



Health Insurance Regulations 2018

made under the

Health Insurance Act 1973

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About this compilation

This compilation

This is a compilation of the *Health Insurance Regulations 2018* that shows the text of the law as amended and in force on 1 July 2023 (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). 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Part 1—Preliminary

1 Name

This instrument is the *Health Insurance Regulations 2018*.

3 Authority

This instrument is made under the *Health Insurance Act 1973*.

4 Definitions

Note: A number of expressions used in this instrument are defined in the Act, including the following:

- (a) consultant physician;
- (b) eligible midwife;
- (c) eligible nurse practitioner;
- (d) general practitioner;
- (e) medical practitioner;
- (f) participating midwife;
- (g) participating nurse practitioner;
- (h) specialist.

In this instrument:

Act means the *Health Insurance Act 1973*.

approved collection centre has the same meaning as in Part IIA of the Act.

diagnostic imaging provider: see subsection 70(5).

health practitioner means a person practising a profession that, under the Health Practitioner Regulation National Law, is regulated by a National Board.

Health Practitioner Regulation National Law means:

- (a) for a State or Territory other than Western Australia—the Health Practitioner Regulation National Law set out in the Schedule to the *Health Practitioner Regulation National Law Act 2009* (Qld), as it applies (with or without modification) as a law of the State or Territory; or
- (b) for Western Australia—the *Health Practitioner Regulation National Law (WA) Act 2010* (WA), so far as that Act corresponds to the Health Practitioner Regulation National Law set out in the Schedule to the *Health Practitioner Regulation National Law Act 2009* (Qld).

hospital-authorised medical practitioner means a medical practitioner employed or engaged by a hospital authority (within the meaning of subsection 84(1) of the *National Health Act 1953*) who is authorised by the hospital authority to participate in a collaborative arrangement with a midwife.

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identification number, in relation to an approved collection centre, means the identification number allocated to the centre under section 23DNBB of the Act.

National Board means any of the following:

- (a) the Aboriginal and Torres Strait Islander Health Practice Board of Australia;
- (b) the Chiropractic Board of Australia;
- (c) the Dental Board of Australia;
- (d) the Medical Board of Australia;
- (e) the Medical Radiation Practice Board of Australia;
- (f) the Nursing and Midwifery Board of Australia;
- (g) the Occupational Therapy Board of Australia;
- (h) the Optometry Board of Australia;
- (i) the Osteopathy Board of Australia;
- (j) the Physiotherapy Board of Australia;
- (k) the Podiatry Board of Australia;
- (l) the Psychology Board of Australia.

obstetrician means a medical practitioner who is a specialist in the specialty of obstetrics and gynaecology (however described).

obstetric medical practitioner means:

- (a) an obstetrician; or
- (b) a medical practitioner who provides obstetric services.

paediatrician means a medical practitioner who is a specialist in the specialty of paediatrics and child health (however described).

pathology provider: see subsection 69(3).

provider number means a number that:

- (a) is allocated by the Chief Executive Medicare to a medical practitioner, dental practitioner, approved pathology practitioner, optometrist, participating midwife or participating nurse practitioner; and
- (b) identifies the person and a place where the person practises the person's profession.

RACGP means the Royal Australian College of General Practitioners.

referring practitioner, in relation to a referral, means the person making the referral.

registered sonographer: see subsection 71(6).

requester number means the number allocated by the Chief Executive Medicare to a chiropractor, osteopath, physiotherapist or podiatrist.

service time: see subsection 60(5).

treating practitioner, in relation to a pathology service, has the same meaning as in section 16A of the Act.

ultrasound service: see subsection 71(6).

usual general practitioner, for a patient, includes a medical practitioner nominated by the patient.

Part 2—Definitional material

Division 1—Participating midwives

5 Participating midwives—specified collaborative arrangements and medical practitioners

- (1) For the purposes of the definition of *participating midwife* in subsection 3(1) of the Act (which deals with eligible midwives rendering services in collaborative arrangements with medical practitioners):
 - (a) a kind of collaborative arrangement is specified if:
 - (i) it is of a kind described in subsection (2); and
 - (ii) it complies with subsection (3); and
 - (b) a medical practitioner of the kind mentioned in a description of a kind of collaborative arrangement in subsection (2) is specified in relation to that kind of collaborative arrangement.
- (2) For the purposes of subparagraph (1)(a)(i), the kinds of collaborative arrangements are the following:
 - (a) a collaborative arrangement in which the eligible midwife:
 - (i) is employed or engaged by one or more obstetric medical practitioners; or
 - (ii) is employed or engaged by an entity that employs or engages one or more obstetric medical practitioners; or
 - (iii) has an agreement in writing with an entity (other than a hospital) that employs or engages one or more obstetric medical practitioners;
 - (b) a collaborative arrangement in which an obstetric medical practitioner or hospital-authorized medical practitioner refers a patient to the eligible midwife in writing;
 - (c) a collaborative arrangement in which the eligible midwife and one or more obstetric medical practitioners or hospital-authorized medical practitioners make an agreement in writing, signed by each party;
 - (d) a collaborative arrangement in which the eligible midwife:
 - (i) has acknowledgement from one or more obstetric medical practitioners or hospital-authorized medical practitioners that the practitioner will be collaborating in the care of a patient or patients; and
 - (ii) tells each patient to whom the arrangement applies that the midwife will be providing care to the patient within an arrangement with one or more medical practitioners that provides for consultation, referral of the patient and transfer of the patient's care (as required by subsection (3)); and
 - (iii) makes the records required by section 6 in relation to each patient to whom the arrangement applies;

- (e) a collaborative arrangement in which a hospital that employs or engages one or more obstetric medical practitioners:
 - (i) formally assesses the eligible midwife's competence, performance and professional suitability; and
 - (ii) gives the eligible midwife clinical privileges for a defined scope of clinical practice; and
 - (iii) permits the eligible midwife to provide care to the midwife's own patients at the hospital.
- (3) For the purposes of subparagraph (1)(a)(ii), the collaborative arrangement must provide for:
 - (a) consultation between the midwife and an obstetric medical practitioner; and
 - (b) referral of a patient by the midwife to an obstetric medical practitioner or hospital-authorized medical practitioner; and
 - (c) transfer of a patient's care by the midwife to an obstetric medical practitioner.
- (4) A collaborative arrangement may apply to more than one patient.

6 Midwife record-keeping requirements for certain collaborative arrangements

General

- (1) For the purposes of subparagraph 5(2)(d)(iii), the eligible midwife must record the following in the midwife's written records in relation to the patient:
 - (a) the name of at least one obstetric medical practitioner or hospital-authorized medical practitioner who has given the midwife an acknowledgement mentioned in subparagraph 5(2)(d)(i) that applies to the patient (a ***named medical practitioner***);
 - (b) that the midwife has told the patient that the midwife will be providing care to the patient within an arrangement with one or more medical practitioners that provides for consultation, referral of the patient and transfer of the patient's care (as required by subsection 5(3));
 - (c) the circumstances in which the midwife will do any of the following:
 - (i) consult with an obstetric medical practitioner about the patient's care;
 - (ii) refer the patient to an obstetric medical practitioner or hospital-authorized medical practitioner;
 - (iii) transfer the patient's care to an obstetric medical practitioner.

Particular events

- (2) For the purposes of subparagraph 5(2)(d)(iii), the eligible midwife must record the following in the midwife's written records as soon as practicable after the event occurs:
 - (a) any consultation or other communication between the midwife and an obstetric medical practitioner about the patient's care;

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- (b) any referral of the patient by the midwife to an obstetric medical practitioner or hospital-authorized medical practitioner;
- (c) any transfer by the midwife of the patient's care to an obstetric medical practitioner;
- (d) when the midwife gives a copy of the hospital booking letter (however described) for the patient to a named medical practitioner—
acknowledgement that the named medical practitioner has received the copy;
- (e) when the midwife gives a copy of the patient's maternity care plan prepared by the midwife to a named medical practitioner—
acknowledgement that the named medical practitioner has received the copy;
- (f) if the midwife requests diagnostic imaging or pathology services for the patient—when the midwife gives the results of the services to a named medical practitioner;
- (g) when the midwife gives a discharge summary (however described) at the end of the midwife's care for the patient to:
 - (i) a named medical practitioner; or
 - (ii) the patient's usual general practitioner.

Division 2—Participating nurse practitioners

7 Participating nurse practitioners—specified collaborative arrangements and medical practitioners

- (1) For the purposes of the definition of *participating nurse practitioner* in subsection 3(1) of the Act (which deals with eligible nurse practitioners rendering services in collaborative arrangements with medical practitioners):
 - (a) a kind of collaborative arrangement is specified if:
 - (i) it is of a kind described in subsection (2); and
 - (ii) it complies with subsection (3); and
 - (b) all medical practitioners are specified.
- (2) For the purposes of subparagraph (1)(a)(i), the kinds of collaborative arrangements are the following:
 - (a) a collaborative arrangement in which the eligible nurse practitioner is employed or engaged by:
 - (i) one or more medical practitioners; or
 - (ii) an entity that employs or engages one or more medical practitioners;
 - (b) a collaborative arrangement in which a medical practitioner refers a patient to the eligible nurse practitioner in writing;
 - (c) a collaborative arrangement in which the eligible nurse practitioner and one or more medical practitioners make an agreement in writing, signed by each party;
 - (d) a collaborative arrangement in which the eligible nurse practitioner:
 - (i) has acknowledgement from one or more medical practitioners that the practitioner will be collaborating in the care of a patient or patients; and
 - (ii) tells each patient to whom the arrangement applies that the nurse practitioner will be providing care to the patient within an arrangement with one or more medical practitioners that provides for consultation, referral of the patient and transfer of the patient's care (as required by subsection (3)); and
 - (iii) makes the records required by section 8 in relation to each patient to whom the arrangement applies.
- (3) For the purposes of subparagraph (1)(a)(ii), the collaborative arrangement must provide for:
 - (a) consultation between the nurse practitioner and a medical practitioner; and
 - (b) referral of a patient by the nurse practitioner to a medical practitioner; and
 - (c) transfer of a patient's care by the nurse practitioner to a medical practitioner.
- (4) A collaborative arrangement may apply to more than one patient.

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8 Nurse practitioner record-keeping requirements for certain collaborative arrangements

General

- (1) For the purposes of subparagraph 7(2)(d)(iii), the nurse practitioner must record the following in the nurse practitioner's written records in relation to the patient:
 - (a) the name of at least one medical practitioner who has given the midwife an acknowledgement mentioned in subparagraph 7(2)(d)(i) that applies to the patient (a ***named medical practitioner***);
 - (b) that the nurse practitioner has told the patient that the nurse practitioner will be providing care to the patient within an arrangement with one or more medical practitioners that provides for consultation, referral of the patient and transfer of the patient's care (as required by subsection 7(3));
 - (c) the circumstances in which the nurse practitioner will do any of the following:
 - (i) consult with a medical practitioner about the patient's care;
 - (ii) refer the patient to a medical practitioner;
 - (iii) transfer the patient's care to a medical practitioner.

Particular events

- (2) For the purposes of subparagraph 7(2)(d)(iii), the eligible nurse practitioner must record the following in the nurse practitioner's written records as soon as practicable after the event occurs:
 - (a) any consultation or other communication between the nurse practitioner and a medical practitioner about the patient's care;
 - (b) any referral of the patient by the nurse practitioner to a medical practitioner;
 - (c) any transfer by the nurse practitioner of the patient's care to a medical practitioner;
 - (d) if the nurse practitioner gives a copy of a document mentioned in subsection (4) to a named medical practitioner or the patient's usual general practitioner—when the copy is given.
- (3) The eligible nurse practitioner must give a copy of a document mentioned in subsection (4):
 - (a) to a named medical practitioner, if the nurse practitioner does any of the following and the named medical practitioner asks for a copy of the document:
 - (i) consults with the named medical practitioner about the patient's care;
 - (ii) refers the patient to the named medical practitioner;
 - (iii) transfers the patient's care to the named medical practitioner; and
 - (b) to the patient's usual general practitioner, if:
 - (i) the patient's usual general practitioner is not a named medical practitioner for the patient; and
 - (ii) the patient consents.

