

Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Determination 2018

made under subsection 3C(1) of the

Health Insurance Act 1973

**Compilation No. 5**

**Compilation date:** 1 July 2022

**Includes amendments up to:** F2022L00570

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**About this compilation**

**This compilation**

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

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

**Uncommenced amendments**

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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# 1. Name

This Determination is the *Health Insurance (Section 3C General Medical Services –Transcatheter Aortic Valve Implantation) Determination 2018.*

# 3. Authority

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

# 5. Definitions

(1) In this Determination:

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

***Attendance*** means undertaking all of the following activities in relation to a TAVI Case Conference:

(a) retaining a record of the day the conference was held, and the times the conference started and ended;

(b) retaining a record of the names of the participants;

(c) provision of expertise to inform the recommendation resulting from the case conference;

(d) retaining a record of the recommendation resulting from the conference.

***Coordination*** means undertaking all of the following activities in relation to a TAVI Case Conference:

(a) ensuring that the patient is aware of the purpose and nature of the patient’s TAVI Case Conference and has consented to their TAVI Case Conference;

(b) recording the day the conference was held, and the times the conference started and ended;

(c) recording the names of the participants of the conference;

(d) provision of expertise to inform the recommendation resulting from the case conference;

(e) recording minutes of the TAVI Case Conference including the recommendation resulting from the conference;

(f) ensuring that the patient is aware of the recommendation.

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

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

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

***TAVI*** means Transcatheter Aortic Valve Implantation.

***TAVI Case Conference*** means a process by which:

(a) there is a team of 3 or more participants, where:

(i) the first participant is a cardiothoracic surgeon; and

(ii) the second participant is an interventional cardiologist; and

(iii) the third participant is a specialist or consultant physician who does not perform a service described in item 38495, 38514 or 38522 for the patient being assessed; and

(iv) either the first or the second participant is also a TAVI Practitioner; and

(b) the team assesses a patient’s risk and technical suitability to receive the service described in item 38495, 38514 or 38522, taking into account matters such as:

(i) the patient’s risk and technical suitability for a surgical aortic valve replacement; and

(ii) the patient’s cognitive function and frailty; and

(c) the result of the assessment is that the team makes a recommendation about whether or not the patient is suitable to receive the service described in item 38495, 38514 or 38522; and

(d) the particulars of the assessment and recommendation are recorded in writing.

***TAVI Hospital*** means a hospital, as defined by subsection 121-5(5) of the *Private Health Insurance Act 2007*, that is clinically accepted as being a suitable hospital in which the service described in item 38495, 38514 or 38522 may be performed.

***TAVI Patient***means a patient who, as a result of a TAVI Case Conference, has been assessed as having a high, intermediate or low risk for open surgical aortic valve replacement and is recommended as being suitable to receive the service described in item 38495, 38514 or 38522.

***TAVI Practitioner*** means a cardiothoracic surgeon or interventional cardiologist who is accredited by the Cardiac Accreditation Services Limited.

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

 clinically relevant service

 general medical services table

 item

 practitioner

 professional service

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

# 6. Treatment of relevant services

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

(a) it were both a professional service and a medical service; and

(b) there were an item in the general medical services table that:

(i) related to the service; and

(ii) specified for the service a fee in relation to each State, being the fee specified in the Schedule in relation to the service.

# 7. Application of items 38495, 38514 and 38522

Medicare benefit is not payable if the service described in item 38495, 38514 or 38522 is provided at the same time as, or in connection with, the provision of a pain pump for post‑surgical pain management.

# 8. Meaning of symbol (H)

An item in this Schedule including the symbol ***(H)*** applies only to a service performed or provided in a hospital.

