



# **Health Insurance Legislation Amendment (2019 Measures No. 1) Regulations 2019**

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I, General the Honourable David Hurley AC DSC (Retd), Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated 19 September 2019

David Hurley  
Governor-General

By His Excellency's Command

Greg Hunt  
Minister for Health

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## 1 Name

This instrument is the *Health Insurance Legislation Amendment (2019 Measures No. 1) Regulations 2019*.

## 2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. Sections 1 to 4 and anything in this instrument not elsewhere covered by this table	The day after this instrument is registered.	25 September 2019
2. Schedule 1	1 November 2019.	1 November 2019
3. Schedule 2	1 January 2020.	1 January 2020

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

## 3 Authority

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

## 4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

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## Schedule 1—Amendments commencing 1 November 2019

### Part 1—Medical practitioner video conferencing consultations

#### *Health Insurance (General Medical Services Table) Regulations 2019*

##### 1 Subclause 1.2.5(1) of Schedule 1

Omit “2220”, substitute “2478”.

##### 2 Paragraph 1.2.5(3)(c) of Schedule 1

After “2220,”, insert “2461, 2463, 2464, 2465, 2471, 2472, 2475, 2478,”.

##### 3 Paragraph 1.2.6(4)(c) of Schedule 1

After “2220,”, insert “2461, 2463, 2464, 2465, 2471, 2472, 2475, 2478,”.

##### 4 After clause 2.20.4 of Schedule 1

Insert:

##### **2.20.5 Limitation of items in Subgroups 5 and 6 of Group A30 (video conferencing consultation attendances for patients in rural and remote areas)**

- (1) An item in Subgroup 5 or 6 of Group A30 applies to a professional attendance on a patient by a medical practitioner only if:
  - (a) the patient is not an admitted patient; and
  - (b) the patient is located within a Modified Monash 6 area or a Modified Monash 7 area; and
  - (c) at the time of the attendance, the patient and the medical practitioner are at least 15 km by road from each other; and
  - (d) the patient has received 3 face-to-face professional attendances from that practitioner in the preceding 12 months.
- (2) An item in Subgroup 5 or 6 of Group A30 does not apply if the patient or the medical practitioner travels to a place to satisfy the requirement in paragraph (1)(c).

##### 5 Schedule 1 (Group A30 table, at the end of the table)

Add:

##### **Subgroup 5—General practitioner video conferencing consultation attendance for patients in rural and remote areas**

2461	Professional attendance by video conference by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management—each attendance	17.50
2463	Professional attendance by video conference by a general practitioner, of less than 20 minutes in duration, including any of the following that are clinically relevant:	38.20

	(a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—each attendance	
2464	Professional attendance by video conference by a general practitioner, of at least 20 minutes in duration but less than 40 minutes, including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—each attendance	73.95
2465	Professional attendance by video conference by a general practitioner, of at least 40 minutes in duration, including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—each attendance	108.85
<b>Subgroup 6—Other non-referred video conferencing consultation attendance for patients in rural and remote areas</b>		
2471	Professional attendance by video conference of not more than 5 minutes in duration by a medical practitioner who is not a general practitioner—each attendance	11.00
2472	Professional attendance by video conference of more than 5 minutes in duration but not more than 25 minutes by a medical practitioner who is not a general practitioner—each attendance	21.00
2475	Professional attendance by video conference of more than 25 minutes in duration but not more than 45 minutes by a medical practitioner who is not a general practitioner—each attendance	38.00
2478	Professional attendance by video conference of more than 45 minutes in duration by a medical practitioner who is not a general practitioner—each attendance	61.00

## Part 2—Breast cancer services

### *Health Insurance (Diagnostic Imaging Services Table) Regulations 2019*

#### 6 Schedule 1 (after item 61523)

Insert:

61524	Whole body FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy (R)	953.00
61525	Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy (R)	953.00

