



# **Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018**

made under subsection 3C(1) of the  
*Health Insurance Act 1973*

## **Compilation No. 14**

**Compilation date:** 1 July 2022  
**Includes amendments up to:** F2022L00554  
**Registered:** 23 July 2022

Prepared by the Office of Parliamentary Counsel, Canberra

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## About this compilation

### This compilation

This is a compilation of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* that shows the text of the law as amended and in force on 1 July 2022 (the **compilation date**).

The notes at the end of this compilation (the **endnotes**) include information about amending laws and the amendment history of provisions of the compiled law.

### Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register ([www.legislation.gov.au](http://www.legislation.gov.au)). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

### Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

### Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

### Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

### Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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## Contents

<b>1.</b>	<b>Name of Determination</b>	<b>1</b>
<b>3.</b>	<b>Authority</b>	<b>1</b>
<b>4.</b>	<b>Definitions</b>	<b>1</b>
<b>5.</b>	<b>Treatment of relevant services</b>	<b>4</b>
<b>6.</b>	<b>Application of general provisions of the general medical services table</b>	<b>4</b>
	<b>Schedule 1 – relevant services</b>	<b>6</b>
	<b>Part 1—Services and fees—Non-Specialist Practitioner services</b>	<b>6</b>
	<b>Division 1.1—Services and fees—Multiple patients in a single attendance</b>	<b>6</b>
	<b>Division 1.2—Services and fees—Non Specialist Practitioner attendances to which no other item applies</b>	<b>8</b>
	<b>Division 1.3—Services and fees—Non-Specialist Practitioner prolonged attendances to which no other item applies</b>	<b>9</b>
	<b>Division 1.4—Services and fees—Non-Specialist Practitioner group therapy</b>	<b>10</b>
	<b>Division 1.5—Services and fees—Non-Specialist Practitioner health assessments</b>	<b>11</b>
	<b>Division 1.6—Services and fees—Non-Specialist Practitioner management plans, team care arrangements and multidisciplinary care plans and case conferences</b>	<b>14</b>
	<b>Division 1.7—Services and fees—Non-Specialist Practitioner domiciliary and residential medication management review</b>	<b>22</b>
	<b>Division 1.8—Services and fees—Non-Specialist Practitioner attendances associated with Practice Incentives Program payments</b>	<b>24</b>
	<b>Division 1.9—Services and fees—Non-Specialist Practitioner mental health care</b>	<b>27</b>
	<b>Division 1.10—Services and fees—Non-Specialist Practitioner after-hours attendances to which no other item applies</b>	<b>32</b>
	<b>Division 1.11—Services and fees—Non-Specialist Practitioner pregnancy support counselling</b>	<b>34</b>
	<b>Division 1.14—Group A35: Non-referred attendance at a residential aged care facility</b>	<b>36</b>
	<b>Endnotes</b>	<b>38</b>
	<b>Endnote 1—About the endnotes</b>	<b>38</b>
	<b>Endnote 2—Abbreviation key</b>	<b>39</b>
	<b>Endnote 3—Legislation history</b>	<b>40</b>



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## 1. Name of Determination

This Determination is the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*.

## 3. Authority

This Determination is made under subsection 3C(1) of the *Health Insurance Act 1973*.

## 4. Definitions

- (1) In this Determination:

*Act* means the *Health Insurance Act 1973*.

*affected by bushfire* means an adverse change in the patient's mental health as a result of a bushfire which occurred in the 2019-20 financial year.

*ASGS* means the July 2016 edition of the Australian Statistical Geography Standard, published by the Australian Bureau of Statistics, as existing on 1 January 2020.

*COVID-19 Determination* means the *Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020*.

*eligible area* means an area that is a Modified Monash 2 area, Modified Monash 3 area, Modified Monash 4 area, Modified Monash 5 area, Modified Monash 6 area or Modified Monash 7 area.

*general medical services table* means the table prescribed under section 4 of the Act as in force from time to time.

*general practitioner* has a meaning affected by clause 1.1.3 of the general medical services table.

*has effect*: when this Determination refers to a provision of the general medical services table as having effect, the provision of the general medical services table has effect as a provision of this Determination.

*medical practitioner* means a medical practitioner who is not a general practitioner, specialist or consultant physician, and who:

- (a) is registered under section 3GA of the Act, to the extent that the person is practicing during the period in respect of which, and in the location in respect of which, he or she is registered, and insofar as the circumstances specified for paragraph 19AA(3)(b) of the Act apply; or
- (b) is covered by an exemption under subsection 19AB(3) of the Act; or
- (c) first became a medical practitioner before 1 November 1996.

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**Modified Monash 1 area** means a Statistical Area Level 1 under the ASGS that:

- (a) is categorised under the ASGS as RA0 (Major Cities of Australia); and
- (b) is not a Modified Monash 7 area.

**Modified Monash 2 area** means a Statistical Area Level 1 under the ASGS that:

- (a) is categorised under the ASGS as RA 1 (Inner Regional Australia) or RA 2 (Outer Regional Australia); and
- (b) satisfies any of the following criteria:
  - (i) the area is in an Urban Centre and Locality with a 2013 estimated resident population of more than 50,000;
  - (ii) the area is in an Urban Centre and Locality, the geographic centre of which is no more than 20 kilometres road distance from the boundary of another Urban Centre and Locality with a 2013 estimated resident population of more than 50,000;
  - (iii) the area is not in an Urban Centre and Locality, but the geographic centre of the area is no more than 20 kilometres road distance from the boundary of an Urban Centre and Locality with a 2013 estimated resident population of more than 50,000; and
- (c) is not a Modified Monash 7 area.

**Modified Monash 3 area** means a Statistical Area Level 1 under the ASGS that:

- (a) is categorised under the ASGS as RA 1 (Inner Regional Australia) or RA 2 (Outer Regional Australia); and
- (b) satisfies any of the following criteria:
  - (i) the area is in an Urban Centre and Locality with a 2013 estimated resident population of more than 15,000 but no more than 50,000;
  - (ii) the area is in an Urban Centre and Locality, the geographic centre of which is no more than 15 kilometres road distance from the boundary of another Urban Centre and Locality with a 2013 estimated resident population of more than 15,000 but no more than 50,000;
  - (iii) the area is not in an Urban Centre and Locality, but the geographic centre of the area is no more than 15 kilometres road distance from the boundary of an Urban Centre and Locality with a 2013 estimated resident population of more than 15,000 but no more than 50,000; and
- (c) is not a Modified Monash 2 area or Modified Monash 7 area.