- (4) The documents are the following:
- (a) a referral of the patient by the nurse practitioner to a specialist or consultant physician;
 - (b) the results of diagnostic imaging or pathology services for the patient requested by the nurse practitioner;
 - (c) a record of services rendered by the nurse practitioner to the patient.

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Division 3—Definition of services

9 Professional services—medical services rendered by approved dental practitioners

For the purposes of paragraph (b) of the definition of *professional service* in subsection 3(1) of the Act, a service specified in any item in Groups O1 to O11 of the general medical services table is prescribed.

10 Meaning of specialist trainee

For the purposes of subsection 3(20) of the Act, *specialist trainee* means a medical practitioner who is enrolled in and undertaking a training program with:

- (a) an organisation mentioned in column 1 of an item in the table in clause 1 in Schedule 1 to this instrument; or
- (b) the RACGP.

11 Professional services rendered by specialist trainees

For the purposes of paragraph 3(18)(a) of the Act, a professional service specified in any of the following items of the general medical services table is prescribed:

- (a) all items in Group T1 except item 13209;
- (b) all items in Groups T2, T3, T4, T6, T7, T11, T10, T8 and T9.

Note: Subsection 3(18) of the Act applies when a specialist trainee renders a service under the supervision of another medical practitioner.

12 Health service not specified in an item—meaning of health service

For the purposes of paragraph (b) of the definition of *health service* in subsection 3C(8) of the Act, the following classes of services are prescribed:

- (a) Aboriginal or Torres Strait Islander health services;
- (b) audiology;
- (c) chiropractic services;
- (d) diabetes education;
- (e) dietetics;
- (f) exercise physiology;
- (g) focussed psychological strategies;
- (h) mental health services;
- (i) midwifery;
- (j) non-directive pregnancy support counselling;
- (k) nurse practitioner services;
- (l) occupational therapy;
- (m) orthoptics;
- (n) osteopathy;

- (o) physiotherapy;
- (p) podiatry;
- (q) psychological therapy;
- (r) psychology;
- (s) speech pathology.

Division 4—Recognition of medical practitioners as specialists and consultant physicians

13 Recognition of medical practitioner domiciled in Australia as specialist— meaning of relevant organisation and relevant qualification

- (1) For the purposes of the definition of *relevant organisation* in subsection 3D(5) of the Act, an organisation mentioned in column 1 of an item in the table in clause 1 in Schedule 1 to this instrument is declared to be a professional organisation in relation to each specialty mentioned in column 2 of the item.
- (2) For the purposes of the definition of *relevant qualification* in subsection 3D(5) of the Act, a qualification mentioned in column 3 of an item in the table in clause 1 in Schedule 1 to this instrument is declared to be a relevant qualification in relation to the organisation mentioned in column 1 of the item.

Division 5—General practitioners

16 Medical practitioners who were on Vocational Register of General Practitioners

- (1) This section prescribes a kind of medical practitioner for the purposes of paragraph (b) of the definition of *general practitioner* in subsection 3(1) of the Act.

Note: Medical practitioners of that kind are general practitioners as defined by that subsection.

- (2) The kind is a medical practitioner for whom the following conditions are met:
- (a) the practitioner holds general registration in the medical profession (and is not registered in the specialty of general practice) under the National Law;
 - (b) immediately before the commencement of Schedule 1 to the *Health Insurance Amendment (General Practitioners and Quality Assurance) Act 2020*:
 - (i) the practitioner held general registration in the medical profession (and was not registered in the specialty of general practice) under the National Law; and
 - (ii) the practitioner's name was entered in the Vocational Register of General Practitioners.

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Division 6—Register of Approved Placements

26 Specified bodies, courses and programs

Bodies and courses

- (1) For the purposes of paragraph 3GA(5)(a) of the Act:
- (a) a body mentioned in column 1 of an item in the following table is specified; and
 - (b) a course that leads to a qualification mentioned in column 2 of the item from the body is specified for the body.

Specified bodies and qualifications that specified courses lead to		
Item	Column 1 Body	Column 2 Qualification that course leads to
1	Australasian College for Emergency Medicine	FACEM
2	Australasian College of Sport and Exercise Physicians	FACSEP
3	Australian and New Zealand College of Anaesthetists	FANZCA FFPMANZCA
4	College of Intensive Care Medicine of Australia and New Zealand	FCICM
5	Royal Australasian College of Surgeons	FRACS
6	The Australasian College of Dermatologists	FACD
7	The Royal Australasian College of Physicians	FACHAM FACHPM FACHSHM FAFOEM FAFPHM FAFRM FRACP
8	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists	FRANZCOG
9	The Royal Australian and New Zealand College of Ophthalmologists	FRANZCO
10	The Royal Australian and New Zealand College of Psychiatrists	FRANZCP
11	The Royal Australian and New Zealand College of Radiologists	FRANZCR
12	The Royal College of Pathologists of Australasia	FRCPA

Bodies and programs

- (2) For the purposes of paragraph 3GA(5)(a) of the Act:
- (a) a body mentioned in column 1 of an item in the following table is specified; and
 - (b) a program mentioned in column 2 of the item is specified for the body.
-

Specified bodies and programs		
Item	Column 1 Body	Column 2 Program
1	Australian College of Rural and Remote Medicine	(a) Australian College of Rural and Remote Medicine Fellowship Program (b) Australian General Practice Training Program (c) Independent Pathway (d) Remote Vocational Training Scheme
2	The Department	(a) Approved Medical Deputising Services Program (b) Approved Private Emergency Department Program (c) Australian College of Rural and Remote Medicine Fellowship Program (d) Australian General Practice Training Program (e) More Doctors for Rural Australia Program (f) Remote Vocational Training Scheme (g) Royal Australian College of General Practitioners Fellowship Program (j) Temporary Resident Other Medical Practitioners Program
3	General Practice Workforce Inc, trading as Health Recruitment Plus	More Doctors for Rural Australia Program
4	Health Network Northern Territory Ltd (ACN 158 970 480)	More Doctors for Rural Australia Program
5	Health Workforce Queensland Ltd (ACN 065 574 996)	More Doctors for Rural Australia Program
6	NSW Rural Doctors Network Ltd (ACN 081 388 810)	More Doctors for Rural Australia Program
7	Queensland Department of Health	Queensland Country Relieving Doctors Program
8	Remote Vocational Training Scheme Ltd (ACN 122 891 838)	Remote Vocational Training Scheme
9	Royal Australian College of General Practitioners	(a) Australian General Practice Training Program (b) Remote Vocational Training Scheme (c) Royal Australian College of General Practitioners Fellowship Program
10	Rural Doctors Workforce Agency Incorporated	More Doctors for Rural Australia Program
11	Rural Workforce Agency, Victoria Limited (ACN 081 163 519)	More Doctors for Rural Australia Program

Part 2 Definitional material

Division 6 Register of Approved Placements

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Specified bodies and programs

Item	Column 1 Body	Column 2 Program
12	Western Australian Centre for Remote and Rural Medicine Ltd (ACN 123 188 367)	More Doctors for Rural Australia Program

27 Removal from the Register

For the purposes of paragraph 3GB(1)(c) of the Act, a medical practitioner's name must be removed from the Register if:

- (a) the medical practitioner is recognised as a specialist under section 3D of the Act; or
- (c) the Chief Executive Medicare receives a written notice from a relevant organisation (within the meaning of section 3D of the Act) that it declines to give a written notice under subsection 3D(1) of the Act in relation to the medical practitioner.

Part 3—Medicare benefits

Division 1—Amount of medicare benefit

28 Entitlement to medicare benefit—services for which medicare benefit is 100% of Schedule fee

Services specified in the general medical services table

- (1) For the purposes of paragraph 10(2)(aa) of the Act, a service specified in an item of the general medical services table that is listed in the following table is prescribed.

Note: Some services are specified in a determination made under subsection 3C(1) of the Act.

Services for which medicare benefit is 100% of Schedule fee—items of the general medical services table

Item	Column 1 Group or subgroup	Column 2 Items of the general medical services table
1	A1	3, 4, 23, 24, 36, 37, 44, 47
2	A2	52, 53, 54, 57, 58, 59, 60, 65
3	A5	160, 161, 162, 163, 164
4	A6	170, 171, 172
5	Subgroup 1 of Group A7	173, 193, 195, 197, 199
6	Subgroup 2 of Group A7	179, 181, 185, 187, 189, 191, 203, 206
7	Subgroup 3 of Group A7	214, 215, 218, 219, 220
8	Subgroup 4 of Group A7	221, 222, 223
9	Subgroup 5 of Group A7	177, 224, 225, 226, 227, 228
10	Subgroup 6 of Group A7	229, 230, 231, 232, 233, 235, 236, 237, 238, 239, 240, 243, 244, 969, 971, 972, 973, 975, 986
11	Subgroup 7 of Group A7	245, 249
12	Subgroup 8 of Group A7	251, 252, 253, 254, 255, 256, 257, 259, 260, 261, 262, 263, 264, 265, 266, 268, 269, 270, 271
13	Subgroup 9 of Group A7	272, 276, 277, 279, 281, 282, 283, 285, 286, 287, 309, 311, 313, 315, 941, 942
14	Subgroup 10 of Group A7	733, 737, 741, 745, 761, 763, 766, 769, 772, 776, 788, 789

Part 3 Medicare benefits

Division 1 Amount of medicare benefit

Section 28

Services for which medicare benefit is 100% of Schedule fee—items of the general medical services table

Item	Column 1 Group or subgroup	Column 2 Items of the general medical services table
15	Subgroup 11 of Group A7	792
16	Subgroup 12 of Group A7	812, 827, 829, 867, 868, 869, 873, 876, 881, 885, 891, 892
17	A11	585, 588, 591, 594, 599, 600
18	A14	699, 701, 703, 705, 707, 715
19	A15	721, 723, 729, 731, 732, 735, 739, 743, 747, 750, 758, 930, 933, 935, 937, 943, 945
20	A17	900, 903
21	A18	2497, 2501, 2503, 2504, 2506, 2507, 2509, 2517, 2518, 2521, 2522, 2525, 2526, 2546, 2547, 2552, 2553, 2558, 2559
22	A19	2598, 2600, 2603, 2606, 2610, 2613, 2616, 2620, 2622, 2624, 2631, 2633, 2635, 2664, 2666, 2668, 2673, 2675, 2677
23	A20	2700, 2701, 2712, 2713, 2715, 2717, 2721, 2723, 2725, 2727, 2733, 2735, 2739, 2741, 2743, 2745
24	A22	5000, 5003, 5010, 5020, 5023, 5028, 5040, 5043, 5049, 5060, 5063, 5067
25	A23	5200, 5203, 5207, 5208, 5220, 5223, 5227, 5228, 5260, 5263, 5265, 5267
26	A27	4001
27	A29	139
28	A30	2100, 2122, 2125, 2126, 2137, 2138, 2143, 2147, 2179, 2195, 2199, 2220, 2461, 2463, 2464, 2465, 2471, 2472, 2475, 2478, 2480, 2481, 2482, 2483
28A	A35	90020, 90035, 90043, 90051, 90092, 90093, 90095, 90096, 90183, 90188, 90202, 90212
28B	A36	90250, 90251, 90252, 90253, 90254, 90255, 90256, 90257, 90264, 90265, 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281, 90282
28C	Subgroup 1 of Group A40	91790, 91800, 91801, 91802, 91792, 91803, 91804, 91805, 91794, 91806, 91807, 91808
28D	Subgroup 2 of Group A40	91890, 91891, 91892, 91893, 91894, 91895
28E	Subgroup 3 of Group A40	91818, 91819, 91820, 91821, 91859, 91861, 91862, 91863
28F	Subgroup 10 of Group A40	91842, 91843, 91844, 91845, 91864, 91865, 91866, 91867
28G	Subgroup 11 of Group A40	92004, 92011
28H	Subgroup 13 of Group A40	92024, 92025, 92026, 92027, 92028, 92055, 92056, 92057, 92058, 92059
28I	Subgroup 15	92136, 92137