#### 7 Schedule 1 (items 63487 to 63490)

Repeal the items, substitute:

63487	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: (i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and (ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (K) (Anaes.)	690.00
63488	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: (i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and (ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (NK) (Anaes.)	345.00
63489	MRI—guided biopsy, if: (a) the request for the scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and (b) an ultrasound scan of the affected breast, performed immediately before the biopsy, confirms that the lesion is not amenable to biopsy guided by conventional imaging; and (c) a dedicated breast coil is used (R) (K) (Anaes.)	1440.00
63490	MRI—guided biopsy, if: (a) the request for the scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and (b) an ultrasound scan of the affected breast, performed immediately before the biopsy, confirms that the lesion is not amenable to biopsy guided by conventional imaging; and (c) a dedicated breast coil is used (R) (NK) (Anaes.)	720.00
63531	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and	690.00



	(b) the request for the scan identifies that: <ul style="list-style-type: none"> <li>(i) the patient has a breast lesion; and</li> <li>(ii) the results of conventional imaging are inconclusive for the presence of breast cancer; and</li> <li>(iii) biopsy has not been possible (R) (K) (Anaes.) (Contrast)</li> </ul>	
63532	MRI—scan of both breasts, if: <ul style="list-style-type: none"> <li>(a) a dedicated breast coil is used; and</li> <li>(b) the request for the scan identifies that:               <ul style="list-style-type: none"> <li>(i) the patient has a breast lesion; and</li> <li>(ii) the results of conventional imaging are inconclusive for the presence of breast cancer; and</li> <li>(iii) biopsy has not been possible (R) (NK) (Anaes.) (Contrast)</li> </ul> </li> </ul>	345.00
63533	MRI—scan of both breasts, if: <ul style="list-style-type: none"> <li>(a) a dedicated breast coil is used; and</li> <li>(b) the request for the scan identifies that:               <ul style="list-style-type: none"> <li>(i) the patient has been diagnosed with a breast cancer; and</li> <li>(ii) there is a discrepancy between the clinical assessment and the conventional imaging assessment of the extent of the malignancy; and</li> </ul> </li> <li>(c) the results of breast MRI imaging may alter treatment planning (R) (K) (Anaes.) (Contrast)</li> </ul>	690.00
63534	MRI—scan of both breasts, if: <ul style="list-style-type: none"> <li>(a) a dedicated breast coil is used; and</li> <li>(b) the request for the scan identifies that:               <ul style="list-style-type: none"> <li>(i) the patient has been diagnosed with a breast cancer; and</li> <li>(ii) there is a discrepancy between the clinical assessment and the conventional imaging assessment of the extent of the malignancy; and</li> </ul> </li> <li>(c) the results of breast MRI imaging may alter treatment planning (R) (NK) (Anaes.) (Contrast)</li> </ul>	345.00

## **Part 3—Radiology services for patients in residential aged care facilities**

### ***Health Insurance (Diagnostic Imaging Services Table) Regulations 2019***

#### **8 At the end of Subdivision A of Division 2.3 of Schedule 1**

Add:

##### **2.3.2A Increased fee for service rendered using first eligible X-ray procedure carried out during attendance at residential aged care facility**

- (1) This clause applies if:
  - (a) a person attends a residential aged care facility; and
  - (b) during the attendance, the person carries out one or more eligible X-ray procedures on one or more patients who are care recipients in the facility.
- (2) The fee for the service that is rendered using the first eligible X-ray service carried out during the attendance is the amount listed in the item that applies to the service plus \$73.65.

#### **9 Clause 3.1 of Schedule 1**

Insert:

*care recipient* has the meaning given by the general medical services table.

*eligible X-ray procedure* means a diagnostic imaging procedure used in rendering a service to which item 57509, 57515, 57521, 57527, 57530, 57533, 57536, 57539, 57703, 57705, 57709, 57711, 57712, 57714, 57715, 57717, 58503, 58505, 58521, 58523, 58524, 58526, 58527, 58529, 58903 or 58905 applies.