**Modified Monash 4 area** means a Statistical Area Level 1 under the ASGS that:

- (a) is categorised under the ASGS as RA 1 (Inner Regional Australia) or RA 2 (Outer Regional Australia); and
- (b) satisfies any of the following criteria:

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- (i) the area is in an Urban Centre and Locality with a 2013 estimated resident population of at least 5,000 but no more than 15,000;
- (ii) the area is in an Urban Centre and Locality, the geographic centre of which is no more than 10 kilometres road distance from the boundary of another Urban Centre and Locality with a 2013 estimated resident population of at least 5,000 but no more than 15,000;
- (iii) the area is not in an Urban Centre and Locality, but the geographic centre of the area is no more than 10 kilometres road distance from the boundary of an Urban Centre and Locality with a 2013 estimated resident population of at least 5,000 but no more than 15,000; and
- (c) is not a Modified Monash 2 area, Modified Monash 3 area or Modified Monash 7 area.

**Modified Monash 5 area** means a Statistical Area Level 1 under the ASGS that:

- (a) is categorised under the ASGS as RA 1 (Inner Regional Australia) or RA 2 (Outer Regional Australia); and
- (b) is not a Modified Monash 2 area, Modified Monash 3 area, Modified Monash 4 area or Modified Monash 7 area.

**Modified Monash 6 area** means a Statistical Area Level 1 under the ASGS that:

- (a) is categorised under the ASGS as RA 3 (Remote Australia); and
- (b) is not a Modified Monash 7 area.

**Modified Monash 7 area** means a Statistical Area Level 1 under the ASGS that:

- (a) is entirely located on an island or islands more than 5 kilometres from the Australian mainland or Tasmania, as measured between coastlines at the low water mark; or
- (b) is located on Magnetic Island; or
- (c) is categorised under the ASGS as RA 4 (Very Remote Australia).

**relevant provisions** means all provisions, of the Act and regulations made under the Act, and the *National Health Act 1953* and regulations made under the *National Health Act 1953*, relating to medical services, professional services or items.

**relevant service** means a health service, as defined in subsection 3C(8) of the Act, that is specified in a Schedule.

**Schedule** means a Schedule to this Determination.

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

- clinically relevant service
- consultant physician
- item

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- professional service
  - specialist

**telehealth area** means an area that is a Modified Monash 4 area, Modified Monash 5 area, Modified Monash 6 area or Modified Monash 7 area.

- (2) Unless the contrary intention appears, a reference in this Determination to a provision of the Act or the *National Health Act 1953* or regulations made under the Act or under the *National Health Act 1953* as applied, adopted or incorporated in relation to specifying a matter is a reference to those provisions as in force from time to time and any other reference to provisions of an Act or regulations is a reference to those provisions as in force from time to time.

## 5. Treatment of relevant services

For subsection 3C(1) of the Act a relevant service, provided in accordance with this Determination and as a clinically relevant service, is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
  - (i) related to the service; and
  - (ii) specified for the service a fee in relation to each State, being the fee specified in the Schedule in relation to the service.

## 6. Application of general provisions of the general medical services table

- (1) Clause 1.2.1 of the general medical services table shall have effect as if an item in Schedule 1 of this Determination were specified in Schedule 1 of the general medical services table.
- (2) Clause 1.2.5 of the general medical services table shall have effect as if:
- (a) an item in Schedule 1 of this Determination were specified in subclause 1.2.5(1) of the general medical services table; and
  - (b) an item in Divisions 1.2 and 1.10 of this Determination were specified in subclause 1.2.5(3) of the general medical services table.
- (3) Clause 1.2.6 of the general medical services table shall have effect as if an item in Schedule 1 of this Determination, excluding items in Divisions 1.3, 1.4, 1.5 and 1.6, were also specified in subclause 1.2.6(1).
- (4) Clause 1.2.7 of the general medical services table shall have effect as if an item in Schedule 1 of this Determination, excluding items 231, 232 and 235-244, were also specified in subclause 1.2.7(1).



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- (5) Clause 1.2.8 of the general medical services table shall have effect as if an item in Schedule 1 of this Determination were also specified in clause 1.2.8.
  - (6) Clause 1.2.9 of the general medical services table shall have effect as if an item in Schedule 1 of this Determination were also specified in clause 1.2.9.
  - (7) Clause 1.2.10 of the general medical services table shall have effect as if an item in Schedule 1 of this Determination were also specified in clause 1.2.10.

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## Schedule 1 – relevant services

### Part 1—Services and fees—Non-Specialist Practitioner services

#### Division 1.1—Services and fees—Multiple patients in a single attendance

##### 1.1.1 Meaning of amount under table 1.1.1

- (1) An **amount under table 1.1.1**, for an item mentioned in column 1 of table 1.1.1, means the sum of:
- (a) the fee for the item mentioned in column 2 of the table; and
  - (b) either:
    - (i) if not more than 6 patients are attended at a single attendance—the amount mentioned in column 3 for the item, divided by the number of patients attended; or
    - (ii) if more than 6 patients are attended at a single attendance—the amount mentioned in column 4 for the item.

<b>Table 1.1.1—Amount under clause 1.1.1</b>				
<b>Item</b>	<b>Column 1 Item/s of the table</b>	<b>Column 2 Fee</b>	<b>Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)</b>	<b>Column 4 Amount if more than 6 patients (\$)</b>
1	181	The fee for item 179	\$22.30	\$1.75
2	187	The fee for item 185	\$22.30	\$1.75
3	191	The fee for item 189	\$22.30	\$1.75
4	206	The fee for item 203	\$22.30	\$1.75
5	253	The fee for item 252	\$21.95	\$1.70
6	255	The fee for item 254	\$21.95	\$1.70
7	257	The fee for item 256	\$21.95	\$1.70
8	260	The fee for item 259	\$21.95	\$1.70
9	262	The fee for item 261	\$21.95	\$1.70
10	264	The fee for item 263	\$21.95	\$1.70
11	266	The fee for item 265	\$21.95	\$1.70
12	269	The fee for item 268	\$21.95	\$1.70
13	271	The fee for item 270	\$21.95	\$1.70
14	761	The fee for item 733	\$21.95	\$1.70
15	763	The fee for item 737	\$21.95	\$1.70