Services for which medicare benefit is 100% of Schedule fee—items of the general medical services table

Item	Column 1 Group or subgroup	Column 2 Items of the general medical services table
	of Group A40	
28J	Subgroup 16 of Group A40	92138, 92139
28K	Subgroup 17 of Group A40	92142
28L	Subgroup 19 of Group A40	92112, 92113, 92114, 92115, 92116, 92117, 92118, 92119, 92120, 92121, 92122, 92123
28M	Subgroup 20 of Group A40	92126, 92127, 92132, 92133
28N	Subgroup 21 of Group A40	92146, 92147, 92148, 92149, 92150, 92151, 92152, 92153
28O	Subgroup 25 of Group A40	92170, 92171
28P	Subgroup 26 of Group A40	92176, 92177
28Q	Subgroup 27 of Group A40	92182, 92184, 92186, 92188
28R	Subgroup 28 of Group A40	92194, 92196, 92198, 92200
28S	Subgroup 29 of Group A40	92210, 92211
28T	Subgroup 39 of Group A40	92715, 92716, 92717, 92718, 92719, 92720, 92721, 92722, 92723, 92724, 92725, 92726
28U	Subgroup 40 of Group A40	92731, 92732, 92733, 92734, 92735, 92736, 92737, 92738, 92739, 92740, 92741, 92742
28V	Subgroup 41 of Group A40	92746, 92747
28W	Subgroup 1 of Group A41	93287, 93288, 93300, 93301, 93302, 93303, 93304, 93305
28X	Subgroup 2 of Group A41	93291, 93292, 93306, 93307, 93308, 93309, 93310, 93311
28Y	Subgroup 1 of Group A42	93400, 93401, 93402, 93403, 93404, 93405, 93406, 93407
28Z	Subgroup 2 of Group A42	93421, 93422, 93423
28ZA	Subgroup 3 of Group A42	93431, 93432, 93433, 93434, 93435, 93436, 93437, 93438
28ZB	Subgroup 4 of Group A42	93451, 93452, 93453
28ZC	Subgroup 1 of	93469, 93470

Part 3 Medicare benefits

Division 1 Amount of medicare benefit

Section 28

Services for which medicare benefit is 100% of Schedule fee—items of the general medical services table

Item	Column 1 Group or subgroup	Column 2 Items of the general medical services table
	Group A43	
28ZD	Subgroup 2 of Group A43	93475, 93479
28ZE	Subgroup 1 of Group A45	93680, 93681, 93682, 93683, 93684, 93685
28ZF	Subgroup 2 of Group A45	93690, 93691, 93692, 93693, 93694, 93695
28ZG	Subgroup 3 of Group A45	93700, 93701, 93702, 93703, 93704, 93705
29	M12	10983, 10984, 10987, 10988, 10989, 10997
30	T1	13105

Services specified in the diagnostic imaging services table

- (2) For the purposes of paragraph 10(2)(aa) of the Act, a service specified in an item of the diagnostic imaging services table to which clause 1.2.18 of that table applies is prescribed.

Division 2—Medicare benefits in relation to pathology services

Subdivision A—Simplified outline of this Division

29 Simplified outline of this Division

Section 16A of the Act sets out conditions on medicare benefit being payable in relation to a pathology service.

Some of these conditions include a requirement for the service to be specified in the regulations. Subdivision B specifies services for these purposes.

Section 16A of the Act also enables the regulations to prescribe requirements for a request for a pathology service. Subdivision C prescribes requirements for these purposes.

Subdivision B—Specifying services

30 Pathology service determined to be necessary by participating midwife

For the purposes of subparagraph 16A(1)(aa)(ii) of the Act, a service specified in an item of the pathology services table that is listed in the following table is specified.

Pathology services—participating midwives		
Item	Column 1 Group	Column 2 Items of the pathology services table
1	P1	65060, 65070, 65090 to 65099, 65114
2	P2	66500 to 66512, 66545, 66548, 66566, 66743, 66750, 66751
3	P3	69303 to 69317, 69324, 69384 to 69415
4	P6	73070, 73071, 73075, 73076
5	P8	73529

31 Pathology service determined to be necessary by participating nurse practitioner

For the purposes of subparagraph 16A(1)(ab)(ii) of the Act, a service specified in an item in any of Groups P1 to P8 or in any of items 73828 to 73837 of the pathology services table is specified.

Note: Items 73828 to 73837 are specified in a determination made under subsection 3C(1) of the Act.

Section 32

Subdivision C—Requirements for requests for pathology services

32 Purpose of Subdivision

This Subdivision is made for the purposes of paragraph 16A(4)(b) of the Act.

33 Information about requesting practitioner

A request for a pathology service must include the following information in relation to the treating practitioner or approved pathology practitioner who makes the request (the *requesting practitioner*):

- (a) the name of the requesting practitioner;
- (b) if the request was made at a place of practice of the requesting practitioner:
 - (i) the address of the place of practice; or
 - (ii) if the requesting practitioner has been allocated a provider number in respect of the place of practice—the provider number;
- (c) if the request was not made at such a place of practice:
 - (i) the address of any place of practice of the requesting practitioner; or
 - (ii) the provider number of the requesting practitioner in respect of any place of practice.

34 Information about patient

- (1) A request for a pathology service must, subject to subsection 37(3), include the following information in respect of the person in relation to whom the service is requested:
 - (a) the name of the person;
 - (b) the address of the person;
 - (c) whether the person is a public patient in a hospital;
 - (d) whether the person is a private patient in a hospital;
 - (e) whether the request is made in the course of the provision to the person of an out-patient service at a recognised hospital.
- (2) If the person is a private patient in relation to a hospital, the request may, with the consent of the person, include the following information:
 - (a) the name of the person's private health insurer (if any);
 - (b) the membership number or other unique identifier allocated to the person by the insurer.
- (3) If the person does not consent to the inclusion of the information mentioned in subsection (2):
 - (a) the request must not include the information; and
 - (b) the person's failure to consent does not affect any entitlement the person may have to a Medicare benefit, or a benefit payable by a private health insurer, in respect of the service.

35 Information about pathology service

A request for a pathology service must, subject to subsection 37(3), include the following information in respect of the service:

- (a) a description of the service in terms or symbols that:
 - (i) would be generally understood by medical practitioners; and
 - (ii) are sufficient to identify the service for the purpose of ascertaining the item (if any) in which the service is specified;
- (b) the date on which the service was determined to be necessary;
- (c) whether the service is a pathology service that:
 - (i) relates to a bodily specimen obtained from a person while the person was an in-patient of a hospital; and
 - (ii) is to be performed after the person has ceased to be such a patient.

36 Requests that specify an approved pathology practitioner

If a treating practitioner specifies an approved pathology practitioner on a request for a pathology service, the request must include:

- (a) the clinical grounds for specifying an approved pathology practitioner; or
- (b) a statement that the specification is on clinical grounds.

37 Further requests

- (1) This section applies if:
 - (a) a treating practitioner makes a request (the **first request**) for a pathology service; and
 - (b) the first request is received by an approved pathology practitioner (the **referring pathologist**); and
 - (c) the referring pathologist makes a request (the **further request**) for the service.
- (2) The further request must, subject to subsection (3), include the information relating to the treating practitioner that was included in the first request under section 33.
- (3) The further request is not required to comply with sections 34 and 35 and subsection (2) of this section if:
 - (a) the further request relates only to the pathology service to which the first request relates; and
 - (b) the first request is attached to the further request.

Section 38

Division 3—Medicare benefits in relation to R-type diagnostic imaging services

Subdivision A—Simplified outline of this Division

38 Simplified outline of this Division

Section 16B of the Act sets out conditions on Medicare benefit being payable in relation to an R-type diagnostic imaging service.

Some of these conditions include a requirement for the service to be specified in the regulations. Subdivision B specifies services for these purposes.

Section 16B of the Act also contains an exemption which includes a requirement for a service to be specified in the regulations. Subdivision C specifies services for these purposes.

Subdivision B—Specifying services for effective requests

39 Requests by dental practitioners

- (1) For the purposes of subsection 16B(2) of the Act, this section specifies R-type diagnostic imaging services.

All dental practitioners

- (2) A service specified in an item of the diagnostic imaging services table that is listed in the following table is specified in relation to all dental practitioners.

R-type diagnostic imaging service—request by any dental practitioner

Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I3	57509, 57515, 57521, 57523, 57527, 57901 to 57969, 58100, 58300, 58503, 58903, 59733, 59739, 59751, 60500, 60503

Dental practitioners approved for professional services

- (3) A service specified in an item of the diagnostic imaging services table that is listed in the following table is specified in relation to a dental practitioner who is approved by the Minister under paragraph (b) of the definition of **professional service** in subsection 3(1) of the Act.

R-type diagnostic imaging service—request by approved dental practitioner

Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I1	55028, 55030, 55032
2	I2	56001 to 56220, 56224, 56301 to 56507, 56801 to 57007, 57341, 57362
3	I3	57703, 57709, 57712, 57715, 58103 to 58115, 58306, 58506, 58521 to 58527, 58909, 59103, 59703, 60000 to 60009, 60506, 60509, 61109
4	I4	61372, 61421, 61425, 61429, 61430, 61433, 61434, 61446, 61449, 61450, 61453, 61454, 61457, 61462
5	I5	63007, 63334

Prosthodontists

- (4) A service specified in an item of the diagnostic imaging services table that is listed in the following table is specified in relation to a dental practitioner who is:
- (a) registered or licensed as a prosthodontist under a law of a State or Territory; or
 - (b) registered or licensed as a dentist or dental practitioner under a law of State or Territory and recognised by the registering or licensing authority as a person who practises in the specialty of prosthodontics.

R-type diagnostic imaging service—request by prosthodontist

Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I1	55028
2	I2	56013, 56016, 56022, 56028, 57362
3	I3	58306
4	I4	61421, 61425, 61429, 61430, 61433, 61434, 61446, 61449, 61450, 61453, 61454, 61457, 61462
5	I5	63334

Periodontists, endodontists, paediatric dentistry specialists and orthodontists

- (5) A service specified in an item of the diagnostic imaging services table that is listed in the following table is specified in relation to a dental practitioner who is:
- (a) registered or licensed as a periodontist, endodontist, paediatric dentistry specialist or orthodontist under a law of a State or Territory; or
 - (b) registered or licensed as a dental specialist under a law of a State or Territory and recognised by the registering or licensing authority as a person who practises in the specialty of periodontics, endodontics, paediatric dentistry, or orthodontics.

Part 3 Medicare benefits

Division 3 Medicare benefits in relation to R-type diagnostic imaging services

Section 40

R-type diagnostic imaging service—request by periodontist, endodontist, paediatric dentistry specialist or orthodontist

Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I2	56022, 57362
2	I3	58306
3	I4	61421, 61454, 61457
4	I5	63334

Oral medicine, oral and maxillofacial pathology, oral surgery and special needs dentistry specialists

- (6) A service specified in an item of the diagnostic imaging services table that is listed in the following table is specified in relation to a dental practitioner who is:
- (a) registered or licensed as an oral medicine specialist, oral and maxillofacial pathology specialist, oral surgery specialist or special needs dentistry specialist under a law of a State or Territory; or
 - (b) registered or licensed as a dental specialist under a law of a State or Territory and recognised by the registering or licensing authority as a person who practises in the specialty of oral medicine, oral and maxillofacial pathology, oral surgery or special needs dentistry.

R-type diagnostic imaging service—request by oral medicine, oral and maxillofacial pathology, oral surgery or special needs dentistry specialist

Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I1	55028, 55030, 55032
2	I2	56001, 56007, 56010, 56013, 56016, 56022, 56028, 56101, 56107, 56301, 56307, 56401, 56407, 57341, 57362
3	I3	58306, 58506, 58909, 59103, 59703, 60000 to 60009, 60506, 60509, 61109
4	I4	61372, 61421, 61425, 61429, 61430, 61433, 61434, 61446, 61449, 61450, 61453, 61454, 61457, 61462
5	I5	63007, 63334

40 Requests by chiropractors

For the purposes of subsection 16B(3) of the Act, a service specified in an item of the diagnostic imaging services table that is listed in the following table is specified.