*residential aged care facility* has the meaning given by the general medical services table.

## **Part 4—Colonoscopy services**

### ***Health Insurance (General Medical Services Table) Regulations 2019***

#### **10 Clause 2.46.14 of Schedule 1 (heading)**

Omit “, 32087, 32090 and 32093”, substitute “and 32087”.

#### **11 Clause 2.46.14 of Schedule 1**

Omit “, 32087, 32090 or 32093”, substitute “or 32087”.

#### **12 Schedule 1 (items 32084 and 32087, column 2)**

Omit “item 32090 or 32093”, substitute “any of items 32222 to 32228”.

#### **13 Schedule 1 (items 32088, 32089, 32090 and 32093)**

Repeal the items.

#### **14 Schedule 1 (after item 32221)**

Insert:

32222	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient: (a) following a positive faecal occult blood test; or (b) who has symptoms consistent with pathology of the colonic mucosa; or (c) who has anaemia or iron deficiency; or (d) for whom diagnostic imaging has shown an abnormality of the colon; or (e) who is undergoing the first examination following surgery for colorectal cancer; or (f) who is undergoing pre-operative evaluation; or (g) for whom a repeat colonoscopy is required due to inadequate bowel preparation for the patient’s previous colonoscopy; or (h) for the management of inflammatory bowel disease Applicable only once on a day under a single episode of anaesthesia or other sedation (Anaes.)	339.70
32223	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient: (a) who has had a colonoscopy that revealed 1 to 4 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or (b) who has a moderate risk of colorectal cancer due to family history; or (c) who has a history of colorectal cancer and has had an initial post-operative colonoscopy that did not reveal any adenomas or colorectal cancer Applicable only once in any 5-year period (Anaes.)	339.70
32224	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a moderate risk of colorectal cancer due to: (a) a history of adenomas, including an adenoma that: (i) was greater than 10 mm in diameter; or (ii) had villous features; or	339.70

**Schedule 1** Amendments commencing 1 November 2019

**Part 4** Colonoscopy services

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	(iii) had high grade dysplasia; or (iv) was an advanced serrated adenoma; or (b) having had a previous colonoscopy that revealed 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia Applicable only once in any 3-year period (Anaes.)	
32225	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to having had a previous colonoscopy that: (a) revealed 10 or more adenomas; or (b) included a piecemeal, or possibly incomplete, excision of a large, sessile polyp Applicable not more than 4 times in any 12-month period (Anaes.)	339.70
32226	Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to: (a) a known or suspected familial condition, such as familial adenomatous polyposis, Lynch syndrome or serrated polyposis syndrome; or (b) a genetic mutation associated with hereditary colorectal cancer Applicable only once in any 12-month period (Anaes.)	339.70
32227	Endoscopic examination of the colon to the caecum by colonoscopy: (a) for the treatment of bleeding, including one or more of the following: (i) radiation proctitis; (ii) angioectasia; (iii) post-polypectomy bleeding; or (b) for the treatment of colonic strictures with balloon dilatation Applicable only once on a day under a single episode of anaesthesia or other sedation (Anaes.)	476.70
32228	Endoscopic examination of the colon to the caecum by colonoscopy, other than a service to which item 32222, 32223, 32224, 32225 or 32226 applies Applicable only once (Anaes.)	339.70
32229	Removal of one or more polyps during colonoscopy, in association with a service to which item 32222, 32223, 32224, 32225, 32226 or 32228 applies (Anaes.)	274.00

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## **Part 5—Anaesthesia services**

### ***Health Insurance (General Medical Services Table) Regulations 2019***

#### **15 Schedule 1 (item 11507, column 2)**

Omit “, 11512 or 22018”, substitute “or 11512”.

#### **16 Schedule 1 (item 11508, column 2, subparagraph (a)(iv))**

Omit “peri-operative”, substitute “perioperative”.