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<b>Table 1.1.1—Amount under clause 1.1.1</b>				
<b>Item</b>	<b>Column 1 Item/s of the table</b>	<b>Column 2 Fee</b>	<b>Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)</b>	<b>Column 4 Amount if more than 6 patients (\$)</b>
16	766	The fee for item 741	\$21.95	\$1.70
17	769	The fee for item 745	\$21.95	\$1.70
18	772	The fee for item 733	\$39.50	\$2.80
19	776	The fee for item 737	\$39.50	\$2.80
20	788	The fee for item 741	\$39.50	\$2.80
21	789	The fee for item 745	\$39.50	\$2.80

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## **Division 1.2—Services and fees—Non Specialist Practitioner attendances to which no other item applies**

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### **Group A7—Acupuncture and Non-Specialist Practitioner Items**

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#### **Subgroup 2—Non Specialist Practitioner attendance to which no other item applies**

<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
179	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area	14.55
181	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies), not more than 5 minutes in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area	Amount under clause 1.1.1
185	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area	31.80
187	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area	Amount under clause 1.1.1
189	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area	61.55
191	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area	Amount under clause 1.1.1
203	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area	90.65
206	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 45 minutes in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area	Amount under clause 1.1.1

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## **Division 1.3—Services and fees—Non-Specialist Practitioner prolonged attendances to which no other item applies**

### **1.3.1 Application of items in Division 1.3**

- (1) Items 214-220 apply only to a service provided in the course of a personal attendance by one or more medical practitioners on a single patient on a single occasion.
- (2) If the professional attendance is provided by one or more medical practitioners concurrently, each practitioner may claim an attendance fee.
- (3) However, if the personal attendance is not continuous, the occasion on which the service is provided is taken to be the total time of the attendance.

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### **Group A7—Acupuncture and Non-Specialist Practitioner Items**

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#### **Subgroup 3—Non Specialist Practitioner prolonged attendances to which no other item applies**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
214	Professional attendance by a medical practitioner for a period of not less than 1 hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of death	187.35
215	Professional attendance by a medical practitioner for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of death	312.25
218	Professional attendance by a medical practitioner for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of death	436.90
219	Professional attendance by a medical practitioner for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of death	562.05
220	Professional attendance by a medical practitioner for a period of 5 hours or more (other than a service to which another item applies) on a patient in imminent danger of death	624.50

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**Division 1.4—Services and fees—Non-Specialist Practitioner group therapy**

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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 4—Non Specialist Practitioner group therapy**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
221	Professional attendance for the purpose of Group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 2 patients	99.45
222	Professional attendance for the purpose of Group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 3 patients	104.75
223	Professional attendance for the purpose of Group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 4 or more patients	127.45

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## **Division 1.5—Services and fees—Non-Specialist Practitioner health assessments**

### **1.5.1 Application of items in Division 1.5**

- (1) Items in Division 1.5 apply only to a service provided in the course of a personal attendance by a single medical practitioner on a single patient.
- (2) Clause 2.15.2 of the general medical services table shall have effect as if:
  - (a) item 224, 225, 226 and 227 were specified in subclause 2.15.2(1); and
  - (b) the services were performed by a medical practitioner instead of a general practitioner.
- (3) Clause 2.15.3 of the general medical services table shall have effect as if:
  - (a) item 228 were also specified; and
  - (b) the service were performed by a medical practitioner instead of a general practitioner.
- (4) For the purposes of items in Division 1.5, clauses 2.15.5, 2.15.6, 2.15.7, 2.15.8, 2.15.9, 2.15.11, 2.15.12 and 2.15.13 of the general medical services table shall have effect as if a reference to the term “general practitioner” was a reference to the term “medical practitioner”.

### **1.5.2 Limitation of items in Division 1.5**

- (1) A health assessment mentioned in an item in Division 1.5 must not include a health screening service.
- (2) A separate consultation must not be performed in conjunction with a health assessment, unless clinically necessary.
- (3) A health assessment must be performed by the patient’s usual medical practitioner, if reasonably practicable.
- (4) Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners may assist medical practitioners in performing a health assessment, in accordance with accepted medical practice, and under the supervision of the medical practitioner.
- (5) For the purposes of subclause (4), assistance may include activities associated with
  - (a) information collection, and
  - (b) at the direction of the medical practitioner—provision to patients of information on recommended interventions.
- (6) In this clause, **health screening service** has the same meaning as in subsection 19(5) of the Act.

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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 5—Non Specialist Practitioner health assessments**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
224	Professional attendance by a medical practitioner to perform a brief health assessment, lasting not more than 30 minutes and including: (a) collection of relevant information, including taking a patient history; and (b) a basic physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing the patient with preventive health care advice and information	50.20
225	Professional attendance by a medical practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including: (a) detailed information collection, including taking a patient history; and (b) an extensive physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing a preventive health care strategy for the patient	116.65
226	Professional attendance by a medical practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition and physical function; and (c) initiating interventions and referrals as indicated; and (d) providing a basic preventive health care management plan for the patient	160.90
227	Professional attendance by a medical practitioner to perform a prolonged health assessment (lasting at least 60 minutes) including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and (c) initiating interventions or referrals as indicated; and (d) providing a comprehensive preventive health care management plan for the patient	227.35



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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 5—Non Specialist Practitioner health assessments**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
228	Professional attendance by a medical practitioner at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent—this item is applicable not more than once in a 9 month period, and only if item 715 of the general medical services table or items 93470 or 93479 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> is also not applicable within that same 9 month period.	179.50

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## **Division 1.6—Services and fees—Non-Specialist Practitioner management plans, team care arrangements and multidisciplinary care plans and case conferences**

### **1.6.1 Meaning of item descriptors in Division 1.6**

- (1) For item 229, **preparation of a GP management plan** has the meaning given by clause 2.16.7 of the general medical services table, as if the preparation were carried out by a medical practitioner.
- (2) For item 230, **coordinate the development of team care arrangements** has the meaning given by clause 2.16.4 of the general medical services table, as if the processes listed in paragraphs (a) to (c) were carried out by a medical practitioner instead of a general practitioner.
- (3) For items 231 and 232, **multidisciplinary care plan** has the meaning given by clause 2.16.6 of the general medical services table, as if the references to the term “general practitioner” were references to the term “medical practitioner”.
- (4) For items 231 and 233, **contribute to a multidisciplinary care plan** has the meaning given by clause 2.16.3 of the general medical services table.
- (5) For item 233, **associated medical practitioner** means a medical practitioner who, if not engaged in the same general practice as the medical practitioner mentioned in the item, performs the service mentioned in the item at the request of the patient (or the patient or the patient’s guardian).
- (6) For item 233, **coordinating a review of team care arrangements** has the meaning given by clause 2.16.5 of the general medical services table as if the reference to the term “general practitioner” were a reference to the term “medical practitioner”.
- (7) For item 233, **reviewing a GP management plan** has the meaning given by clause 2.16.8 of the general medical services table as if the references to the term “general practitioner” were references to the term “medical practitioner”.
- (8) For items 235, 236, 237, 238, 239 and 240 **multidisciplinary discharge case conference** has the meaning given by clause 2.16.14 of the general medical services table.
- (9) For items 238, 239, 237 and 240, **organise and coordinate** has the meaning given by clause 2.16.15 of the general medical services table.
- (10) For items 238, 239 and 240, **participate** has the meaning given by clause 2.16.16 of the general medical services table.

