



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

I, Brendan Murphy, delegate of the Minister for Health, make this Determination under subsection 3C(1) of the *Health Insurance Act 1973*.

Dated 21st June 2018

Professor Brendan Murphy
Chief Medical Officer
Department of Health

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1. Name of Determination

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

2. Commencement

This Determination commences immediately after the commencement of the *Health Insurance Legislation Amendment (2018 Measures No. 2) Regulations 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*.

ASGS means the July 2011 edition of the Australian Statistical Geography Standard, published by the Australian Bureau of Statistics, as existing on 1 July 2018.

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 the meaning given under clause 1.1.2 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.

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:

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- (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:
 - (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
- professional service
- specialist

- (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 Part 2 of the general medical services table.
- (2) Clause 1.2.4 of the general medical services table shall have effect as if:
 - (a) an item in Schedule 1 of this Determination were specified in subclause 1.2.4(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 1.2.4(3) of the general medical services table.
- (3) Clause 1.2.5 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 1.2.5(1).
- (4) 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 231, 232 and 235-244, were also specified in subclause 1.2.6(1).
- (5) Clause 1.2.7 of the general medical services table shall have effect as if an item in Schedule 1 of this Determination were also specified in clause 1.2.7.
- (6) 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.

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.

Table 1.1.1—Amount under clause 1.1.1

Item	Column 1 Item/s 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 if more than 6 patients (\$)
1	181	The fee for item 179	\$20.75	\$1.60
2	183	The fee for item 179	\$37.35	\$2.65
3	187	The fee for item 185	\$20.75	\$1.60
4	188	The fee for item 185	\$37.35	\$2.65
5	191	The fee for item 189	\$20.75	\$1.60
6	202	The fee for item 189	\$37.35	\$2.65
7	206	The fee for item 203	\$20.75	\$1.60
8	212	The fee for item 203	\$37.35	\$2.65
9	253	The fee for item 252	\$20.75	\$1.60
10	255	The fee for item 254	\$20.75	\$1.60
11	257	The fee for item 256	\$20.75	\$1.60
12	260	The fee for item 259	\$20.75	\$1.60
13	262	The fee for item 261	\$20.75	\$1.60
14	264	The fee for item 263	\$20.75	\$1.60
15	266	The fee for item 265	\$20.75	\$1.60
16	269	The fee for item 268	\$20.75	\$1.60
17	271	The fee for item 270	\$20.75	\$1.60
18	761	The fee for item 733	\$20.75	\$1.60
19	763	The fee for item 737	\$20.75	\$1.60
20	766	The fee for item 741	\$20.75	\$1.60

Table 1.1.1—Amount under clause 1.1.1

Item	Column 1 Item/s 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 if more than 6 patients (\$)
21	769	The fee for item 745	\$20.75	\$1.60
22	772	The fee for item 733	\$37.35	\$2.65
23	776	The fee for item 737	\$37.35	\$2.65
24	788	The fee for item 741	\$37.35	\$2.65
25	789	The fee for item 745	\$37.35	\$2.65

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

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
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	13.75
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
183	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	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	30.10
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
188	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,	Amount under clause 1.1.1

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
	by a medical practitioner in an eligible area	
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	58.25
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
202	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	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	85.70
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
212	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 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	Amount under clause 1.1.1

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.

Group A7 – Acupuncture and Non-Specialist Practitioner Items**Subgroup 3—Non Specialist Practitioner prolonged attendances to which no other item applies**

Item	Description	Fee (\$)
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	177.20
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	295.30
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	413.30
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	531.65
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	590.70

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

Group A7 – Acupuncture and Non-Specialist Practitioner Items**Subgroup 4—Non Specialist Practitioner group therapy**

Item	Description	Fee (\$)
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	94.05
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	99.10
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	120.55

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 2.17.2 of the general medical services table shall have effect as if:
 - (a) item 224, 225, 226 and 227 were specified in subclause 2.17.2(1); and

- (b) the services were performed by a medical practitioner instead of a general practitioner.
- (3) Clause 2.17.3 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 2.17.5, 2.17.6, 2.17.7, 2.17.8, 2.17.9, 2.17.11, 2.17.12 and 2.17.13 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.

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 5— Non Specialist Practitioner health assessments

Item	Description	Fee (\$)
224	Professional attendance by a medical practitioner to perform a brief health assessment, lasting not more than 30 minutes and including: <ul style="list-style-type: none"> (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 	47.50
225	Professional attendance by a medical practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including: <ul style="list-style-type: none"> (a) detailed information collection, including taking a patient history; and 	110.30

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 5— Non Specialist Practitioner health assessments

Item	Description	Fee (\$)
	(b) an extensive physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing a preventive health care strategy for the patient	
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	152.25
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	215.05
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 is also not applicable within that same 9 month period.	169.80

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 2.18.7 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 2.18.4 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 2.18.6 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 2.18.3 of the general medical services table.