#### **17 Schedule 1 (item 11512, column 2)**

Omit “, 11507 or 22018”, substitute “or 11507”.

#### **18 Schedule 1 (items 18216, 18219, 18226 and 18227, column 2)**

After “Intrathecal”, insert “, combined spinal-epidural”.

#### **19 Schedule 1 (after item 18296)**

Insert:

18297	Assistance at the administration of an epidural blood patch (a service to which item 18233 applies) by another medical practitioner	60.30
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#### **20 Subclause 2.45.1(1) of Schedule 1 (paragraph (d) of the definition of *amount under clause 2.45.1*)**

Omit “22001”, substitute “22002”.

#### **21 Subclause 2.45.1(2) of Schedule 1 (paragraph (d) of the definition of *amount under clause 2.45.1*)**

Omit “22001”, substitute “22002”.

#### **22 Subclause 2.45.1(3) of Schedule 1 (paragraph (d) of the definition of *amount under clause 2.45.1*)**

Omit “22001”, substitute “22002”.

#### **23 Clause 2.45.2 of Schedule 1 (paragraph (d) of the definition of *amount under clause 2.45.2*)**

Omit “22001”, substitute “22002”.

#### **24 Schedule 1 (item 20142, column 3)**

Omit “120.60”, substitute “100.50”.

#### **25 Schedule 1 (items 20144 and 20145, column 3)**

Omit “160.80”, substitute “140.70”.

#### **26 Schedule 1 (item 20160, column 2)**

After “for”, insert “intranasal”.

**27 Schedule 1 (item 20162, column 2)**

Omit “radical surgery on the nose and accessory sinuses”, substitute “intranasal surgery for malignancy or for intranasal ablation”.

**28 Schedule 1 (item 20410, column 3)**

Omit “100.50”, substitute “80.40”.

**29 Schedule 1 (item 20705)**

Repeal the item.

**30 Schedule 1 (item 20706, column 2)**

After “abdomen,”, insert “including laparoscopic cholecystectomy,”.

**31 Schedule 1 (items 20745 and 20750)**

Repeal the items, substitute:

20745	Initiation of the management of anaesthesia for either or both of the following: (a) upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage; (b) endoscopic retrograde cholangiopancreatography	140.70
20750	Initiation of the management of anaesthesia for hernia repairs to the upper abdominal wall, other than a service to which another item in this Subgroup applies	100.50

**32 Schedule 1 (item 20790)**

Repeal the item, substitute:

20790	Initiation of the management of anaesthesia for procedures within the peritoneal cavity in the upper abdomen, including any of the following: (a) open cholecystectomy; (b) gastrectomy; (c) laparoscopic assisted nephrectomy; (d) bowel shunts	160.80
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**33 Schedule 1 (item 20805)**

Repeal the item.

**34 Schedule 1 (item 20840, column 2)**

Omit “procedures within the peritoneal cavity in lower abdomen”, substitute “open procedures within the peritoneal cavity in the lower abdomen”.

**35 Schedule 1 (item 20902, column 2)**

Omit “(including endoscopy or biopsy, or both)”, substitute “(including surgical haemorrhoidectomy, but not banding of haemorrhoids)”.

**36 Schedule 1 (item 20953)**

Repeal the item.

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**37 Schedule 1 (item 21922, column 3)**

Omit “140.70”, substitute “120.60”.

**38 Schedule 1 (item 21926, column 3)**

Omit “100.50”, substitute “80.40”.

**39 Schedule 1 (item 21927)**

Repeal the item.

**40 Schedule 1 (item 21936, column 3)**

Omit “120.60”, substitute “100.50”.

**41 Schedule 1 (item 21952)**

Repeal the item, substitute:

21952	Initiation of the management of anaesthesia for diagnostic muscle biopsy to assess for malignant hyperpyrexia	80.40
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**42 Schedule 1 (item 22001)**

Repeal the item.