### **1.6.2 Application of items in Division 1.6**

- (1) Items 229-240 apply only to a service provided by:
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- (a) a medical practitioner (other than a medical practitioner employed by the proprietor of a hospital that is not a private hospital); or
  - (b) a medical practitioner who:
    - (i) is employed by the proprietor of the hospital that is not a private hospital; and
    - (ii) provides the service otherwise than in the course of employment by that proprietor
  - (2) Paragraph (1)(b) applies whether or not another person provides essential assistance to the medical practitioner in accordance with accepted medical practice.
  - (3) Items 229, 230 and 233 apply only to a service provided in the course of personal attendance by a single medical practitioner on a single patient.
  - (4) Items 229, 230 and 233 do not apply to a service mentioned in those items that is provided by a medical practitioner, if the service is provided on the same day for the same patient for whom the practitioner provides a service mentioned in the following items:
    - (a) any items specified in paragraphs 2.16.11(a), (b), (c), and (d) of the general medical services table;
    - (b) any items in Division 1.2 or Division 1.10; and
    - (c) any of items 91790, 91792, 91794, 91795, 91797, 91799 to 91817, 92210, 92211, 92216 and 92217 of the COVID-19 Determination.
  - (5) Clause 2.16.9 of the general medical services table shall have effect as if:
    - (a) items 229, 230, 231, 232 and 233 were specified in subclause 2.16.9(1);
    - (b) items 229 and 233 were specified in item 1 of table 2.16.9;
    - (c) items 230 and 233 were specified in item 2 of table 2.16.9;
    - (d) item 231 was specified in item 3 of table 2.16.9 and the reference to the term “medical practitioner” were a reference to the term “medical practitioner” as defined in this Determination.
    - (e) item 232 was specified in item 4 of table 2.16.9 and the reference to the term “medical practitioner” were a reference to the term “medical practitioner” as defined in this Determination.

### **1.6.3 Limitation on 229, 230, 231, 232 and 233**

- (1) This clause applies to the performances of services for a patient for whom exceptional circumstances do not exist.
- (2) Items 229, 230, 231, 232 and 233 apply in the circumstances mentioned in table 1.6.3.

- (3) In this clause, *exceptional circumstances*, for a patient, means there has been a significant change in the patient’s clinical condition or care circumstances that necessitates the performance of the service for the patient.

**Table 1.6.3—Limitation on items 229, 230, 231, 232 and 233**

Item	Column 1 Item of the table	Column 2 Circumstances
1	229	<p>(a) In the 3 months before performance of the service, being a service to which item 729, 731 or 732 of the general services table, item 231, 232 or 233, item 92026, 92027, 92028, 92057, 92058, 92059, 92070, 92071, 92072, 92101, 92102 or 92103 of the COVID-19 Determination, or item 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies (for reviewing a GP management plan) but had not been performed for the patient; and</p> <p>(b) a service to which item 721 of the general services table or items 92024, 92026, 92055 or 92099 of the COVID-19 Determination apply has not been performed in the past 12 months</p> <p>(c) the service is not performed more than once in a 12 month period; and</p> <p>(d) the service is not performed by a person:</p> <ul style="list-style-type: none"> <li>(i) who is a recognised specialist in palliative medicine; and</li> <li>(ii) who is treating a palliative patient that has been referred to the medical practitioner; and</li> <li>(iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the medical practitioner</li> </ul>

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**Table 1.6.3—Limitation on items 229, 230, 231, 232 and 233**

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<b>Item</b>	<b>Column 1 Item of the table</b>	<b>Column 2 Circumstances</b>
2	230	<p>(a) In the 3 months before performance of the service, being a service to which item 732 of the general services table or item 233 or item 92028, 92059, 92072 or 92103 of the COVID-19 Determination, or item 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies (for coordinating a review of team care arrangements, a multi-disciplinary community care plan or a multi-disciplinary discharge care plan) but had not been performed for the patient; and</p> <p>(b) a service to which item 723 of the general services table or items 92025, 92056, 92069 or 92100 of the COVID-19 Determination applies is performed not more than once in a 12 months</p> <p>(c) the service is performed not more than once in a 12 month period; and</p> <p>(d) the service is not performed by a person:</p> <ul style="list-style-type: none"><li>(i) who is a recognised specialist in palliative medicine; and</li><li>(ii) who is treating a palliative patient that has been referred to the medical practitioner; and</li><li>(iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner</li></ul>
3	231	<p>(a) either:</p> <ul style="list-style-type: none"><li>(i) in the 3 months before performance of the service, being a service to which item 731 or 732 of the general services table or item 232 or 233 or item 92027, 92028, 92058, 92059, 92071, 92072, 92102 or 92103 of the COVID-19 Determination, or item 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies but had not been performed for the patient; or</li><li>(ii) in the 12 months before performance of the service, being a service that has not been performed for the patient:<ul style="list-style-type: none"><li>(A) by the medical practitioner who performs the service to which item 729 of the general services table or item 231 or item 92026, 92057, 92070 or 92101 of the COVID-19 Determination would, but for this item, apply; and</li><li>(B) for which a payment has been made under item 721 or 723 of the general medical services table or item 229 or 230 or item 92024, 92025, 92055, 92056, 92068, 92069, 92099 or 92100 of the COVID-19 Determination; and</li></ul></li></ul>

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**Table 1.6.3—Limitation on items 229, 230, 231, 232 and 233**