R-type diagnostic imaging service—request by chiropractor

Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I3	57712, 57715, 58100 to 58106, 58109, 58112

41 Requests by physiotherapists or osteopaths

For the purposes of subsections 16B(3A) and (3C) of the Act, a service specified in an item of the diagnostic imaging services table that is listed in the following table is specified.

R-type diagnostic imaging service—request by physiotherapist or osteopath		
Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I3	57712, 57715, 58100 to 58106, 58109, 58112, 58120, 58121

42 Requests by podiatrists

For the purposes of subsection 16B(3B) of the Act, a service specified in an item of the diagnostic imaging services table that is listed in the following table is specified.

R-type diagnostic imaging service—request by podiatrist		
Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I1	55844, 55888, 55889, 55890, 55891, 55892, 55893, 55894, 55895
2	I3	57521, 57523, 57527

43 Requests by participating midwives

For the purposes of subsection 16B(3D) of the Act, a service specified in an item of the diagnostic imaging services table that is listed in the following table is specified.

R-type diagnostic imaging service—request by participating midwife		
Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I1	55700, 55704, 55706, 55707, 55718

44 Requests by participating nurse practitioners

For the purposes of subsection 16B(3E) of the Act, a service specified in an item of the diagnostic imaging services table that is listed in the following table is specified.

R-type diagnostic imaging service—request by participating nurse practitioner		
Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I1	55036, 55066, 55070, 55071, 55076, 55600, 55768, 55812, 55844, 55848,

Part 3 Medicare benefits

Division 3 Medicare benefits in relation to R-type diagnostic imaging services

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R-type diagnostic imaging service—request by participating nurse practitioner

Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
		55850, 55852, 55856, 55857, 55858, 55859, 55860, 55861, 55862, 55863, 55864, 55865, 55866, 55867, 55868, 55869, 55870, 55871, 55872, 55873, 55874, 55875, 55876, 55877, 55878, 55879, 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894, 55895
2	I3	57509, 57515, 57521, 57523, 57527, 57703, 57709, 57712, 57715, 57721, 58503 to 58527

Subdivision C—Specifying services for pre-existing diagnostic imaging practices

45 Exemption from subsection 16B(1) of the Act—pre-existing diagnostic imaging practices

For the purposes of subsection 16B(11) of the Act, a service specified in an item of the diagnostic imaging services table that is listed in the following table is specified.

Exemption—pre-existing diagnostic imaging practices

Item	Column 1 Group	Column 2 Items of the diagnostic imaging services table
1	I3	57712, 57715, 57901, 57902, 57907, 57915, 57921, 58100 to 58115, 58521, 58524, 58527, 58700, 59103

Division 4—Medicare benefits in relation to radiation oncology services

46 Meaning of *radiation oncology service*

For the purposes of subsection 16F(2) of the Act, a *radiation oncology service* is a service specified in an item in Subgroup 3, 4 or 5 of Group T2 in the general medical services table.

Division 5—Particulars of professional services

47 Simplified outline of this Division

Under subsection 19(6) of the Act, a medicare benefit is not payable in respect of a professional service unless prescribed particulars are recorded on:

- (a) an account for the professional service; or
- (b) a receipt for the professional service; or
- (c) the form of an assignment or agreement under section 20A of the Act in relation to the professional service.

This Division prescribes particulars for the purposes of subsection 19(6) of the Act. The particulars are divided into different kinds, including kinds of particulars that are only required for a certain class of professional service.

48 Purpose of Division

For the purposes of subsection 19(6) of the Act, this Division prescribes particulars in relation to professional services.

49 All services—particulars of patient, date of service and fees

The following particulars are prescribed in relation to a professional service:

- (a) the name of the patient to whom the service was rendered;
- (b) the date on which the service was rendered;
- (c) the amount charged in respect of the service;
- (d) the total amount paid in respect of the service;
- (e) any amount outstanding in respect of the service.

50 All services—particulars of professional service rendered

General

- (1) Subject to this section, a prescribed particular in relation to a professional service is a description of the service sufficient to identify the item that specifies the service.

Hospital treatment

- (2) If the professional service is rendered as part of an episode of hospital treatment, then:
 - (a) the description mentioned in subsection (1) must indicate that the service was rendered as part of an episode of hospital treatment; or
 - (b) a briefer description of the service may be used together with the number of the item that specifies the service, followed by an asterisk or the letter “H”.

Hospital-substitute treatment

- (3) If the professional service is rendered as part of an episode of hospital-substitute treatment, and the person who receives the treatment chooses to receive a benefit from a private health insurer in respect of the professional service, then:
 - (a) the description mentioned in subsection (1) must be preceded by the words “hospital-substitute treatment”; or
 - (b) a briefer description of the service may be used together with the number of the item that specifies the service, followed by the words “hospital-substitute treatment”.

51 Most general medical services and Group P9 pathology services—particulars of person rendering service

- (1) This section applies to a professional service that is specified:
 - (a) in an item in the general medical services table, except items 12500 to 12533, 15000 to 15600 and 16003 to 16015; or
 - (b) in an item in Group P9 of the pathology services table.
- (2) Subject to subsection (3), prescribed particulars are:
 - (a) the name of the person who rendered the service and the address of the place of practice where the service was rendered; or
 - (b) if the service was rendered at a place of practice for which the person rendering the service has been allocated a provider number—the provider number; or
 - (c) if the service was not rendered at such a place of practice—the provider number allocated to the person for any place where the person practises; and a statement that the professional service was provided by that person.
- (3) If the service is rendered by a medical practitioner who is an overseas trained doctor or a foreign graduate of an accredited medical school (within the meaning of section 19AB of the Act), then:
 - (a) the particulars mentioned in paragraph (2)(a) are prescribed; and
 - (b) the particulars mentioned in paragraph (2)(b) or paragraph (2)(c), as the case requires, are also prescribed; and
 - (c) a statement that the professional service was provided by the medical practitioner is a prescribed particular.

52 Certain radiation or nuclear services—particulars of person rendering service and person claiming or receiving fees

- (1) This section applies to a professional service that is specified in any of items 12500 to 12533, 15000 to 15600 and 16003 to 16015 in the general medical services table.
 - (2) Prescribed particulars are:
 - (a) the name of the medical practitioner who rendered the service and the address of the place of practice where the service was rendered; or
-

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- (b) if the service was rendered at a place of practice for which the medical practitioner has been allocated a provider number—the provider number.
- (3) If a medical practitioner (the *billing practitioner*) other than the medical practitioner who rendered the service is:
 - (a) claiming or receiving payment of fees in relation to the service; or
 - (b) the assignee under an assignment or agreement, made or entered into in accordance with section 20A of the Act, in relation to the medicare benefit in respect of the service;then additional prescribed particulars are either the name of the billing practitioner and the address of a place of practice of the billing practitioner, or the provider number in respect of a place of practice of the billing practitioner.

53 Certain radiation oncology services—use of equipment

- (1) This section applies to a professional service that is a radiation oncology service rendered using:
 - (a) radiation oncology equipment that is ordinarily located at registered radiation oncology premises; or
 - (b) radiation oncology equipment that, when not in use, is ordinarily located at a registered base for mobile radiation oncology equipment.
- (2) A prescribed particular is the location specific practice number for the premises or base.

54 Pathology services (other than Group P9)—particulars of person rendering service

- (1) This section applies to a professional service that is specified in an item in the pathology services table, other than an item in Group P9.
- (2) Prescribed particulars are either the name of one of the following persons and the address of the person's place of practice, or the provider number of one of the following persons in respect of the person's place of practice:
 - (a) the approved pathology practitioner by whom, or on whose behalf, the service was rendered;
 - (b) if the service was rendered completely in a single accredited pathology laboratory—any approved pathology practitioner rendering professional services in the accredited pathology laboratory;
 - (c) if the service was rendered in more than one accredited pathology laboratory owned and controlled by an approved pathology authority—any approved pathology practitioner rendering professional services in one of the laboratories where the service was partly rendered.

55 Pathology services—other particulars

- (1) This section applies to a professional service that is a pathology service.

Requested pathology services

- (2) If the service is rendered in accordance with subsections 16A(2) and (3) of the Act, the following particulars are prescribed:
- (a) the name of the treating practitioner who requested the service;
 - (b) if the request was made at a place of practice of the treating practitioner:
 - (i) the address of the place of practice; or
 - (ii) if the treating practitioner has been allocated a provider number in respect of the place of practice—the provider number;
 - (c) if the request was not made at such a place of practice:
 - (i) the address of any place of practice of the treating practitioner; or
 - (ii) the provider number of the treating practitioner in respect of any place of practice;
 - (d) the date on which the treating practitioner determined that the service was necessary.

Pathologist-determinable services

- (3) If the service is a pathologist-determinable service that was determined to be necessary by the approved pathology practitioner by whom, or on whose behalf, the service was performed, a prescribed particular is an indication that the service was determined to be necessary by that approved pathology practitioner.

Services rendered by a member of a group of medical practitioners

- (4) If the service is rendered in the circumstances described in paragraph 16A(7)(b) of the Act, the following particulars are prescribed:
- (a) the name of the treating practitioner who requested the service;
 - (b) the date on which the treating practitioner made the request.

Initiation of a patient episode by collection of a specimen

- (5) If the service is initiation of a patient episode by collection of a specimen, a prescribed particular is an identification of the collection point as follows:
- (a) for a collection made at an approved collection centre—the identification number of the centre;
 - (b) for a collection made at a recognised hospital—the recognised hospital collection point identification number assigned by the Chief Executive Medicare;
 - (c) for any other collection—“A01”.

56 Diagnostic imaging services—particulars of person rendering service and person claiming or receiving fees

- (1) This section applies to a professional service that is a diagnostic imaging service.
- (2) Prescribed particulars in relation to the medical practitioner who is:
- (a) claiming or receiving payment of fees in relation to the service; or

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- (b) the assignee under an assignment or agreement, made or entered into in accordance with section 20A of the Act, in relation to the medicare benefit in respect of the service;
- are either the name of the medical practitioner and the address of a place of practice of the medical practitioner, or the provider number in respect of a place of practice of the medical practitioner.
- (3) If the medical practitioner mentioned in subsection (2) (the **billing practitioner**) is not the medical practitioner that rendered the service (the **service practitioner**), then, subject to subsection (4), additional prescribed particulars are:
- (a) the name of the service practitioner and the address of the place of practice where the service was rendered; or
- (b) if the service was rendered at a place of practice for which the service practitioner has been allocated a provider number—the provider number.
- (4) Subsection (3) does not apply if the particulars mentioned in paragraph (3)(a) or (b), and the date on which the service was requested, are recorded at the billing practitioner's place of practice.

57 Diagnostic imaging services—other particulars

- (1) This section applies to a professional service that is a diagnostic imaging service.

R-type diagnostic imaging services

- (2) For an R-type diagnostic imaging service, the following particulars are prescribed:
- (a) the name of the person who requested the service;
- (b) the address of the place of practice, or the provider number in respect of the place of practice, or the requester number, of the person who requested the service;
- (c) the date on which the service was requested.

Use of equipment

- (3) If the service is rendered using a diagnostic imaging procedure that is carried out using:
- (a) diagnostic imaging equipment that is ordinarily located at registered diagnostic imaging premises; or
- (b) diagnostic imaging equipment that, when not in use, is ordinarily located at a registered base for mobile diagnostic imaging equipment;
- a prescribed particular is the location specific practice number for the premises or base.

Recording application of exemptions

- (4) If the service is rendered in the circumstances mentioned in:
- (a) subsection 16B(6) of the Act (consultant physicians and specialists); or
- (b) subsection 16B(7) of the Act (remote area); or

- (c) subsection 16B(10) of the Act (additional services); or
 - (d) subsection 16B(11) of the Act (pre-existing diagnostic imaging practices);
- a prescribed particular is the letters “SD” (for self-determined).
- (5) If the service is rendered in the circumstances mentioned in subsection 16B(8) of the Act (emergencies), a prescribed particular is the word “emergency”.
 - (6) If the service is rendered in the circumstances mentioned in subsection 16B(9) of the Act (lost requests), a prescribed particular is the words “lost request”.
 - (7) If the service is rendered in the circumstances mentioned in subsection 16B(10A) of the Act (substituted services), a prescribed particular is the letters “SS”.