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- (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 2.18.5 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 2.18.8 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:
 - (a) **multidisciplinary discharge case conference** has the meaning given by clause 2.18.13 of the general medical services table.
 - (b) **multidisciplinary discharge case conference in a residential aged care facility** has the meaning given by clause 2.18.14 of the general medical services table.
 - (9) For items 238, 239, 237 and 240, **organise and coordinate** has the meaning given by clause 2.18.15 of the general medical services table.
 - (10) For items 238, 239 and 240, **participate** has the meaning given by clause 2.18.16 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:
 - (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:

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- (a) any items specified in paragraphs 2.18.11(a), (b), (c), and (d) of the general medical services table;
 - (b) any items in Division 1.2 or Division 1.10
- (5) Clause 2.18.9 of the general medical services table shall have effect as if:
- (a) items 229, 230, 231, 232 and 233 were specified in subclause 2.18.9(1);
 - (b) items 229 and 233 were specified in item 1 of table 2.18.9;
 - (c) items 230 and 233 were specified in item 2 of table 2.18.9;
 - (d) item 231 was specified in item 3 of table 2.18.9 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 2.18.9 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	<ul style="list-style-type: none"> (a) In the 3 months before performance of the service, being a service to which item 729, 731 or 732 of the general medical service table or 231, 232 or 233 applies (for reviewing a GP management plan) but had not been performed for the patient; and (b) a service to which item 721 applies has not been performed in the past 12 months (c) the service is not performed more than once in a 12 month period; and (d) the service is not performed by a person: <ul style="list-style-type: none"> (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the medical 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 medical practitioner.

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

Item	Column 1 Item of the table	Column 2 Circumstances
2	230	<p>(a) In the 3 months before performance of the service, being a service to which item 732 of the general medical services table or item 233 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 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">(i) who is a recognised specialist in palliative medicine; and(ii) who is treating a palliative patient that has been referred to the medical practitioner 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
3	231	<p>(a) either:</p> <ul style="list-style-type: none">(i) in the 3 months before performance of the service, being a service to which item 731 or 732 of the general medical services table or item 232 or 233 applies but had not been performed for the patient; or(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">(A) by the medical practitioner who performs the service to which item 729 of the general medical services table or item 231 would, but for this item, apply; and(B) for which a payment has been made under item 721 or 723 of the general medical services table or item 229 or 230; and <p>(b) a service to which item 729 of the general medical services table applies is performed not more than once in a 3 month period; and</p> <p>(c) the service is performed not more than once in a 3 month period</p>
4	232	<p>(a) In the 3 months before performance of the service, being a service to which item 721, 723, 729 or 732 of the general medical services table or item 229, 230, 231 or 233 applies but had not been performed for the patient; and</p> <p>(b) a service to which item 731 applies is performed not more than once in a 3 month period; and</p> <p>(c) the service is performed not more than once in a 3 month period</p>
5	233	<p>Each service may be performed if a service to which item 732 of the general medical services table has not been claimed in the past three months;</p> <p>(a) once in a 3 month period; and</p> <p>(b) on the same day; but</p> <p>(c) may not be performed by a person:</p> <ul style="list-style-type: none">(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

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
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)	115.40
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)	91.45
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)	56.30
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)	56.30
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	57.65
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 or item 229 to 233 apply)	56.50
236	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 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 or item 229 to 233 apply)	96.75

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
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 or items 229 to 233 apply)	161.30
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 or items 229 to 233 apply)	41.50
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 the general medical services table or items 229 to 233 apply)	71.20
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 or items 229 to 233 apply)	118.55
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	65.20
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	30.35

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 2.19.1 of the general medical services table.
- (2) For item 249, **residential medication management review** has the meaning given by clause 2.19.2 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 2.19.3 of the general medical services table shall have effect as if items 245 and 249 were also specified.

