ul style="list-style-type: none"> <li>(d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or</li> <li>(e) investigative findings in relation to the patient are consistent with ARVC</li> </ul> <p>(R) (K) (Anaes.) (Contrast)</p>	855.20
63396	<p>MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:</p>	427.60



	<ul style="list-style-type: none"> <li>(a) dedicated right ventricular views; and</li> <li>(b) 3D volumetric assessment of the right ventricle; and</li> <li>(c) reporting of end-diastolic and end-systolic volumes, ejection fraction and BSA-indexed values;</li> </ul> if the request for the scan indicates that: <ul style="list-style-type: none"> <li>(d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or</li> <li>(e) investigative findings in relation to the patient are consistent with ARVC</li> </ul> (R) (NK) (Anaes.) (Contrast)	
63397	MRI—scan of cardiovascular system for assessment of myocardial structure and function involving: <ul style="list-style-type: none"> <li>(a) dedicated right ventricular views; and</li> <li>(b) 3D volumetric assessment of the right ventricle; and</li> <li>(c) reporting of end-diastolic and end-systolic volumes, ejection fraction and BSA-indexed values;</li> </ul> if the request for the scan indicates that the patient: <ul style="list-style-type: none"> <li>(d) is asymptomatic; and</li> <li>(e) has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC)</li> </ul> (R) (K) (Anaes.) (Contrast)	855.20
63398	MRI—scan of cardiovascular system for assessment of myocardial structure and function involving: <ul style="list-style-type: none"> <li>(a) dedicated right ventricular views; and</li> <li>(b) 3D volumetric assessment of the right ventricle; and</li> <li>(c) reporting of end-diastolic and end-systolic volumes, ejection fraction and BSA-indexed values;</li> </ul> if the request for the scan indicates that the patient: <ul style="list-style-type: none"> <li>(d) is asymptomatic; and</li> <li>(e) has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC)</li> </ul> (R) (NK) (Anaes.) (Contrast)	427.60

## 12 Schedule 1 (at the end of Subgroup 19 of Group I5)

Add:

63547	MRI—scan of both breasts for the detection of cancer, if: <ul style="list-style-type: none"> <li>(a) a dedicated breast coil is used; and</li> <li>(b) the request for scan identifies that:               <ul style="list-style-type: none"> <li>(i) the patient has a breast implant in situ; and</li> <li>(ii) anaplastic large cell lymphoma has been diagnosed</li> </ul> </li> </ul> (R) (K) (Anaes.) (Contrast)	690.00
63548	MRI—scan of both breasts for the detection of cancer, if: <ul style="list-style-type: none"> <li>(a) a dedicated breast coil is used; and</li> <li>(b) the request for scan identifies that:               <ul style="list-style-type: none"> <li>(i) the patient has a breast implant in situ; and</li> <li>(ii) anaplastic large cell lymphoma has been diagnosed</li> </ul> </li> </ul> (R) (NK) (Anaes.) (Contrast)	345.00

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**13 Clause 3.1 of Schedule 1 (definition of scan)**

Omit “63567”, substitute “63561 and 63740 to 63747”.

***Health Insurance (General Medical Services Table) Regulations 2017***

**14 Subclause 1.2.5(1) of Schedule 1**

After “11724,”, insert “11728,”.

**15 Schedule 1 (at the end of Subgroup 6 of Group D1)**

Add:

11728	Implanted loop recording for the investigation of atrial fibrillation if the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source, including reprogramming when required, retrieval of stored data, analysis, interpretation and report, other than a service to which item 38288 applies  For any particular patient—applicable not more than 4 times in any 12 months	34.75
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**16 Schedule 1 (item 15565, column headed “Description”, subparagraphs (b)(iii) and (iv))**

Repeal the subparagraphs, substitute:  
(iii) validating the accuracy of the derived IMRT dosimetry plan; and

**17 Schedule 1 (items 30481 to 30483)**

Repeal the items, substitute:

30481	Percutaneous gastrostomy (initial procedure): (a) including any associated imaging services; and (b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	357.00
30482	Percutaneous gastrostomy (repeat procedure): (a) including any associated imaging services; and (b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	253.85
30483	Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device: (a) non-endoscopic insertion of; or (b) non-endoscopic replacement of; on a person 10 years of age or over, excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)	177.05

**18 Schedule 1 (items 32520 to 32526)**

Repeal the items, substitute:

32520	Varicose veins, abolition of venous reflux by occlusion of a primary or	533.60
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	<p>recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a laser probe introduced by an endovenous catheter, if it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer:</p> <p>(a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and</p> <p>(b) not including radiofrequency diathermy, radiofrequency ablation or cyanoacrylate embolisation; and</p> <p>(c) not provided on the same occasion as a service described in any of items 32500, 32501, 32504 and 32507</p> <p>(Anaes.)</p>	
32522	<p>Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a laser probe introduced by an endovenous catheter, if it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer:</p> <p>(a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and</p> <p>(b) not including radiofrequency diathermy, radiofrequency ablation or cyanoacrylate embolisation; and</p> <p>(c) not provided on the same occasion as a service described in any of items 32500, 32501, 32504 and 32507</p> <p>(Anaes.)</p>	793.30
32523	<p>Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a radiofrequency catheter introduced by an endovenous catheter, if it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer:</p> <p>(a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and</p> <p>(b) not including endovenous laser therapy or cyanoacrylate embolisation; and</p> <p>(c) not provided on the same occasion as a service described in any of items 32500, 32501, 32504 and 32507</p> <p>(Anaes.)</p>	533.60
32526	<p>Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a radiofrequency catheter introduced by an endovenous catheter, if it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer:</p> <p>(a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and</p> <p>(b) not including endovenous laser therapy or cyanoacrylate embolisation; and</p> <p>(c) not provided on the same occasion as a service described in any of</p>	793.30

## Schedule 1 Amendments

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	items 32500, 32501, 32504 and 32507 (Anaes.)	
32528	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using cyanoacrylate adhesive, if it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer: (a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and (b) not including radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy; and (c) not provided on the same occasion as a service described in any of items 32500, 32501, 32504 and 32507 (Anaes.)	533.60
32529	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using cyanoacrylate adhesive, if it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer: (a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and (b) not including radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy; and (c) not provided on the same occasion as a service described in any of items 32500, 32501, 32504 and 32507 (Anaes.)	793.30

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### 19 Schedule 1 (item 34103, column headed “Description”)

Omit “or 32526”, substitute “, 32526, 32528 or 32529”.

### 20 Schedule 1 (after item 38287)

Insert:

38288	Implantable loop recorder, insertion of, for diagnosis of atrial fibrillation, if: (a) the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source; and (b) the bases of the diagnosis included the following: (i) the medical history of the patient; (ii) physical examination; (iii) brain and carotid imaging; (iv) cardiac imaging; (v) surface ECG testing including 24-hour Holter monitoring; and (c) atrial fibrillation is suspected; and (d) the patient: (i) does not have a permanent indication for oral anticoagulants; or (ii) does not have a permanent oral anticoagulants contraindication; including initial programming and testing (Anaes.)	192.90
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**21 Schedule 1 (after item 42651)**

Insert:

42652	Corneal collagen cross linking, on a person with a corneal ectatic disorder, with evidence of progression—per eye (Anaes.)	1,200.00
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***Health Insurance Regulations 1975*****22 Subregulation 20C(1) (table item 12, column 2)**

Omit “61646”, substitute “61647”.

**23 Subregulation 20C(1) (table items 13 and 14, column 3)**

Omit “61646”, substitute “61647”.