58 Services provided upon referral

- (1) This section applies to a professional service if:
 - (a) the service is rendered to a patient by a specialist or consultant physician; and
 - (b) the item relating to the service specifies it as a service that is to be rendered to a patient who has been referred.

Note: Division 4 of Part 11 prescribes the manner in which patients are to be referred for the purposes of such items.

General

- (2) Subject to subsections (3) to (5), the following particulars are prescribed:
 - (a) the name of the referring practitioner;
 - (b) the address of the place of practice, or the provider number in respect of the place of practice, of the referring practitioner;
 - (c) the date on which the patient was referred by the referring practitioner to the consultant physician or specialist;
 - (d) the period of validity of the referral under section 102.

Lost referrals

- (3) If the service is rendered on the basis of a lost, stolen or destroyed referral:
 - (a) paragraphs (2)(b) to (d) do not apply; and
 - (b) the words “lost referral” are a prescribed particular.

Hospital referrals

- (4) If the service is rendered to a patient in a hospital who is not a public patient:
 - (a) paragraphs (2)(b) to (d) do not apply; and
 - (b) the words “referral within” followed by the name of the hospital are a prescribed particular.

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Emergencies

- (5) If the service is rendered without a written referral in the circumstances described in subsection 98(2) or 101(3):
 - (a) subsection (2) does not apply; and
 - (b) the word “emergency” is a prescribed particular.

59 Multiple professional services in a single day

- (1) This section applies if a medical practitioner, dental practitioner, optometrist, participating midwife or participating nurse practitioner attends a person more than once on the same day, and on each occasion:
 - (a) for a medical practitioner, dental practitioner or optometrist—renders a professional service specified in any of items 3 to 10948 of the general medical services table to the person; and
 - (b) for a participating midwife or participating nurse practitioner—renders a professional service specified in the general medical services table to the person.

Note: Some professional services are specified in a determination made under subsection 3C(1) of the Act.

- (2) For each such professional service, a prescribed particular is the time at which the attendance started.

60 Anaesthesia

- (1) This section applies to a professional service that is specified in an item in Subgroup 21 of Group T10 of the general medical services table.

Management of anaesthesia

- (2) If the service is management of anaesthesia (other than when performed in association with a service to which item 22900 or 22905 of the general medical services table applies), the following particulars are prescribed:
 - (a) the name of each medical practitioner who performed a procedure for which the anaesthesia was administered;
 - (b) if item 25025 of the general medical services table applies to the service:
 - (i) when the service time began; and
 - (ii) when the service time ended; and
 - (iii) the duration of the service time.

Perfusion to which item 25050 applies

- (3) If the service is perfusion to which item 25050 applies, the following particulars are prescribed:
 - (a) when the service time began;
 - (b) when the service time ended;
 - (c) the duration of the service time.

Assistance in the management of anaesthesia

- (4) If the service is assistance in the management of anaesthesia, the following particulars are prescribed:
- (a) the name of the principal anaesthetist;
 - (b) the name of each medical practitioner who performed a procedure for which the anaesthesia was administered;
 - (c) if item 25030 of the general medical services table applies to the service:
 - (i) when the service time began; and
 - (ii) when the service time ended; and
 - (iii) the duration of the service time.

Definition of service time

- (5) In this section:

service time has the meaning given by clause 5.9.3 in the general medical services table.

Division 6—Professional services rendered by or on behalf of certain medical practitioners

61 Other circumstances in which subparagraphs 19AA(1)(b)(iv) and (2)(b)(iv) of the Act apply

- (1) For the purposes of paragraph 19AA(3)(b) of the Act, this section specifies circumstances in which subparagraphs 19AA(1)(b)(iv) and (2)(b)(iv) of the Act apply in relation to:
 - (a) for subparagraph 19AA(1)(b)(iv)—a professional service rendered by a medical practitioner; and
 - (b) for subparagraph 19AA(2)(b)(iv)—a professional service rendered on behalf of a medical practitioner.
- (2) The circumstances are that:
 - (a) the medical practitioner had been a person registered under section 3GA of the Act; and
 - (b) the service was rendered in the period of:
 - (i) 2 weeks after the end of the period of registration; or
 - (ii) if the Chief Executive Medicare approves in writing—6 weeks after the end of the period of registration; and
 - (c) the service was rendered in the location in respect of which the medical practitioner was registered.

62 Meaning of *intern*

For the purposes of the definition of *intern* in subsection 19AA(5) of the Act, the following State and Territory laws are specified:

- (a) *Medical Practice Act 1992* (NSW);
- (b) *Medical Practice Act 1994* (Vic.);
- (c) *Medical Act 1939* (Qld);
- (d) *Medical Act 1894* (WA);
- (e) *Medical Practitioners Act 1983* (SA);
- (f) *Medical Act 1959* (Tas.);
- (g) *Medical Practitioners Act 1930* (ACT);
- (h) *Medical Act of 1995* (NT).

Division 7—Payments to medical practitioners and approved billing agents

63 Circumstances for electronic payments to medical practitioners

- (1) For the purposes of subsection 20(5) of the Act, this section prescribes the circumstances in which an amount may be paid under subsection 20(3) of the Act, by means of electronic transmission to a bank account, to a general practitioner, specialist or consultant physician by whom, or on whose behalf, a professional service was rendered.

Note: For payments to specialists and consultant physicians, see also subsection 20(6) of the Act and section 64 of this instrument.

- (2) An amount may be paid by electronic transmission if the claim for medicare benefit in respect of the service was made using one of the following electronic claiming channels:
 - (a) Medicare Online;
 - (b) Medicare Easyclaim;
 - (c) ECLIPSE.
- (3) For a general practitioner, an amount may also be paid by electronic transmission if the general practitioner:
 - (a) is enrolled, for the location at which the service was rendered, in the scheme known as the “90 Day Pay Doctor Cheque Scheme” administered by the Chief Executive Medicare for the purpose of making payments under subsection 20(3) of the Act; and
 - (b) has given the Chief Executive Medicare written permission to give to the Reserve Bank of Australia:
 - (i) the name and number of the account into which a payment may be made; and
 - (ii) the name and BSB number of the bank at which that account is kept.

64 Requirements for payments to specialists and consultant physicians

- (1) For the purposes of subsection 20(6) of the Act, this section prescribes the manner in which a claim for medicare benefit must be made for subsections 20(3) to (5) of the Act to apply in relation to a professional service rendered by or on behalf of a specialist or consultant physician.
- (2) The claim for medicare benefit in respect of the service must have been made using an electronic claiming channel mentioned in subsection 63(2) of this instrument.

65 Approved billing agents—application requirements and fee

- (1) For the purposes of paragraph 20AB(2)(a) of the Act, an application for approval as a billing agent must be in the form approved by the Chief Executive Medicare.

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Division 7 Payments to medical practitioners and approved billing agents

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- (2) For the purposes of paragraph 20AB(2)(b) of the Act, the fee to accompany an application is:
- (a) if the applicant has not previously been approved as a billing agent—\$1,000; or
 - (b) if the applicant has previously been approved—\$500.

Division 8—Eligible midwives

66 Meaning of *eligible midwife*—requirements

For the purposes of paragraph 21(1)(b) of the Act, the requirement for a person to be an eligible midwife is that the person is endorsed by the Nursing and Midwifery Board of Australia.

Part 4—Special provisions relating to pathology

67 Giving notice of termination of undertaking

For the purposes of sections 23DE and 23DH of the Act, a notice of termination must be sent:

- (a) by pre-paid post to Pathology Registration, Department of Human Services, GPO Box 9822, Melbourne VIC 3001; or
- (b) by fax to (03) 9605 7984; or
- (c) by email to provider.registration@humanservices.gov.au; or
- (d) by any other electronic method for giving a notice of termination that is provided on the website of the Human Services Department.

68 Approved pathology authorities—other records of pathology services

- (1) This section is made for the purposes of subsection 23DKA(1) of the Act.
- (2) An approved pathology authority must prepare and maintain a record of each pathology service rendered in an accredited pathology laboratory of which the authority is the proprietor.
- (3) The record of each pathology service rendered must include a copy of a report of the service.
- (4) The records must be kept in a manner that enables information to be retrieved using the name of the person in relation to whom the service was rendered and the date on which the service was rendered.

69 Offences in relation to request forms—branded pathology request forms

- (1) For the purposes of subsection 23DP(3) of the Act, this section applies to a pathology request form that includes:
 - (a) the registered name or trading name of:
 - (i) if the form is provided by an approved pathology authority—the approved pathology authority; or
 - (ii) if the form is provided by an approved pathology practitioner—an approved pathology authority that employs or engages the approved pathology practitioner; and
 - (b) the location of one or more specimen collection centres.
- (2) The pathology request form must include a statement that informs a person in relation to whom a pathology service is requested that:
 - (a) the request may be taken to a pathology provider of the person's choice; and
 - (b) if the person's treating practitioner has specified an approved pathology practitioner on clinical grounds, a medicare benefit will be payable only if the service is conducted by that practitioner.

(3) In this section:

pathology provider means:

- (a) a person who renders pathology services; or
- (b) a person who carries on the business of rendering pathology services; or
- (c) a person who employs, or engages under a contract of service, a person mentioned in paragraph (a) or (b).

Part 5—Special provisions relating to diagnostic imaging services

70 Requests for diagnostic imaging services—information and form requirements

- (1) This section is made for the purposes of subsection 23DQ(1) of the Act.

Information that must be included

- (2) The following information must be included in a subsection 16B(1) request:
- (a) the name of the person making the request;
 - (b) the address of the place of practice, or the provider number in respect of the place of practice, or the requester number, of the person making the request;
 - (c) the date of the request;
 - (d) a description of the diagnostic imaging service being requested that provides, in terms that are generally understood throughout the medical profession, sufficient information to identify the item of the diagnostic imaging services table that relates to the service.

Branded diagnostic imaging request forms

- (3) Subsection (4) applies to a subsection 16B(1) request if:
- (a) the request is made using a document for use in making a subsection 16B(1) request that is supplied, or made available to, a practitioner (within the meaning of section 23DQ of the Act) by a diagnostic imaging provider on or after 1 August 2012; and
 - (b) the document, as supplied or made available, contains:
 - (i) the registered name or trading name of the diagnostic imaging provider; and
 - (ii) one or more locations where the diagnostic imaging provider renders diagnostic imaging services.
- (4) The request must include a statement that informs the person in relation to whom the diagnostic imaging service is requested that the request may be taken to a diagnostic imaging provider of the person's choice.

- (5) In this section:

diagnostic imaging provider means:

- (a) a person who renders diagnostic imaging services; or
- (b) a person who carries on the business of rendering diagnostic imaging services; or
- (c) a person who employs, or engages under a contract of service, a person mentioned in paragraph (a) or (b).

71 Medical practitioners rendering diagnostic imaging services—other records of services

- (1) This section is made for the purposes of subsection 23DS(1) of the Act.
- (2) A medical practitioner who renders a diagnostic imaging service (the *providing practitioner*) must prepare and maintain a record of the service.
- (3) The record of each diagnostic imaging service rendered must include the following:
 - (a) a copy of a report of the service by the providing practitioner;
 - (b) if the service is rendered in the circumstances mentioned in subsection 16B(8) of the Act (emergencies)—the nature of the emergency;
 - (c) if the service is rendered in the circumstances mentioned in subsection 16B(9) of the Act (lost requests)—the date and manner of confirmation that the request had been made as mentioned in paragraph 16B(9)(b) of the Act;
 - (d) if the service is rendered in the circumstances mentioned in subsection 16B(10A) of the Act (substituted services):
 - (i) the date that the providing practitioner consulted with the person who made the subsection 16B(1) request; or
 - (ii) if the providing practitioner did not so consult—the steps that the providing practitioner took to consult.
- (4) If a diagnostic imaging procedure is performed, as part of an ultrasound service, by a registered sonographer under the supervision, or at the direction, of the providing practitioner, the report mentioned in paragraph (3)(a) must include the name of the registered sonographer.
- (5) The records must be kept in a manner that enables information to be retrieved using the name of the person in relation to whom the service was rendered and the date on which the service was rendered.
- (6) In this section:

registered sonographer means a person whose name is entered on the register of sonographers maintained by the Chief Executive Medicare.