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
245	<p>Participation by a medical practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the medical practitioner, with the patient’s consent:</p> <p>(a) assesses the patient as:</p> <ol style="list-style-type: none"> (i) having a chronic medical condition or a complex medication regimen; and (ii) not having their therapeutic goals met; and <p>(b) following that assessment:</p> <ol style="list-style-type: none"> (i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and (ii) provides relevant clinical information required for the DMMR; and <p>(c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and</p> <p>(d) develops a written medication management plan following discussion with the patient; and</p> <p>(e) provides the written medication management plan to a community pharmacy chosen by the patient</p> <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>	123.85
249	<p>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</p>	84.80

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 2.21.1 of the general medical services table shall have effect as if items 259-264 were also specified in subclauses 2.21.1(1) and 2.21.1(2).
- (2) Clause 2.21.2 of the general medical services table shall have effect as if items 265-271 were specified in subclauses 2.21.2(1) and 2.21.2(2).

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
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	13.55
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	29.65
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	57.35
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 the last 4 years	Amount under clause 1.1.1
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	84.45
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	Amount under clause 1.1.1

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
	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	
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	29.65
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	57.35
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	84.45
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	29.65
266	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 of the Asthma Cycle of Care	Amount under 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	57.35
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	84.45
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

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 2.22.1 of the general medical services table.
 - (b) **preparation of a GP mental health treatment plan** has the meaning given by clause 2.22.3 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 2.22.4 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.

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	20.75	1.60
2	287	The fee for	20.75	1.60

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 (\$)
		item 286		

1.9.3 Application of GP mental health treatment plans items

- (1) Clause 2.22.6 of the general medical services table shall have effect as if:
- (a) Items 272, 276, 277, 279, 281 and 282 were specified in subclause 2.22.6(1).
 - (b) Items 272, 276, 277, 281 and 282 were specified in subclause 2.22.6(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 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, or item 277, or item 2719 of the *Health Insurance (Review of GP Mental Health Treatment Plan) Determination 2011* (as in force on 29 February 2012), applies; or
 - (d) more than once in a 12 month period from the provision of a service to which item 2702 or 2710 of the *Health Insurance (General Medical Services Table) Regulations 2010* (as in force on 31 October 2011) applies for the patient.
- (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) items 2700, 2701, 2715 and 2717 of the general medical services table; or
 - (ii) items 272, 276, 281 and 282; or
 - (iii) items 2702 and 2710 of the *Health Insurance (General Medical Services Table) Regulations 2010* (as in force on 31 October 2011);
 - (b) a review of a GP mental health treatment plan under item 2712, or item 2719 of the *Health Insurance (Review of GP Mental Health Treatment Plan) Determination 2011* (as in force on 29 February 2012).

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- (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 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
 - (c) unless exceptional circumstances exist for the provision of the service to a patient within 3 months after the patient is provided a service to which item 2719 of the *Health Insurance (Review of GP Mental Health Treatment Plan) Determination 2011* (as in force on 29 February 2012) applies.
- (5) Item 279 applies only:
- (a) to a surgery consultation; and
 - (b) to an attendance of at least 20 minutes in duration.
- (6) 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 applies.
- (7) 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.
- (8) 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 the general medical services table or items 283, 285, 286 and 287 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:
- (i) 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 apply.

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 9— Non Specialist Practitioner mental health care

Item	Description	Fee (\$)
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	57.35
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	84.45
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	57.35
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	57.35
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	72.85
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	107.30

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 9— Non Specialist Practitioner mental health care

Item	Description	Fee (\$)
	GP mental health treatment plan for a patient	
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	74.20
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	106.20
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

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 2.27.1 of the general medical services table shall have effect as if:
- (a) items 733, 745, 766 and 776 were also specified in subclause 2.27.1(1).
 - (b) all items in Division 1.10 were also specified in subclause 2.27.1(2).

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
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	23.20
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	39.20
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	67.15

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
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	94.20
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
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	Amount under clause 1.1.1

Group A7 – Acupuncture and Non-Specialist Practitioner Items

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

Item	Description	Fee (\$)
	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	

Division 1.11—Services and fees—Non-Specialist Practitioner pregnancy support counselling**1.11.1 Application of item 792**

- (1) Clause 2.26.1 of the general medical services table shall have effect as if:
- (a) item 792 were also specified in subclauses 2.26.1(1), (2), (3) and (4); and
 - (b) the services were performed by a medical practitioner instead of a general practitioner.

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 11 - Non Specialist Practitioner pregnancy support counselling

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: <ul style="list-style-type: none">(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 or 81010 of the general medical services table applies in relation to that pregnancy	61.30
Note:	For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act.	

Division 1.12—Services and fees—Non-Specialist Practitioner video conferencing consultation**1.12.1 Meaning of participating in a video conferencing consultation**

- (1) For items in Division 1.12, **participating in a video conferencing consultation** has the meaning given by Part 3 of the general medical services table.