**43 Schedule 1 (item 22002, column 2)**

After “Administration of”, insert “homologous”.

**44 Schedule 1 (items 22012 and 22014)**

Repeal the items, substitute:

22012	Monitoring that: (a) is of one of the following types of blood pressure: (i) central venous blood pressure; (ii) pulmonary arterial blood pressure; (iii) systemic arterial blood pressure; (iv) cardiac intracavity blood pressure; and (b) is conducted by indwelling catheter; and (c) is performed in association with the administration of anaesthesia for a procedure and not as a service to which item 13876 applies; and (d) is performed, on a day, on a patient who: (i) is categorised as having a high risk of complications; or (ii) during the procedure develops either complications or a high risk of complications; and (e) has not previously been performed in those circumstances on the day on the patient for that type of blood pressure	60.30
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22014	Monitoring that: (a) is of one of the following types of blood pressure: (i) central venous blood pressure; (ii) pulmonary arterial blood pressure; (iii) systemic arterial blood pressure; (iv) cardiac intracavity blood pressure; and (b) is conducted by indwelling catheter; and (c) is performed in association with the administration of anaesthesia for	60.30
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a procedure (the *current procedure*) and not as a service to which item 13876 applies; and

- (d) is performed, on a day, on a patient:
- (i) who is categorised as having a high risk of complications or develops during the current procedure either complications or a high risk of complications; and
  - (ii) for whom monitoring of that type of blood pressure to which item 22012 applies has already been performed on the day in association with the administration of anaesthesia for another discrete procedure; and
- (e) has not previously been performed in association with the current procedure for that type of blood pressure

**45 Schedule 1 (item 22018)**

Repeal the item.

**46 Schedule 1 (item 22025)**

Repeal the item, substitute:

22025	Intra-arterial cannulation when performed in association with the management of anaesthesia for a procedure for a patient who: (a) is categorised as having a high risk of complications; or (b) develops a high risk of complications during the procedure	80.40
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**47 Schedule 1 (items 22031 and 22036, column 2)**

Omit “post operative”, substitute “post-operative”.

**48 Schedule 1 (items 22040, 22045 and 22050)**

Repeal the items, substitute:

22041	Introduction of a plexus or nerve block proximal to the lower leg or forearm, perioperatively performed in the induction room, theatre or recovery room, for post-operative pain management	40.20
22042	Introduction of a regional or field nerve block performed via retrobulbar, peribulbar or sub-Tenon’s block injection of an anaesthetic agent, or other complex eye block, when administered by an anaesthetist perioperatively	20.10

**49 Schedule 1 (item 22070)**

Repeal the item.

**50 Schedule 1 (items 23021, 23022, 23023, 23031, 23032, 23033, 23041, 23042, 23043, 23051, 23052, 23053, 23061, 23062, 23063, 23071, 23072, 23073, 23081, 23082 and 23083)**

Repeal the items, substitute:

23025	Anaesthesia, perfusion or assistance, if the service time is more than 15 minutes but not more than 30 minutes	40.20
23035	Anaesthesia, perfusion or assistance, if the service time is more than 30 minutes but not more than 45 minutes	60.30



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23045	Anaesthesia, perfusion or assistance, if the service time is more than 45 minutes but not more than 1 hour	80.40
23055	Anaesthesia, perfusion or assistance, if the service time is more than 1 hour but not more than 1:15 hours	100.50
23065	Anaesthesia, perfusion or assistance, if the service time is more than 1:15 hours but not more than 1:30 hours	120.60
23075	Anaesthesia, perfusion or assistance, if the service time is more than 1:30 hours but not more than 1:45 hours	140.70
23085	Anaesthesia, perfusion or assistance, if the service time is more than 1:45 hours but not more than 2:00 hours	160.80

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**51 Schedule 1 (item 25015, column 2)**

Omit “patient’s age is less than 12 months or is 70 years or more”, substitute “patient is aged not more than 3 years or at least 75 years”.