Note: Maintaining a register of sonographers is a function of the Chief Executive Medicare under section 32 of the *Human Services (Medicare) Regulations 2017*.

ultrasound service means a service specified in an item in Group I1 in the diagnostic imaging services table.

72 Diagnostic Imaging Register—other information to be included in application for registration

For the purposes of paragraph 23DZP(1)(d) of the Act, the other information that must be included in an application for registration of diagnostic imaging premises or a base for mobile diagnostic imaging equipment is the following:

- (a) the nature of the practice at the premises or base;

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- (b) for diagnostic imaging premises—the quantity of each type of diagnostic imaging equipment ordinarily located at the premises;
- (c) for each piece of diagnostic imaging equipment ordinarily located at the premises or base:
 - (i) the age of the piece of equipment (worked out in the same way it is worked out under subclause 1.2.2(1) of the diagnostic imaging table); and
 - (ii) whether the piece of equipment has been upgraded (within the meaning given by subclause 1.2.2(3) of the diagnostic imaging table);
- (d) for each piece of diagnostic imaging equipment ordinarily located at the premises or base that has a serial number or other identifying number—that number;
- (e) the functionality of each piece of diagnostic imaging equipment ordinarily located at the premises or base;
- (f) if the premises are, or the base is, accredited under a diagnostic imaging accreditation scheme—the information mentioned in subsection 75(1) of this instrument.

Example: For paragraph (a), the practice might be a base for mobile equipment, a specialist diagnostic imaging practice (either on a stand-alone practice site or co-located with a primary care practice or group), a primary care practice, a sports medicine clinic or a public hospital.

73 Diagnostic Imaging Register—other information to be included on Register

For the purposes of subparagraph 23DZQ(1)(b)(iv) of the Act, the other information that must be included on the Diagnostic Imaging Register for premises or a base is the information mentioned in section 72 of this instrument that was included in the application for registration.

74 Primary information—types of diagnostic imaging equipment

For the purposes of subsection 23DZR(2) of the Act, the types of diagnostic equipment mentioned in the following table are prescribed.

Diagnostic imaging equipment types		
Item	Column 1 Diagnostic imaging equipment is of the following type:	Column 2 if the equipment is primarily used in carrying out a diagnostic imaging procedure used in rendering a service specified in any of the following items in the diagnostic imaging services table:
1	Ultrasound equipment	Items in Group I1
2	Computed tomography equipment	Items in Group I2
3	Diagnostic radiology equipment (x-ray)	Items in Subgroups 1, 2, 3 (except items 57960 to 57969), 4 to 9, 12 and 14 of Group I3

Diagnostic imaging equipment types		
Item	Column 1 Diagnostic imaging equipment is of the following type:	Column 2 if the equipment is primarily used in carrying out a diagnostic imaging procedure used in rendering a service specified in any of the following items in the diagnostic imaging services table:
4	Diagnostic radiology equipment for orthopantomography	Items 57960 to 57969
5	Diagnostic radiology equipment for mammography	Items in Subgroup 10 of Group I3
6	Diagnostic radiology equipment for angiography	Items in Subgroup 13 of Group I3
7	Diagnostic radiology equipment for fluoroscopic examination	Items in Subgroups 15 and 17 of Group I3
8	Nuclear medicine imaging equipment (other than for positron emission tomography)	Items in Group I4, other than items 61523 to 61647
9	Nuclear medicine imaging equipment for positron emission tomography	Items 61523 to 61647
10	Magnetic resonance imaging equipment	Items in Group I5

75 Diagnostic imaging accreditation—information to be included on Diagnostic Imaging Register

- (1) For the purposes of subsection 23DZZIAB(1) of the Act, the information that must be recorded on the Diagnostic Imaging Register in relation to the accreditation of diagnostic imaging premises or a base for mobile diagnostic imaging equipment is the following:
- (a) the name of the approved accreditor;
 - (b) the commencement date of the accreditation;
 - (c) the diagnostic imaging procedures for which the premises or base is accredited;
 - (d) the date on which, if the premises or base has not been accredited again, the accreditation must be revoked.

Note: See the scheme under subsection 23DZZIAA(1) of the Act.

- (2) For the purposes of subsection 23DZZIAB(2) of the Act, if the accreditation of diagnostic imaging premises or a base for mobile diagnostic imaging equipment is varied by changing the diagnostic imaging procedures for which the premises or base is accredited, the information that must be recorded on the Diagnostic Imaging Register is:
- (a) if a diagnostic imaging procedure has been added—the date on which the diagnostic imaging procedure was added; and
 - (b) if a diagnostic imaging procedure has been removed—the date on which the diagnostic imaging procedure was removed.

Part 6—Prohibited practices in relation to pathology services and diagnostic imaging services

76 Meaning of *permitted benefit*—method for determining substantial difference from market value

For the purposes of subsection 23DZZIF(9) of the Act, the amount of a payment or of consideration for property, goods or services is substantially different from the market value for the property, goods or services if the difference is more than 20% of the market value.

77 Meaning of *permitted benefit*—method for determining market value

- (1) For the purposes of subsection 23DZZIF(9) of the Act, the market value of property, goods or services is the amount that a willing purchaser would have had to pay, at the time mentioned in subsection (2), to a vendor who was willing, but not anxious, to sell.
- (2) The time is, for an offence or contravention of a civil penalty provision that involves:
 - (a) a person asking for a benefit that is not a permitted benefit—when the person asked for the benefit; or
 - (b) a person accepting a benefit that is not a permitted benefit—when the person accepted the benefit; or
 - (c) a person offering a benefit that is not a permitted benefit—when the person offered the benefit; or
 - (d) a person providing a benefit that is not a permitted benefit—when the person provided the benefit.

Part 7—Radiation Oncology Register

78 Radiation Oncology Register—other information to be included in application for registration

For the purposes of paragraph 23DZZO(1)(d) of the Act, the other information that must be included in an application for registration of radiation oncology premises or a base for mobile radiation oncology equipment is the following:

- (a) the nature of the practice at the premises or base;
- (b) for radiation oncology premises—the quantity of each type of radiation oncology equipment ordinarily located at the premises;
- (c) for each piece of radiation oncology equipment ordinarily located at the premises or base that has a serial number or other identifying number—that number;
- (d) the functionality of each piece of radiation oncology equipment ordinarily located at the premises or base.

Example: For paragraph (a), the practice might be a base for mobile equipment, a specialist radiation oncology practice (either on a stand-alone practice site or co-located with a primary care practice or group), a primary care practice, a sports medicine clinic or a public hospital.

79 Radiation Oncology Register—other information to be included on the Register

For the purposes of subparagraph 23DZZP(1)(b)(iv) of the Act, the other information that must be included on the Radiation Oncology Register for premises or a base is the information mentioned in section 78 of this instrument that was included in the application for registration.

80 Primary information—types of radiation oncology equipment

For the purposes of subsection 23DZZQ(2) of the Act, each of the following is a type of radiation oncology equipment:

- (a) megavoltage equipment, that is, equipment that is primarily used in the rendering of a service specified in any item in Subgroup 3 of Group T2 in the general medical services table;
- (b) brachytherapy equipment, that is, equipment that is primarily used in the rendering of a service specified in any item in Subgroup 4 of Group T2 in the general medical services table;
- (c) planning equipment, that is, equipment that is primarily used in the rendering of a service specified in any item in Subgroup 5 of Group T2 in the general medical services table.

Part 8—Health program grants

81 Form for application for approval as an organization under Part IV of the Act

- (1) For the purposes of subsection 40(1) of the Act, the prescribed form is Form 1 in Schedule 2 to this instrument.
- (2) An application under subsection 40(1) of the Act by an organization must be signed by a person who is:
 - (a) one of the persons responsible for the management of the organization; and
 - (b) authorised in writing by the organization to sign that application.

82 Form for application for approval of health service

- (1) For the purposes of subsection 41(1) of the Act, the prescribed form is Form 2 in Schedule 2 to this instrument.
- (2) An application under subsection 41(1) of the Act by an organization must be signed by a person who is:
 - (a) one of the persons responsible for the management of the organization; and
 - (b) authorised in writing by the organization to sign that application.

Part 9—Medicare Participation Review Committees

83 Meaning of *professional organisation*

For the purposes of the definition of *professional organisation* in subsection 124B(1) of the Act, each of the following is declared to be a professional organisation:

- (a) Australian Dental Association Incorporated;
- (b) Australian Medical Association Limited;
- (c) Optometrists Association Australia.

Part 10—Quality assurance confidentiality

Division 1—Quality assurance activities—application for declaration

84 Application for declaration that quality assurance activity is activity to which Part VC of the Act applies

- (1) A person who wants the Minister to declare that a quality assurance activity is an activity to which Part VC of the Act applies must apply to the Minister using the form approved by the Minister for the purposes of this section.
- (2) The form must require the applicant to give:
 - (a) an undertaking that the applicant will inform the Minister of a change to the purposes of the quality assurance activity to which the application relates as soon as practicable after the change occurs; and
 - (b) if the quality assurance activity to which the application relates is to be engaged in by a body of persons—an undertaking that the applicant will inform the Minister of any significant change to the composition or purposes of the body that is likely to affect the activity as soon as practicable after the change occurs.

Division 2—Quality assurance activities—public interest criteria

85 Purpose of Division

For the purposes of paragraph 124X(3)(b) of the Act, this Division prescribes criteria to which the Minister must have regard in deciding whether it is in the public interest that Part VC of the Act should apply to a quality assurance activity.

86 Disclosure of information about quality assurance activities

- (1) A quality assurance activity must include the disclosure (without identifying particular individuals expressly or by implication) of information that concerns:
 - (a) the quality of the health services assessed, evaluated or studied; or
 - (b) the conditions or circumstances affecting the quality of the services;unless it is not appropriate to disclose such information.
- (2) The disclosure of information must take place at appropriate times and in an appropriate manner.

87 Quality assurance activities engaged in in a single State or Territory

If a quality assurance activity is engaged in in only one State or Territory, one of the following paragraphs must apply to the activity:

- (a) the government of the State or Territory has advised the Minister that:
 - (i) the activity is not subject to legislation of the State or Territory that is similar to Part VC of the Act; and
 - (ii) in the opinion of the government of the State or Territory, it is in the public interest that Part VC of the Act should apply to the activity;
- (b) the activity includes a methodology that has not been used previously in Australia;
- (c) the activity is a pilot study for the purpose of investigating whether a methodology of a particular kind can be used in Australia;
- (d) the activity addresses a subject matter that has not previously been addressed in Australia;
- (e) the activity has the potential to affect the quality of health care on a national scale;
- (f) the activity is a pilot study for the purpose of investigating whether the activity has the potential to affect the quality of health care on a national scale;
- (g) the activity is of national importance.

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88 Quality assurance activities of a kind that has not previously been engaged in in Australia

If a quality assurance activity is of a kind that has not previously been engaged in in Australia, application of Part VC of the Act to the activity must be likely to encourage:

- (a) participation in the activity by persons who provide health services; and
- (b) if the activity involves the making of a recommendation about the provision of health services—the acceptance and implementation of the recommendation by persons who provide health services; and
- (c) if the activity involves monitoring of the implementation of a recommendation about the provision of health services—the participation of persons who provide health services in monitoring the implementation.

89 Quality assurance activities of a kind that has previously been engaged in in Australia

If a quality assurance activity (the *current activity*) is of the same kind as an activity that has previously been engaged in in Australia (the *previous activity*), application of Part VC of the Act to the current activity must be likely to encourage:

- (a) participation in the current activity by persons who provide health services, to an extent greater than the extent to which such persons participated in the previous activity; and
- (b) if the activity involves the making of a recommendation about the provision of health services—the acceptance and implementation of the recommendation by persons who provide health services, to an extent greater than the extent to which such persons accepted and implemented recommendations made during the previous activity; and
- (c) if the activity involves monitoring of the implementation of a recommendation about the provision of health services—the participation of persons who provide health services in monitoring the implementation, to an extent greater than the extent to which such persons participated in monitoring the implementation of recommendations during the previous activity.