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<b>Item</b>	<b>Column 1 Item of the table</b>	<b>Column 2 Circumstances</b>
		(b) a service to which item 729 of the general medical services table or item 92026, 92057, 92070 or 92101 of the COVID-19 Determination applies is performed not more than once in a 3 month period; and (c) the service is performed not more than once in a 3 month period
4	232	(a) In the 3 months before performance of the service, being a service to which item 721, 723, 729 or 732 of the general services table or item 229, 230, 231 or 233 or item 92024, 92025, 92026, 92028, 92055, 92056, 92057, 92059, 92068, 92069, 92070, 92072, 92099, 92100, 92101 or 92103 of the COVID-19 Determination, or item 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> applies but had not been performed for the patient; and (b) a service to which item 731 of the general services table or item 92027, 92058, 92071 or 92102 of the COVID-19 Determination applies is performed not more than once in a 3 month period; and (c) the service is performed not more than once in a 3 month period
5	233	Each service may be performed if a service to which item 732 of the general services table, item 92028, 92059, 92072 or 92103 of the COVID-19 Determination or item 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> has not been claimed in the past three months; (a) once in a 3 month period; and (b) on the same day; but (c) may not be performed by a person: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner

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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 6—Non Specialist Practitioner management plans, team care arrangements and multidisciplinary care plans and case conferences**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
229	Attendance by a medical practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 apply)	122.00
230	Attendance by a medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 apply)	96.70
231	Contribution by a medical practitioner, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 apply)	59.50
232	Contribution by a medical practitioner, to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items 735 to 758 of the general medical services table or items 235 to 240 apply)	59.50
233	Attendance by a medical practitioner to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 721 of the general medical services table or item 229 applies; or (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 723 of the general medical services table or item 230 applies	60.90
235	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 of the general medical services table, items 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> or item 229 to 233 apply)	59.80
236	Attendance by a medical practitioner, as a member of a multidisciplinary	102.30

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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 6—Non Specialist Practitioner management plans, team care arrangements and multidisciplinary care plans and case conferences**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 of the general medical services table, items 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> or item 229 to 233 apply)	
237	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 of the general medical services table, items 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> or items 229 to 233 apply)	170.50
238	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 of the general medical services table, items 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> or items 229 to 233 apply)	43.90
239	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 of	75.30



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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 6—Non Specialist Practitioner management plans, team care arrangements and multidisciplinary care plans and case conferences**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	the general medical services table, items 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> or items 229 to 233 apply)	
240	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 of the general medical services table, items 93469 or 93475 of the <i>Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020</i> or items 229 to 233 apply)	125.30
243	Attendance by a medical practitioner, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 3 other medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	58.60
244	Attendance by a medical practitioner, as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	27.30

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## Division 1.7—Services and fees—Non-Specialist Practitioner domiciliary and residential medication management review

### 1.7.1 Meaning of *living in a community setting* and *residential medication management review*

- (1) For item 245, **living in a community setting** has the meaning given by clause 2.17.1 of the general medical services table.
- (2) For item 249, **residential medication management review** has the meaning given by clause 2.17.2 of the general medical services table, as if reference to the term “general practitioner” were a reference to the term “medical practitioner”.

### 1.7.2 Application of items in Division 1.7

- (1) Clause 2.17.3 of the general medical services table shall have effect as if items 245 and 249 were also specified.

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## Group A7—Acupuncture and Non-Specialist Practitioner Items

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### Subgroup 7—Non Specialist Practitioner domiciliary and residential medication management review

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Item	Description	Fee (\$)
245	<p>Participation by a medical practitioner in a Domiciliary Medication Management Review (<b>DMMR</b>) for a patient living in a community setting, in which the medical practitioner, with the patient’s consent:</p> <ol style="list-style-type: none"><li>(a) assesses the patient as:<ol style="list-style-type: none"><li>(i) having a chronic medical condition or a complex medication regimen; and</li><li>(ii) not having their therapeutic goals met; and</li></ol></li><li>(b) following that assessment:<ol style="list-style-type: none"><li>(i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and</li><li>(ii) provides relevant clinical information required for the DMMR; and</li></ol></li><li>(c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and</li><li>(d) develops a written medication management plan following discussion with the patient; and</li><li>(e) provides the written medication management plan to a community pharmacy chosen by the patient</li></ol> <p>For any particular patient—this item is applicable not more than once in each 12 month period, and only if item 900 of the general medical services table also does not apply in the same 12 month period, except if there has been a significant change in the patient’s condition or medication regimen requiring a new DMMR</p>	130.95

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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 7—Non Specialist Practitioner domiciliary and residential medication management review**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
249	Participation by a medical practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 903 of the general medical services table has applied, unless there has been a significant change in the resident’s medical condition or medication management plan requiring a new RMMR	89.65

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## **Division 1.8—Services and fees—Non-Specialist Practitioner attendances associated with Practice Incentives Program payments**

### **1.8.1 Application of items in Division 1.8**

- (1) Clause 2.19.1 of the general medical services table shall have effect as if items 259-264 were also specified in subclauses 2.19.1(1) and 2.19.1(2).
- (2) Clause 2.19.2 of the general medical services table shall have effect as if items 265-271 were specified in subclauses 2.19.2(1) and 2.19.2(2).

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### **Group A7—Acupuncture and Non-Specialist Practitioner Items**

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#### **Subgroup 8—Non Specialist Practitioner attendances associated with Practice Incentives Program payments**

<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
251	Professional attendance at consulting rooms of less than 5 minutes in duration by a medical practitioner in an eligible area at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	14.30
252	Professional attendance at consulting rooms of more than 5, but not more than 25 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	31.30
253	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	Amount under clause 1.1.1
254	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	60.65
255	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in	Amount under clause 1.1.1

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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 8—Non Specialist Practitioner attendances associated with Practice Incentives Program payments**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	the last 4 years	
256	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	89.30
257	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years	Amount under clause 1.1.1
259	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	31.30
260	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	Amount under clause 1.1.1
261	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the requirements for a cycle of care of a patient with established diabetes mellitus	60.65
262	Professional attendance at a place other than consulting rooms of more than 25 minutes but not more than 45 minutes, in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	Amount under clause 1.1.1
263	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	89.30
264	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	Amount under clause 1.1.1
265	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care	31.30
266	Professional attendance at a place other than consulting rooms of more	Amount under

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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 8—Non Specialist Practitioner attendances associated with Practice Incentives Program payments**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care	clause 1.1.1
268	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care	60.65
269	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care	Amount under clause 1.1.1
270	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care	89.30
271	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care	Amount under clause 1.1.1

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## Division 1.9—Services and fees—Non-Specialist Practitioner mental health care

### 1.9.1 Meaning of focussed physiological strategies, mental disorder and outcome measurement tool

- (1) For items in Division 1.9:
- (a) **focussed psychological strategies, mental disorder, and outcome measurement tool** have the meanings given by clause 2.20.1 of the general medical services table.
  - (b) **preparation of a GP mental health treatment plan** has the meaning given by clause 2.20.3 of the general medical services table, as if the reference to the term “general practitioner” were a reference to the “medical practitioner”.
  - (c) **review of a GP mental health treatment plan** has the meaning given by clause 2.20.4 of the general medical services table as if the reference to the term “general practitioner” were a reference to the term “medical practitioner”.
  - (d) **associated medical practitioner** means a medical practitioner (not including a specialist or consultant physician) who, if not engaged in the same general practice as the medical practitioner mentioned in this Division, performs the service mentioned in the item at the request of the patient (or the patient’s guardian).