1.12.2 Meaning of amount under table 1.12.2

- (1) An **amount under table 1.12.2**, for an item mentioned in column 1 of table 2.20.3, means the sum of:
- (a) the fee for the item mentioned in column 2 of the table; and
 - (b) the fee for the item mentioned in:
 - (i) if the medical practitioner attends no more than 6 patients in a single attendance—the amount mentioned in column 3 of the table, divided by the number of patients attended; or
 - (ii) if the medical practitioner attends more than 6 patients in a single attendance—the amount mentioned in column 4 of the table.

Table 1.12.2—Amount under clause 1.12.2

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	827	The fee for item 812	20.75	1.60
2	829	The fee for item 812	37.35	2.65
3	868	The fee for item 867	20.75	1.60
4	869	The fee for item 867	37.35	2.65
5	876	The fee for item 873	20.75	1.60
6	881	The fee for item 873	37.35	2.65
7	891	The fee for item 885	20.75	1.60
8	892	The fee for item 885	37.35	2.65

1.12.3 Application of items in Division 1.12

- (1) Clause 2.20.1 of the general medical services table shall have effect as if
- (a) items in Division 1.12 were also specified in subclause 2.20.1(1); and
 - (b) the services were performed by a medical practitioner instead of a general practitioner.
- (2) Clause 2.20.2 of the general medical services table shall have effect as if items 829, 869, 881 and 892 were also specified.

1.12.4 Limitation of items in Division 1.12

- (1) Items 812, 827, 867, 868, 873, 876, 885 and 891 do not apply if the patient or the specialist or consultant physician mentioned in paragraph (a) of the item travels to a place to satisfy the requirement:
- (a) for items 812, 867, 873 and 885—in sub subparagraph (c)(i)(B) of the item; and
 - (b) for items 827, 868, 876 and 891—in subparagraph (d)(ii) of the item.

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 12 - Non Specialist Practitioner video conferencing consultation

Item	Description	Fee (\$)
812	Professional attendance at consulting rooms of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: <ul style="list-style-type: none"> (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) either: <ul style="list-style-type: none"> (i) is located both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); or (ii) is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service: for which a direction made under subsection 19(2) of the Act applies 	18.30
827	Professional attendance not in consulting rooms of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: <ul style="list-style-type: none"> (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) is not a care recipient in a residential care service; and (d) is located both: <ul style="list-style-type: none"> (i) within a telehealth eligible area; and (ii) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion—each patient	Amount under clause 1.12.2
829	Professional attendance of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: <ul style="list-style-type: none"> (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is a care recipient in a residential care service; and (c) is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion—each patient	Amount under clause 1.12.2

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 12 - Non Specialist Practitioner video conferencing consultation

Item	Description	Fee (\$)
867	Professional attendance at consulting rooms of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) either: (i) is located both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); or (ii) is a patient of: (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19(2) of the Act applies	39.95
868	Professional attendance not in consulting rooms of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) is not a care recipient in a residential care service; and (d) is located both: (i) within a telehealth eligible area; and (ii) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion—each patient	Amount under clause 1.12.2
869	Professional attendance of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is a care recipient in a residential care service; and (c) is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion—each patient	Amount under clause 1.12.2
873	Professional attendance at consulting rooms of at least 20 minutes in duration (whether or not continuous) by a medical practitioner who provides clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) either: (i) is located both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); or	77.50

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 12 - Non Specialist Practitioner video conferencing consultation

Item	Description	Fee (\$)
	(ii) is a patient of: (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service: for which a direction made under subsection 19(2) of the Act applies	
876	Professional attendance not in consulting rooms of at least 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) is not a care recipient in a residential care service; and (d) is located both: (i) within a telehealth eligible area; and (ii) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion—each patient	Amount under clause 1.12.2
881	Professional attendance of at least 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is a care recipient in a residential care service; and (c) is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion—each patient	Amount under clause 1.12.2
885	Professional attendance at consulting rooms of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) either: (i) is located both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); or (ii) is a patient of: (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19(2) of the Act applies	114.00
891	Professional attendance not in consulting rooms of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) is not a care recipient in a residential care service; and	Amount under clause 1.12.2

Group A7 – Acupuncture and Non-Specialist Practitioner Items

Subgroup 12 - Non Specialist Practitioner video conferencing consultation

Item	Description	Fee (\$)
	(d) is located both: (i) within a telehealth eligible area; and (ii) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion—each patient	
892	Professional attendance of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is a care recipient in a residential care service; and (c) is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion—each patient	Amount under clause 1.12.2