Part 11—Miscellaneous provisions

Division 1—Charging of fees for provision of public hospital services to public patients

90 Circumstances in which fees must not be charged for provision of public hospital services to public patients

For the purposes of subsection 128C(1) of the Act, the circumstances in which a fee must not be charged, and payment or other consideration must not be received, for the provision of a public hospital service are that the service is:

- (a) for attendance at, or associated with, the delivery of a baby; or
- (b) requested or required by the person to whom the service is provided in connection with the delivery of a baby.

Part 11 Miscellaneous provisions

Division 2 Recovery of amounts

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Division 2—Recovery of amounts

91 Recovery of debts due to the Commonwealth—prescribed rate of interest

For the purposes of subsection 129AC(2) of the Act, the prescribed rate of interest is 15% per annum.

Division 3—Divulging and using information

92 Divulging information—treatment provided to veterans

For the purposes of subsection 130(3A) of the Act:

- (a) an APS employee in the Veterans' Affairs Department who performs functions under any of the following laws in relation to treatment or medical treatment (within the meaning of those laws) is a prescribed person:
 - (i) the *Australian Participants in British Nuclear Tests and British Commonwealth Occupation Force (Treatment) Act 2006*;
 - (ii) Chapter 6 of the *Military Rehabilitation and Compensation Act 2004*;
 - (iii) the *Papua New Guinea (Members of the Forces Benefits) Act 1957*;
 - (iv) the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*;
 - (iva) the *Treatment Benefits (Special Access) Act 2019*;
 - (v) Part V of the *Veterans' Entitlements Act 1986*; and
- (b) the information that may be provided to such an employee is information that would enable the employee to perform those functions.

93 Divulging information—complaints and investigations

- (1) For the purposes of subsection 130(3A) of the Act:
 - (a) each of the following authorities or persons is a prescribed authority or person:
 - (i) the Australian Health Practitioner Regulation Agency;
 - (ii) a National Board;
 - (iia) each State or Territory Board of a National Board;
 - (iii) the Health Care Complaints Commission of New South Wales;
 - (iv) the Office of the Health Ombudsman of Queensland;
 - (v) an APS employee mentioned in paragraph 92(a); and
 - (b) this section sets out the circumstances in which information may be provided to a prescribed authority or person and the kind of information that may be provided.

Circumstances in which information may be provided

- (2) Information may be provided to an authority mentioned in any of subparagraphs (1)(a)(i) to (iv) if:
 - (a) a patient has complained to the Chief Executive Medicare about a health practitioner; and
 - (b) the Chief Executive Medicare reasonably believes that the complaint should be referred to the authority for possible investigation.

Section 93

- (3) Information may be provided to an authority mentioned in any of subparagraphs (1)(a)(i) to (iv) if the authority tells the Chief Executive Medicare that a patient has made a complaint to the authority about a health practitioner.
- (4) Information may also be provided to a person mentioned in subparagraph (1)(a)(v) in the circumstances mentioned in subsection (2) or (3).
- (5) Information may be provided to an authority or person mentioned in paragraph (1)(a) if a health practitioner is the subject of an investigation by the Chief Executive Medicare.
- (6) However, information may only be provided to a State or Territory authority under subsection (5) if:
 - (a) the health practitioner is, was, or is applying to be, registered or licensed to practice in that State or Territory; or
 - (b) the health practitioner is or was practising in that State or Territory.

Information that may be provided

- (7) The following information may be provided in relation to a health practitioner who is the subject of a complaint or investigation mentioned in subsection (2), (3) or (5):
 - (a) name;
 - (b) the address of each location at which the health practitioner practises (including any former location at which the health practitioner practised in the period that is the subject of the complaint or investigation);
 - (c) if the health practitioner has been allocated a provider number or requester number—the number;
 - (d) whether the health practitioner has previously been the subject of an investigation by the Chief Executive Medicare and, if so, the status of the investigation.
- (8) Information relating to a service may be provided if:
 - (a) a health practitioner who is the subject of a complaint or investigation mentioned in subsection (2), (3) or (5):
 - (i) rendered the service; or
 - (ii) supervised the rendering of the service; or
 - (iii) requested the service; or
 - (iv) claimed or received payment of fees in relation to the service; or
 - (v) was the assignee under an assignment or agreement, made or entered into in accordance with section 20A of the Act, in relation to the medicare benefit in respect of the service; and
 - (b) the Chief Executive Medicare reasonably believes that the service is relevant to the complaint or investigation.
- (9) The information mentioned in subsection (10) relating to a patient may be provided if the patient has made a complaint mentioned in subsection (2) or (3).

- (9A) The information mentioned in subsection (10) relating to a patient may also be provided if:
- (a) the patient has received a service; and
 - (b) a health practitioner who is the subject of a complaint or investigation mentioned in subsection (2), (3) or (5):
 - (i) rendered the service; or
 - (ii) supervised the rendering of the service; or
 - (iii) requested the service; or
 - (iv) claimed or received payment of fees in relation to the service; or
 - (v) was the assignee under an assignment or agreement, made or entered into in accordance with section 20A of the Act, in relation to the medicare benefit in respect of the service; and
 - (c) the Chief Executive Medicare reasonably believes that the service is relevant to the complaint or investigation.
- (10) For the purposes of subsections (9) and (9A), the information relating to the patient is the following:
- (a) name;
 - (b) contact information;
 - (c) sex;
 - (d) date of birth;
 - (e) medicare number;
 - (f) if the patient is not a permanent Australian resident:
 - (i) date of last entry into Australia; and
 - (ii) expected date of departure from Australia; and
 - (iii) name of country of residence.

94 Professional disciplinary and regulatory bodies

For the purposes of subparagraph 130(4A)(c)(i) of the Act, the bodies mentioned in subparagraphs 93(1)(a)(i) to (iv) of this instrument are prescribed.

Division 4—Manner of patient referrals

95 Purpose and application of Division

- (1) For the purposes of section 132A of the Act, this Division prescribes the manner in which a patient is to be referred to a practitioner.
- (2) This Division applies to a referral of a patient to a specialist or consultant physician for the purposes of:
 - (a) an item in the general medical services table; or
 - (b) an item in a determination made under subsection 3C(1) of the Act for a service that is treated as if there were an item in the general medical services table for the service.

96 Who can make referral

- (1) A medical practitioner may refer a patient to a specialist or consultant physician.
- (2) An optometrist may refer a patient to a specialist who is an ophthalmologist.
- (3) A dental practitioner who is approved by the Minister for the purposes of paragraph (b) of the definition of *professional service* in subsection 3(1) of the Act may refer a patient to a specialist or consultant physician.
- (4) A dental practitioner to whom subsection (3) does not apply may refer a patient to a specialist (but not a consultant physician).
- (5) A participating midwife may refer a patient to an obstetrician or paediatrician.
- (6) A participating nurse practitioner may refer a patient to a specialist or consultant physician.

97 Requirement to consider need for referral

The referring practitioner must consider the need for the referral.

98 Requirements for form of referral

- (1) Subject to subsection (2), a referral must be:
 - (a) in writing; and
 - (b) signed by the referring practitioner; and
 - (c) dated.

Emergencies

- (2) Subsection (1) does not apply if:
 - (a) the referring practitioner decides that it is necessary in the patient's interests for the patient to be referred to the specialist or consultant physician as soon as practicable; and

- (b) subsection (3) applies to the patient.
- (3) This subsection applies to a patient who is:
- (a) at risk of serious morbidity or mortality requiring urgent assessment and resuscitation; or
 - (b) suffering from suspected acute organ or system failure; or
 - (c) suffering from an illness or injury where the viability or function of a body part or organ is acutely threatened; or
 - (d) suffering from a drug overdose, toxic substance or toxin effect; or
 - (e) experiencing severe psychiatric disturbance which puts the health of the patient or other people at immediate risk; or
 - (f) suffering acute severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
 - (g) suffering acute significant haemorrhage requiring urgent assessment and treatment.

99 Requirements for contents of referral

General

- (1) A referral must explain the reasons for referring the patient, including any information about the patient's condition that the referring practitioner considers necessary to give to the specialist or consultant physician.

Additional content if referring practitioner is a specialist or consulting physician

- (2) If the referring practitioner is a specialist or consulting physician, a written referral must:
- (a) include the name of a general practitioner, participating midwife or participating nurse practitioner nominated by the patient; or
 - (b) if the patient is unwilling or unable to nominate a general practitioner, participating midwife or participating nurse practitioner for the purposes of paragraph (a)—include a statement to that effect.

100 Requirement to record certain referrals in hospital records

If a referral is for a patient in a hospital who is not a public patient, approval of the referral by the referring practitioner must be included in the hospital records. The approval must be signed by the referring practitioner.

101 Receipt of referral by specialist or consultant physician

- (1) Subject to this section, a referral for the rendering of a service to a patient must be received by the specialist or consultant physician before the service is rendered to the patient.

Section 102

Lost, stolen or destroyed referral

- (2) Subsection (1) does not apply if the patient tells the specialist or consultant physician:
- (a) that a written referral referring the patient to the specialist or consultant physician has been completed by a referring practitioner; and
 - (b) the name of the referring practitioner; and
 - (c) that the referral has been lost, stolen or destroyed.

Emergencies

- (3) Subsection (1) and a requirement for a referral in an item do not apply if:
- (a) a specialist or consultant physician decides that it is necessary in the patient's interests to render the professional service specified in the item as soon as practicable; and
 - (b) subsection 98(3) applies to the patient; and
 - (c) the specialist or consultant physician begins rendering the service to the patient within 30 minutes of presentation.

102 Period of validity for referrals

- (1) Subject to this section:
- (a) a referral that states it is valid for a fixed period is valid until the end of that period after the first service rendered in accordance with the referral; and
 - (b) a referral that states it is valid indefinitely is valid for an indefinite period; and
 - (c) a referral that does not state a time for which it remains valid is valid until 12 months after the first service rendered in accordance with the referral.

Referrals given by particular persons

- (2) A referral given by a specialist or consultant physician is valid:
- (a) for a maximum of 3 months after the first service given in accordance with the referral; or
 - (b) if the referred person is a patient in a hospital at the time of referral and continues to be so for more than 3 months—until the person ceases to be a patient in a hospital.
- (3) A referral given by a participating midwife is valid for a maximum of 12 months after the first service is given in accordance with the referral, and for one pregnancy only.
- (4) A referral given by a participating nurse practitioner is valid for a maximum of 12 months after the first service is given in accordance with the referral.

Special cases

- (5) A referral for a professional service to a patient in a hospital who is not a public patient is valid until the patient ceases to be a patient in the hospital who is not a public patient.
- (6) A referral that does not comply with subsection 98(1), and is given in the circumstances described in subsection 98(2) (emergencies), is valid for only one attendance on the patient.
- (7) A written referral that is lost, stolen or destroyed is valid for only one attendance on the patient.

Part 12—Application, saving and transitional provisions

Division 1—Transitional matters relating to the repeal of the Health Insurance Regulations 1975

103 Things done under the *Health Insurance Regulations 1975*

- (1) If:
 - (a) a thing was done for a particular purpose under the *Health Insurance Regulations 1975* as in force immediately before that instrument was repealed; and
 - (b) the thing could be done for that purpose under this instrument;
the thing has effect for the purposes of this instrument as if it had been done for that purpose under this instrument.
- (2) Without limiting subsection (1), a reference in that subsection to a thing being done includes a reference to a notice, application or other instrument being given or made.

Schedule 1—Specialists

Note: See sections 10 and 13.

1 Organisations, specialties and qualifications

- (1) The following table lists organisations, the specialty or specialties in relation to which the organisation is a relevant organisation for the purposes of subsection 3D(5) of the Act, and relevant qualifications in relation to each relevant organisation.
- (2) In addition, a medical practitioner who is enrolled in and undertaking a training program with an organisation listed in the following table is a specialist trainee for the purposes of subsection 3(20) of the Act.