### 1.9.2 Meaning of amount under table 1.9.2

- (1) An **amount under table 1.9.2**, for an item mentioned in column 1 of table 1.9.2, means the sum of:
- (a) the fee for the item mentioned in column 2 of the table; and
  - (b) either:
    - (i) if not more than 6 patients are attended at a single attendance—the amount mentioned in column 3 for the item, divided by the number of patients attended; or
    - (ii) if more than 6 patients are attended at a single attendance—the amount mentioned in column 4 for the item.

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**Table 1.9.2—Amount under clause 1.9.2**

Item	Column 1 Item of the table	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)	Column 4 Amount per patient if more than 6 patients (\$)
1	285	The fee for item 283	21.95	1.70

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**Table 1.9.2—Amount under clause 1.9.2**

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<b>Item</b>	<b>Column 1 Item of the table</b>	<b>Column 2 Fee</b>	<b>Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)</b>	<b>Column 4 Amount per patient if more than 6 patients (\$)</b>
2	287	The fee for item 286	21.95	1.70

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**1.9.3 Application of GP mental health treatment plans items**

- (1) Clause 2.20.6 of the general medical services table shall have effect as if:
- (a) Items 272, 276, 277, 279, 281 and 282 were specified in subclause 2.20.6(1).
  - (b) Items 272, 276, 277, 281 and 282 were specified in subclause 2.20.6(2), as if the reference to the term “general practitioner” were a reference to the term “medical practitioner”.
- (2) Unless exceptional circumstances exist, items 272, 276, 281 and 282 cannot be claimed:
- (a) with a service to which items 735 to 758, or item 2713 of the general medical services table, item 92115, 92121, 92133 or 92127 of the COVID-19 Determination or items 235 to 240, or item 279 apply; or
  - (b) more than once in a 12 month period from the provision of any of the items for a particular patient; or
  - (c) within 3 months following the provision of a service to which item 2712 of the general medical services table, item 92114, 92120, 92126 or 92132 of the COVID-19 Determination, or item 277 applies; or
  - (d) more than once in a 12 month period from the provision of any of items 92118, 92119, 92130, 92131, 92122, 92134, 92123 or 92135 of the COVID-19 Determination.
- (3) Item 277 applies only if one of the following services has been provided to the patient:
- (a) the preparation of a GP mental health treatment plan under:
    - (i) any of items 2700, 2701, 2715 and 2717 of the general medical services table; or
    - (ii) any of items 272, 276, 281 and 282; or
    - (iii) any of items 92112, 92113, 92116, 92117, 92118, 92119, 92122, 92123, 92124, 92125, 92128, 92129, 92130, 92131, 92134 and 92135 of the COVID-19 Determination;



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- (b) a psychiatrist assessment and management plan under item 291 of the general medical services table or items 92435 and 92475 of the COVID-19 Determination.
- (4) Item 277 does not apply:
- (a) to a service to which items 735 to 758, or item 2713 of the general medical services table or items 235 to 240, or item 279 or item 92121, 92133, 92115 or 92127 of the COVID-19 Determination apply; or
- (b) unless exceptional circumstances exist for the provision of the service:
- (i) more than once in a 3 month period; or
- (ii) within 4 weeks following the preparation of a GP mental health treatment plan (item 2700, 2701, 2715 or 2717 of the general medical services table or item 272, 276, 281 or 282 or item 92112, 92113, 92116, 92117, 92118, 92119, 92122, 92123, 92124, 92125, 92128, 92129, 92130, 92131, 92134 or 92135 of the COVID-19 Determination).
- (5) Item 279 does not apply in association with a service to which item 2700, 2701, 2715, 2717 or 2712 of the general medical services table or item 272, 276, 281 or 282 or 277 or item 92112, 92113, 92114, 92116, 92117, 92118, 92119, 92120, 92122, 92123, 92124, 92125, 92126, 92128, 92129, 92130, 92131, 92132, 92134 or 92135 of the COVID-19 Determination applies.
- (6) Items 281 and 282 apply only if the medical practitioner providing the service has successfully completed mental health skills training accredited by the General Practice Mental Health Standards Collaboration.
- Note: The General Practice Mental Health Standards Collaboration operates under the auspices of the Royal Australian College of General Practitioners.
- (7) In this clause, exceptional circumstances means a significant change in the patient's clinical condition or the patient's care circumstances.

#### **1.9.4 Application of focussed psychological strategies items**

- (1) Items 283, 285, 286 and 287 apply to a service which:
- (a) is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and
- (b) is provided by a medical practitioner:
- (i) whose name is entered in the register maintained by the Chief Executive Medicare under section 33 of the *Human Services (Medicare) Regulations 2017*; and

- (ii) who is identified in the register as a medical practitioner who can provide services to which Subgroup 2 of Group A20 of the general medical services table or items 283, 285, 286 and 287 applies; and
  - (iii) who meets any training and skills requirements, as determined by the General Practice Mental Health Standards Collaboration for providing services to which Subgroup 2 of Group A20 of the general medical services table or items 283, 285, 286 and 287 applies.
- (2) Items 283, 285, 286 and 287 do not apply to:
- (a) a service which:
    - (i) is provided to a patient who, in a calendar year, has already been provided with 6 services to which any of the items in Subgroup 2 of Group A20 of the general medical services table or items 283, 285, 286 and 287 applies or items 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845 of the COVID-19 Determination applies or items 941, 942, 2733, 2735 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020* applies; and
    - (ii) is provided before the medical practitioner managing the GP mental health treatment plan or the psychiatrist assessment and management plan has conducted a patient review and recorded in the patient’s records a recommendation that the patient have additional sessions of focussed psychological strategies in the same calendar year; or
  - (b) a service which is provided to a patient who has already been provided, in the calendar year, with 10 other services to which any of the items in Subgroup 2 of A20 of the general medical services table, items 283, 285, 286 and 287, or items 80000 to 80015, 80100 to 80115, 80125 to 80140 or 80150 to 80165, or items 91820, 91821, 91844, 91845, 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91818, 91819, 91842 and 91843 of the COVID-19 Determination or items 941, 942, 2733, 2735, 93375, 93376, 93381 to 93386 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020* apply.