**52 Schedule 1 (item 33845, column 2)**

Omit “post operative”, substitute “post-operative”.

**53 Schedule 1 (item 50330, column 2)**

Omit “post operative”, substitute “post-operative”.

## Part 6—Administrative review

### *Health Insurance (Diagnostic Imaging Services Table) Regulations 2019*

#### **54 At the end of subclause 1.2.3(3) of Schedule 1**

Add:

- ; or (d) the Secretary has given the relevant proprietor written notice of the Secretary's decision under clause 1.2.4 to affirm a decision to refuse to grant an exemption under subclause (4) of this clause, and:
  - (i) if an application for review has not been made under clause 1.2.4A—the time for making an application for review has not expired; or
  - (ii) if an application for review has been made under clause 1.2.4A—each party to the proceeding has not been given a copy of the decision of the Administrative Appeals Tribunal on review.

Note: For the time for making an application for review, see paragraph 29(1)(d) and subsection 29(2) of the *Administrative Appeals Tribunal Act 1975*.

#### **55 After clause 1.2.4 of Schedule 1**

Insert:

##### **1.2.4A Review of reconsideration decisions by Administrative Appeals Tribunal**

Applications may be made to the Administrative Appeals Tribunal for review of decisions of the Secretary under clause 1.2.4, made on or after 1 November 2019, to affirm decisions to refuse to grant exemptions.

## **Part 7—Miscellaneous amendments**

### ***Health Insurance (Diagnostic Imaging Services Table) Regulations 2019***

#### **56 Clause 2.3.1 of Schedule 1**

Repeal the clause, substitute:

#### **2.3.1 Application of items in Subdivision B, D, E or G to services rendered using diagnostic imaging procedures carried out in metropolitan areas and certain inner regional areas**

- (1) This clause applies to a service described in an item in Subdivision B, D, E or G if the diagnostic imaging procedure used to render the service is carried out in an area other than:
  - (a) an area that is RA2, RA3 or RA4; or
  - (b) an area that is both:
    - (i) RA1; and
    - (ii) RRMA4 or RRMA5.
- (2) The item applies to the service only if the procedure is carried out as permitted by subclause (3) or (4).
- (3) For the purposes of subclause (2), the procedure used to render a service described in an item in Subdivision B, D, E or G may be carried out:
  - (a) by a medical practitioner; or
  - (b) by a person who is registered as a medical radiation practitioner under a law of a State or Territory, if the person carries out the procedure under the supervision of a medical practitioner in accordance with accepted medical practice.
- (4) For the purposes of subclause (2), the procedure used to render a service described in an item in Subgroup 3 of Group I3 may also be carried out by a dental practitioner if the dental practitioner carries out the procedure under the supervision of a medical practitioner in accordance with accepted medical practice.

### ***Health Insurance (General Medical Services Table) Regulations 2019***

#### **57 Clause 2.3.1 of Schedule 1**

Repeal the clause.

#### **58 Schedule 1 (items 52, 53, 54, 57, 58, 59, 60 and 65, column 2, paragraph (b))**

Repeal the paragraph, substitute:

- (b) a Group A1 disqualified general practitioner

**59 Schedule 1 (items 90092, 90093, 90095 and 90096, column 2)**

Omit all the words after “(subject to clause 2.31.1),”, substitute “by a medical practitioner who is not a general practitioner”.