Relevant organisations, specialties and relevant qualifications			
Item	Column 1 Organisation	Column 2 Specialties	Column 3 Qualifications
1	Australasian College for Emergency Medicine	Emergency Medicine	Fellowship of the Australasian College for Emergency Medicine (FACEM)
2	Australasian College of Sport and Exercise Physicians	Sport and Exercise Medicine	Fellowship of the Australasian College of Sport and Exercise Physicians (FACSEP) Fellowship of the Australasian College of Sports Physicians (FACSP)
3	Australian and New Zealand College of Anaesthetists	Anaesthesia	Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA)
4	Australian and New Zealand College of Anaesthetists	Pain Medicine	Fellowship of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FFPMANZCA)
5	College of Intensive Care Medicine of Australia and New Zealand	Intensive Care Medicine	Fellowship of the College of Intensive Care Medicine of Australia and New Zealand (FCICM) Fellowship of the Faculty of Intensive Care, Australian and New Zealand College of Anaesthetists (FFICANZCA) Fellowship of the Royal Australian College of Physicians (FRACP)
6	Royal Australasian College of Dental	Oral and Maxillofacial Surgery	Fellowship of the Royal Australasian College of Dental Surgeons (Oral and

Schedule 1 Specialists

Clause 1

Relevant organisations, specialties and relevant qualifications			
Item	Column 1 Organisation	Column 2 Specialties	Column 3 Qualifications
	Surgeons		Maxillofacial Surgery) (FRACDS (OMS))
7	Royal Australasian College of Surgeons	Cardio-thoracic Surgery General Surgery Neurosurgery Orthopaedic Surgery Otolaryngology—Head and Neck Surgery Paediatric Surgery Plastic Surgery Urology Vascular Surgery	Fellowship of the Royal Australasian College of Surgeons (FRACS)
8	The Australasian College of Dermatologists	Dermatology	Fellowship of the Australasian College of Dermatologists (FACD)
9	The Royal Australasian College of Physicians	Addiction Medicine	Fellowship of the Australasian Chapter of Addiction Medicine (FACHAM)
10	The Royal Australasian College of Physicians	Palliative Medicine	Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM)
11	The Royal Australasian College of Physicians	Sexual Health Medicine	Fellowship of the Australasian Chapter of Sexual Health Medicine (FACHSHM)
12	The Royal Australasian College of Physicians	Occupational and Environmental Medicine	Fellowship of the Australasian Faculty of Occupational and Environmental Medicine (FAFOEM) Fellowship of the Australasian Faculty of Occupational Medicine (FAFOM)
13	The Royal Australasian College of Physicians	Public Health Medicine	Fellowship of the Australasian Faculty of Public Health Medicine (FAFPHM)
14	The Royal Australasian College of Physicians	Rehabilitation Medicine	Fellowship of the Australasian Faculty of Rehabilitation Medicine (FAFRM) Fellowship of the Australasian College of Rehabilitation Medicine (FACRM)
15	The Royal Australasian College of Physicians	Cardiology Clinical Genetics Clinical Pharmacology	Fellowship of the Royal Australasian College of Physicians (FRACP)

Relevant organisations, specialties and relevant qualifications			
Item	Column 1 Organisation	Column 2 Specialties	Column 3 Qualifications
		Community Child Health	
		Endocrinology	
		Gastroenterology and Hepatology	
		General Medicine	
		General Paediatrics	
		Geriatric Medicine	
		Haematology	
		Immunology and Allergy	
		Infectious Diseases	
		Medical Oncology	
		Neonatal and Perinatal Medicine	
		Nephrology	
		Neurology	
		Nuclear Medicine	
		Paediatrics and child health	
		Paediatric Cardiology	
		Paediatric Clinical Pharmacology	
		Paediatric Emergency Medicine	
		Paediatric Endocrinology	
		Paediatric Gastroenterology and Hepatology	
		Paediatric Haematology	
		Paediatric Immunology and Allergy	
		Paediatric Infectious Diseases	
		Paediatric Intensive Care Medicine	
		Paediatric Medical Oncology	
		Paediatric Nephrology	
		Paediatric Neurology	
		Paediatric Nuclear Medicine	

Schedule 1 Specialists

Clause 1

Relevant organisations, specialties and relevant qualifications			
Item	Column 1 Organisation	Column 2 Specialties	Column 3 Qualifications
		Paediatric Palliative Medicine Paediatric Rehabilitation Medicine Paediatric Respiratory and Sleep Medicine Paediatric Rheumatology Respiratory and Sleep Medicine Rheumatology	
16	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Obstetrics and Gynaecology Gynaecological Oncology Maternal-fetal Medicine Obstetrics and Gynaecological Ultrasound Reproductive Endocrinology and Infertility Urogynaecology	Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) Fellowship of the Royal Australian College of Obstetricians and Gynaecologists (FRACOG)
17	The Royal Australian and New Zealand College of Ophthalmologists	Ophthalmology	Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO) Fellowship of the Royal Australian College of Ophthalmologists (FRACO)
18	The Royal Australian and New Zealand College of Psychiatrists	Psychiatry	Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)
19	The Royal Australian and New Zealand College of Radiologists	Diagnostic Radiology Diagnostic Ultrasound Nuclear Medicine Radiation Oncology	Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR) Fellowship of the Royal Australasian College of Radiologists (FRACR)
20	The Royal College of Pathologists of Australasia	General Pathology Anatomical Pathology (including Cytopathology) Chemical Pathology Forensic Pathology Haematology	Fellowship of the Royal College of Pathologists of Australasia (FRCPA)

Relevant organisations, specialties and relevant qualifications

Item	Column 1	Column 2	Column 3
	Organisation	Specialties	Qualifications
		Immunology	
		Microbiology	

Schedule 2 Forms

Form 1 Application for approval as an organization under Part IV of the Act

Schedule 2—Forms

Note: See sections 81 and 82.

Form 1—Application for approval as an organization under Part IV of the Act

HEALTH INSURANCE ACT 1973

APPLICATION FOR APPROVAL AS AN ORGANIZATION UNDER PART IV

To: the Minister for Health.

(Name of applicant organization)

of

(Address of applicant organization)

applies under subsection 40(1) of the *Health Insurance Act 1973* for approval as an organization under Part IV of that Act.

Dated this day of , 20

.....
(Signature of person authorised to sign application)

.....
(Position in organization)

Form 2—Application for approval of a health service

HEALTH INSURANCE ACT 1973

APPLICATION FOR APPROVAL OF A HEALTH SERVICE

To: the Minister for Health.

(Name of applicant organization)

of

(Address of applicant organization)

being an approved organization within the meaning of Part IV of the *Health Insurance Act 1973*,
applies under subsection 41(1) of that Act for approval of the health service described in the Schedule,
being a health service provided, or to be provided, by the organization.

SCHEDULE

(Description of health service and address or addresses at which the service is, or is to be, provided.)

Dated this day of , 20

.....
*(Signature of person authorised to
sign application)*

.....
(Position in organization)

Endnotes

Endnote 1—About the endnotes

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

Endnotes

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance Regulations 2018	27 Sept 2018 (F2018L01365)	1 Oct 2018 (s 2(1) item 1)	
Health Insurance Legislation Amendment (2018 Measures No. 3) Regulations 2018	26 Oct 2018 (F2018L01481)	Sch 1 (items 108–113): 1 Nov 2018 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2018 Measures No. 4) Regulations 2018	5 Nov 2018 (F2018L01534)	Sch 1 (item 1): 1 Jan 2019 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Services for Patients in Residential Aged Care Facilities) Regulations 2019	22 Feb 2019 (F2019L00179)	Sch 1 (items 10–14): 1 Mar 2019 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2019 Measures No. 1) Regulations 2019	24 Sept 2019 (F2019L01256)	Sch 1 (items 77–81): 1 Nov 2019 (s 2(1) item 2)	—
Health Legislation Amendment (Permitted Information Disclosure) Regulations 2020	24 Mar 2020 (F2020L00294)	Sch 1 (items 1–12): 25 Mar 2020 (s 2(1) item 1)	—
Health Insurance Amendment (2020 Measures No. 1) Regulations 2020	22 Apr 2020 (F2020L00458)	Sch 1 (items 1–30): 1 May 2020 (s 2(1) item 2) Sch 1 (item 31): 1 July 2020 (s 2(1) item 3)	—
Health Insurance Amendment (General Practitioners) Regulations 2020	26 June 2020 (F2020L00794)	Sch 1 (items 1–4): 27 June 2020 (s 2(1) item 2) Sch 1 (items 5–12): 16 June 2021 (s 2(1) item 3)	—
Health Insurance Legislation Amendment (2020 Measures No. 3) Regulations 2020	14 Dec 2020 (F2020L01608)	Sch 1 (item 97): 1 Mar 2021 (s 2(1) item 4)	—
Health Insurance Amendment (Fees) Regulations 2021	28 June 2021 (F2021L00870)	1 July 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2021 Measures No. 4) Regulations 2021	17 Dec 2021 (F2021L01812)	Sch 1 (item 128): 1 Mar 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2022 Measures No. 2) Regulations 2022	21 July 2022 (F2022L01000)	Sch 1 (item 12): 1 Aug 2022 (s 2(1) item 1)	—

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance Legislation Amendment (2022 Measures No. 3) Regulations 2022	22 Aug 2022 (F2022L01099)	Sch 4: 1 Nov 2022 (s 2(1) item 2)	—
Health Insurance Legislation Amendment (2022 Measures No. 4) Regulations 2022	25 Nov 2022 (F2022L01518)	Sch 1 (items 148–150): 1 Mar 2023 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2023 Measures No. 1) Regulations 2023	4 Apr 2023 (F2023L00416)	Sch 5 (items 11, 12): 1 July 2023 (s 2(1) item 6)	—
Health Insurance Amendment (Workforce Programs) Regulations 2023	13 June 2023 (F2023L00780)	1 July 2023 (s 2(1) item 1)	—

Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
s 2	rep LA s 48D
s 4	am F2020L00294; F2020L00794
Part 2	
Division 3	
s 11	am F2020L00458
Division 4	
s 14	rep F2021L00870
s 15	rep F2021L00870
Division 5	
Division 5	rs F2020L00794
Subdivision A	rep F2020L00794
s 16	rs F2020L00794
s 17	rep F2020L00794
s 18	rep F2020L00794
Subdivision B	rs F2020L00794
	rep F2020L00794
s 19	rs F2020L00794
	rep F2020L00794
s 19A	ad F2020L00794
	rep F2020L00794
s 20	rs F2020L00794
	rep F2020L00794
s 21	rs F2020L00794
	rep F2020L00794
s 21A	ad F2020L00794
	rep F2020L00794
Subdivision C	rep F2020L00794
s 22	rep F2020L00794
s 23	rep F2020L00794
s 24	rep F2020L00794
Subdivision D	rep F2020L00794
s 25	rep F2020L00794
Division 6	
s 26	am F2018L01534; F2023L00780
s 27	am F2020L00794

Endnote 4—Amendment history

Provision affected	How affected
Part 3	
Division 1	
s 28	am F2018L01481; F2019L00179; F2019L01256; F2020L00458; F2020L01608; F2021L01812; F2022L01000; F2022L01099; F2022L01518; F2023L00416
Division 3	
Subdivision B	
s 39	am F2018L01481; F2020L00458; F2022L01099
s 40	am F2020L00458
s 41	am F2020L00458
s 42	am F2018L01481; F2020L00458
s 43	am F2020L00458
s 44	am F2018L01481; F2020L00458
Subdivision C	
s 45	am F2020L00458
Division 5	
s 60	am F2020L00458
Division 7	
s 63	am F2020L00794
Part 5	
s 74	am F2020L00458
Part 11	
Division 3	
s 92	am F2020L00294
s 93	am F2020L00294
Part 12	
Part 12 heading	rs F2020L00794
Division 2	ad F2020L00794
	rep F2020L00794
s 104	ad F2020L00794
	rep F2020L00794