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**Group A7—Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 9—Non Specialist Practitioner mental health care**

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Item	Description	Fee (\$)
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272	Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	60.65
276	Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	89.30
277	Professional attendance by a medical practitioner to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan	60.65
279	Professional attendance by a medical practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation	60.65
281	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	77.00
282	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	113.45
283	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes	78.45
285	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes	Amount under clause 1.9.2
286	Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes	112.25
287	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes	Amount under clause 1.9.2

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**Division 1.10—Services and fees—Non-Specialist Practitioner after-hours attendances to which no other item applies**

**1.10.1 Application of items in Division 1.10**

- (1) Clause 2.24.1 of the general medical services table shall have effect as if:
- (a) items 733, 745, 766 and 776 were also specified in subclause 2.24.1(1).
  - (b) all items in Division 1.10 were also specified in subclause 2.24.1(2).

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**Group A7 – Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 10 - Non Specialist Practitioner after -hours attendances to which no other item applies**

<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
733	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	24.50
737	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	41.45
741	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	71.05
745	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance	99.60
761	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting not more than 5 minutes—an attendance on one or more patients on one occasion—each patient	Amount under clause 1.1.1
763	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 5 minutes, but not more than 25 minutes—an attendance on one or more patients on one occasion—each patient	Amount under clause 1.1.1
766	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 25 minutes, but not more than 45 minutes—an attendance on one or more patients on one occasion—each patient	Amount under clause 1.1.1

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**Group A7 – Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 10 - Non Specialist Practitioner after-hours attendances to which no other item applies**

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<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
769	Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 45 minutes—an attendance on one or more patients on one occasion—each patient.	Amount under clause 1.1.1
772	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of not more than 5 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	Amount under clause 1.1.1
776	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	Amount under clause 1.1.1
788	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	Amount under clause 1.1.1
789	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 45 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	Amount under clause 1.1.1

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## Division 1.11—Services and fees—Non-Specialist Practitioner pregnancy support counselling

### 1.11.1 Application of item 792

- (1) A service to which item 792 applies must not be provided by a medical practitioner who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination.
- (2) Item 792 does not apply if a patient has already been provided, for the same pregnancy, with 3 services to which that item, item 4001 of the general medical services table, item 93026, 93029, 92136, 92137, 92138 or 92139 of the COVID-19 Determination, or item 81000, 81005 or 81010 applies.

Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act.

- (3) In item 792:

*non-directive pregnancy support counselling* means counselling provided by a medical practitioner to a person in which:

- (a) information and issues relating to pregnancy are discussed; and
  - (b) the general practitioner does not impose the medical practitioner's views or values about what the person should or should not do in relation to the pregnancy.
- (4) A service to which item 792 applies may be used to address any pregnancy-related issue.

### 1.11.2 Application of subclause 2.26.1(2) of the general medical services table

Subclause 2.26.1(2) of the general medical services table shall have effect as if the reference to "item 81000, 81005 or 81010" included a reference to item 792.

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## Group A7 – Acupuncture and Non-Specialist Practitioner Items

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### Subgroup 11 - Non Specialist Practitioner pregnancy support counselling

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Item	Description	Fee (\$)
792	Professional attendance of at least 20 minutes in duration at consulting rooms by a medical practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item, item 4001, 81000, 81005, 81010, 93026, 93029, 92136, 92137, 92138 or 92139 of the general medical services table applies in relation to that pregnancy	64.80
Note:	For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act. For items 93026, 93029, 92136, 92137, 92138 or 92139 see the COVID-19	

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**Group A7 – Acupuncture and Non-Specialist Practitioner Items**

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**Subgroup 11 - Non Specialist Practitioner pregnancy support counselling**

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Item	Description	Fee (\$)
	Determination.	

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## **Division 1.14—Group A35: Non-referred attendance at a residential aged care facility**

### **1.14.1 Fee in relation to the first patient during each attendance at a residential aged care facility**

- (1) For the first patient attended during one attendance by a medical practitioner at one residential aged care facility on one occasion, the fee for the medical service described in whichever of items 90183, 90188, 90202 or 90212 applies is the amount listed in the item plus \$42.25.

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#### **Group A35—Non-referred attendance at a residential aged care facility**

<b>Column 1 Item</b>	<b>Column 2 Description</b>	<b>Column 3 Fee (\$)</b>
90183	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of not more than 5 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by medical practitioner in an eligible area	14.55
90188	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area	31.80
90202	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area	61.55
90212	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 45 minutes in	90.65

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duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area

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## Endnotes

### Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

### Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

### Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

### Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

### Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

**Endnote 2—Abbreviation key**

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

## Endnote 3—Legislation history

## Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018	25 June 2018 (F2018L00874)	1 July 2018	
Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Amendment Determination 2018	15 October 2018 (F2018L01431)	1 November 2018	—
Health Insurance (Section 3C General Medical Services – General Practice Telehealth Services) Amendment Determination 2018	29 October 2018 (F2018L01498)	1 November 2018	—
Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) (Services for Patients in Residential Aged Care Facilities) Amendment Determination 2019	25 February 2019 (F2019L00194)	1 March 2019	—
Health Insurance (Section 3C General Medical Services – General Practice Telehealth Services) Amendment Determination 2019	1 March 2019 (F2019L00226)	2 March 2019	—
Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Amendment Determination 2019	10 April 2019 (F2019L00598)	1 July 2019 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Flood Affected Areas) Determination 2019	7 June 2019 (F2019L00734)	Sch 1 (items 3, 4): 1 July 2019 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – General Practice Telehealth Services) Amendment Determination (No. 2) 2019	8 October 2019 (F2019L01310)	Sch 1 (items 1–3): 1 November 2019 (s 2(1) item 1)	—
Health Insurance (Section 3C – Other Medical Practitioner and Telehealth) Amendment (Australian Statistical Geography Standard) Determination 2019	23 October 2019 (F2019L01367)	Sch 2: 1 November 2019 (s 2(1) item 3) Sch 3 (item 1): 1 January 2020 (s 2(1) item 4)	—