# Schedule 1 – relevant services

| **Group A33 – Transcatheter Aortic Valve Implantation Case Conference** | | | |
| --- | --- | --- | --- |
| **Item** | | **Service** | **Fee ($)** |
| 6080 | | Coordination of a TAVI Case Conference by a TAVI Practitioner where the TAVI Case Conference has a duration of 10 minutes or more.  (Not payable more than once per patient in a five year period.) | 53.80 |
| 6081 | | Attendance at a TAVI Case Conference by a specialist or consultant physician who does not also perform the service described in item 6080 for the same case conference where the TAVI Case Conference has a duration of 10 minutes or more.  (Not payable more than twice per patient in a five year period.) | 40.15 |
| **Group T8 – Surgical Operations** | | | |
| **Subgroup 6 – Cardio-Thoracic** | | | |
| **Item** | | **Service** | **Fee ($)** |
| 38495 | TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if:  (a) the TAVI Patient is at high risk for surgery;and  (b) the service:  (i) is performed by a TAVI Practitioner in a TAVI Hospital; and  (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient;  not being a service which has been rendered within 5 years of a service to which this item or item 38514 or 38522 applies (H) (Anaes.) (Assist.) | | 1,514.10 |
| 38514 | TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if:  (a) the TAVI Patient is at intermediate risk for surgery; and  (b) the service:  (i) is performed by a TAVI Practitioner in a TAVI Hospital; and  (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient;  not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38522 applies (H) (Anaes.) (Assist.) | | 1,514.10 |
| 38522 | TAVI, for the treatment of symptomatic severe native calcific aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if:  (a) the TAVI Patient is at low risk for surgery; and  (b) the service:  (i) is performed by a TAVI Practitioner in a TAVI Hospital; and  (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient;  not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38514 applies (H) (Anaes.) (Assist.) | | 1,514.10 |
| 38523 | Percutaneous transcatheter delivery of dual-filter cerebral embolic protection system during a TAVI procedure, for the reduction of postoperative embolic ischaemic strokes, if:  (a) the service is performed upon a TAVI Patient in a TAVI Hospital; and  (b) where the service is performed by the practitioner performing the TAVI procedure, the service includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient  (H) (Anaes.) (Assist.) | | 275.20 |

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

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
| --- | --- | --- | --- |
| Health Insurance (Section 3C General Medical Services –Transcatheter Aortic Valve Implantation) Determination 2018 | 6 Dec 2018 (F2018L01670) | 1 Jan 2019 (s 2) |  |
| Health Insurance (Section 3C General Medical Services – Medicare Indexation) Amendment Determination 2019 | 11 Apr 2019 (F2019L00605) | Sch 1 (items 19–21): 1 July 2019 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2020 | 18 June 2020 (F2020L00748) | Sch 1 (items 9–11): 1 July 2020 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2021 | 8 Apr 2021 (F2021L00426) | Sch 1 (items 77–79): 1 July 2021 (s 2(1) item 1) | — |
| Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Amendment (Limit to Intermediate and High Risk Surgical Patients) Determination 2021 | 17 Dec 2021 (F2021L01837) | 1 Mar 2022 (s 2(1) item 1) | — |
| Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Amendment (Low Risk Surgical Patients and CEP Device) Determination 2022 | 8 Apr 2022 (F2022L00570) | 1 July 2022 (s 2(1) item 1) | — |

Endnote 4—Amendment history

| Provision affected | How affected |
| --- | --- |
| s 2 | rep LA s 48D |
| s 4 | rep LA s 48C |
| s 5 | am F2021L01837 |
|  | ed C4 |
|  | am F2022L00570 |
|  | ed C5 |
| s 7 | am F2021L01837; F2022L00570 |
| s 8 | ad F2021L01837 |
| **Schedule 1** |  |
| Schedule 1 | am F2019L00605; F2020L00748; F2021L00426; F2021L01837; F2022L00570 |

Endnote 5—Editorial changes

In preparing this compilation for registration, the following kinds of editorial change(s) were made under the *Legislation Act 2003*.

**Subsection 5(1) (definitions of *TAVI Case Conference* and *TAVI Hospital*)**

**Kind of editorial change**

Give effect to the misdescribed amendments as intended

**Details of editorial change**

Schedule 1 item 1 of the *Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Amendment (Low Risk Surgical Patients and CEP Device) Determination 2022* instructs to omit “items 38495 and 38514” (wherever occurring) and substitute “item 38495, 38514 or 38522” in the definitions of ***TAVI Case Conference*** and***TAVI Hospital*** in subsection 5(1).

The text “items 38495 and 38514” does not appear in the definitions of ***TAVI Case Conference*** and***TAVI Hospital*** in subsection 5(1). However, the text “items 38945 and 38514” does appear.

This compilation was editorially changed to omit “items 38945 and 38514” (wherever occurring) and substitute “item 38495, 38514 or 38522” in the definitions of ***TAVI Case Conference*** and***TAVI Hospital*** in subsection 5(1) to give effect to the misdescribed amendments as intended.