## Endnote 3—Legislation history

<b>Name</b>	<b>Registration</b>	<b>Commencement</b>	<b>Application, saving and transitional provisions</b>
Health Insurance (Section 3C General Medical Services – General Practice Telehealth Services for Bushfires Response) Amendment Determination 2020	13 January 2020 (F2020L00019)	Sch 1 (items 5–7): 10 January 2020 (s 2(1) item 2)	—
Health Insurance (Section 3C General Medical Services – GP and Allied Health COVID-19 Services) Amendment (Consequential) Determination 2020	30 April 2020 (F2020L00530)	Sch 2 (items 1–10): 30 April 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Consequential Change to Incorporated GMST Clauses and Eye Movement Desensitisation and Reprocessing) Determination 2020	30 April 2020 (F2020L00535)	Sch 2 (items 1–37): 1 May 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Section 3C General Medical Services – Drought Affected Areas) Determination 2020	16 June 2020 (F2020L00721)	Sch 2 (items 1–3): 1 July 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Amendment Determination 2020	17 June 2020 (F2020L00734)	1 July 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services and Chronic Disease Management) Amendment Determination 2020	23 December 2020 (F2020L01704)	Sch 1 (items 27–30): 10 December 2020 (s 2(1) item 2)	—
Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2021	8 April 2021 (F2021L00426)	Sch 1 (items 1–76): 1 July 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Section 3C General Medical Services – Medicare Indexation and Extension of Remote Service Options) Determination 2021	24 June 2021 (F2021L00822)	Sch 4: 1 July 2021 (s 2(1) item 5)	—
Health Insurance Legislation Amendment (Telehealth Clinical Support Services) Determination 2021	17 Dec 2021 (F2021L01811)	Sch 1 (items 9–16): 1 Jan 2022 (s 2(1) item 1)	—

## Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Amendment (Indexation) Determination 2022	7 Apr 2022 (F2022L00554)	1 July 2022 (s 2(1) item 1)	—

## Endnote 4—Amendment history

Provision affected	How affected
s 2.....	rep LA s 48D
s 4.....	am F2018L01431; F2018L01498; F2019L00226; F2019L00734; F2019L01367; F2020L00019; F2020L00530; F2020L00535; F2020L00721
s 6.....	am F2020L00535
<b>Schedule 1</b>	
<b>Part 1</b>	
<b>Division 1.1</b>	
c 1.1.1.....	am F2018L01431; F2019L00194
Table 1.1.1.....	rs F2019L00598; F2020L00734; F2021L00426; F2022L00554
<b>Division 1.2</b>	
Group A7 Table.....	am F2019L00194 rs F2019L00598; F2020L00734 am F2021L00426; F2022L00554
<b>Division 1.3</b>	
Group A7 Table.....	rs F2019L00598; F2020L00734 am F2021L00426; F2022L00554
<b>Division 1.4</b>	
Group A7 Table.....	rs F2019L00598; F2020L00734 am F2021L00426; F2022L00554
<b>Division 1.5</b>	
c 1.5.1.....	am F2020L00535
Group A7 Table.....	rs F2019L00598 am F2020L00530 rs F2020L00734 am F2020L01704; F2021L00426; F2022L00554
<b>Division 1.6</b>	
c 1.6.1.....	am F2020L00535
c 1.6.2.....	am F2020L00530; F2020L00535
Table 1.6.3.....	rs F2020L00530; F2020L01704
Group A7 Table.....	rs F2019L00598 am F2020L00530 ed C8 am F2020L00535 rs F2020L00734 am F2020L01704; F2021L00426; F2022L00554
<b>Division 1.7</b>	
c 1.7.1.....	am F2020L00535

## Endnote 4—Amendment history

<b>Provision affected</b>	<b>How affected</b>
c 1.7.2.....	am F2020L00535
Group A7 Table.....	rs F2019L00598; F2020L00734 am F2021L00426; F2022L00554
<b>Division 1.8</b>	
c 1.8.1.....	am F2020L00535
Group A7 Table.....	rs F2019L00598; F2020L00734 am F2021L00426; F2022L00554
<b>Division 1.9</b>	
c 1.9.1.....	am F2020L00535
Table 1.9.2.....	rs F2019L00598; F2020L00734; F2021L00426; F2022L00554
c 1.9.3.....	am F2020L00530; F2020L00535
c 1.9.4.....	am F2018L01431; F2020L00530; F2020L01704; F2021L01811 ed C13
c 1.9.5.....	ad F2018L01431 rep F2021L01811
Group A7 Table.....	am F2018L01431 rs F2019L00598; F2020L00734 am F2021L00426; F2021L00822; F2021L01811; F2022L00554
<b>Division 1.10</b>	
c 1.10.1.....	am F2020L00535
Group A7 Table.....	am F2019L00598; F2020L00734; F2021L00426; F2022L00554
<b>Division 1.11</b>	
c 1.11.1.....	rs F2020L00530 am F2020L00535 (md not incorp)
c 1.11.2.....	ad F2020L00530
Group A7 Table.....	am F2019L00598; F2020L00530 ed C8 am F2020L00734; F2021L00426; F2022L00554 (Sch 1 item 2 (table items 56, 57) md not incorp)
Division 1.12.....	rs F2021L01811 rep F2022L00554
c 1.12.1.....	am F2020L00535 rs F2021L01811 rep F2022L00554
Group A7 Table.....	rep F2022L00554
c 1.12.2.....	am F2019L00598 rep F2021L01811
Table 1.12.2.....	rs F2019L00598; F2020L00734; F2021L00426 rep F2021L01811



## Endnote 4—Amendment history

<b>Provision affected</b>	<b>How affected</b>
c 1.12.3 .....	am F2018L01498; F2020L00535 rep F2021L01811
c 1.12.4 .....	am F2018L01498; F2020L00019; F2020L00721 rep F2021L01811
Group A7 Table.....	am F2018L01498; F2019L00226; F2019L00598; F2019L00734; F2020L00019; F2020L00721; F2020L00734; F2021L00426 rep F2021L01811
Division 1.13 .....	ad F2019L01310 rep F2021L01811
c 1.13.1 .....	ad F2019L01310 rep F2021L01811
Group A30 Table.....	ad F2019L01310 am F2019L01367 ed C5 rs F2020L00734 am F2021L00426 rep F2021L01811
<b>Division 1.14</b>	
Division 1.13 .....	ad F2019L00194 renum F2019L01310
Division 1.14 (prev Division 1.13)	
c 1.13.1 .....	ad F2019L00194 am F2019L00598 renum F2019L01310
c 1.14.1 (prev c 1.13.1).....	am F2020L00734 rs F2021L00426 am F2022L00554
Group A35 Table.....	ad F2019L00194 am F2019L00598 rs F2020L00734 am F2021L00426