**60 Schedule 1 (item 12205, column 2, paragraph (a))**

Repeal the paragraph, substitute:

- (a) any of the following subparagraphs applies:
- (i) there has been a recurrence of symptoms not explained by known or identifiable factors such as inadequate usage of treatment, sleep duration or significant recent illness;
  - (ii) there has been a significant change in weight or changes in co-morbid conditions that could affect sleep-related breathing disorders, and other means of assessing treatment efficacy (including review of data stored by a therapy device used by the patient) are unavailable or have been equivocal;
  - (iii) the patient has undergone a therapeutic intervention (including, but not limited to, positive airway pressure, upper airway surgery, positional therapy, appropriate oral appliance, weight loss of more than 10% in the previous 6 months or oxygen therapy), and there is either clinical evidence of sub-optimal response or uncertainty about control of sleep-disordered breathing; and

**61 Schedule 1 (item 12207, column 2, paragraph (i))**

Omit “cardio-respiratory”, substitute “respiratory”.

**62 Schedule 1 (items 30075 and 30078, column 2)**

Omit “lymph gland”, substitute “lymph node”.

**63 Schedule 1 (item 30275, column 2)**

Omit “lymph glands”, substitute “lymph nodes”.

**64 Schedule 1 (items 30329 and 30330, column 2)**

Omit “Lymph glands”, substitute “Lymph nodes”.

**65 Schedule 1 (items 35551, 35664 and 35670, column 2)**

Omit “lymph glands”, substitute “lymph nodes”.

**66 Schedule 1 (after item 41500)**

Insert:

41501	Examination of glottal cycles and vibratory characteristics of the vocal folds, by a specialist in the practice of the specialist’s specialty of otolaryngology, using videostroboscopy (capturing audio, video, frequency and intensity), for confirmation of diagnosis, or for confirmation of treatment effectiveness where there is failure to progress or respond as expected, for: <ul style="list-style-type: none"><li>(a) dysphonia, if non-stroboscopic techniques of visualising the larynx have failed to identify any frank abnormality of the vocal folds; or</li><li>(b) benign vocal fold lesions; or</li></ul>	188.55
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- (c) premalignant or malignant laryngeal lesions; or
- (d) vocal fold motion impairment or glottal insufficiency; or
- (e) evaluation of vocal fold function after treatment or phonosurgery;  
other than a service associated with a service to which item 41764 applies,  
or a service associated with the administration of a general anaesthetic

**67 Schedule 1 (item 41846)**

Repeal the item.

**68 Schedule 1 (item 45626)**

Repeal the item, substitute:

45626	Ectropion or entropion (due to causes other than trachoma), correction of (unilateral) (Anaes.)	331.25
45627	Ectropion or entropion (due to trachoma), correction of (unilateral) (Anaes.)	331.25

**69 Clause 2.46.25 of Schedule 1 (heading)**

Omit “51011 to 51171”, substitute “51011 to 51112 and 51115 to 51171”.

**70 Clause 2.46.25 of Schedule 1**

Omit “51011 to 51171”, substitute “51011 to 51112 and 51115 to 51171”.

**71 Schedule 1 (items 51051, 51052 and 51053)**

Repeal the items, substitute:

51051	Pedicle subtraction osteotomy, one vertebra, not being a service associated with a service to which item 51052, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	1,879.60
51052	Pedicle subtraction osteotomy, 2 vertebrae, not being a service associated with a service to which item 51051, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	2,286.00
51053	Vertebral column resection osteotomy performed through single posterior approach, one vertebra, not being a service associated with a service to which item 51051, 51052, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	2,600.95

**72 Schedule 1 (items 51061 to 51066)**

Omit “Spine fusion”, substitute “Spinal fusion”.

**73 Schedule 1 (at the end of the cell at item 51145, column 2)**

Add:  
(Assist.)

**74 Schedule 1 (item 52027, column 2)**

Omit “lymph gland”, substitute “lymph node”.

**75 Clause 3.1 of Schedule 1**

Insert:

***Group A1 disqualified general practitioner*** means a general practitioner:

- (a) who is partly disqualified under an agreement that is in effect under section 92 of the Act in respect of a service to which an item in Group A1 applies; or
- (b) in relation to whom a final determination under section 106TA of the Act containing a direction under paragraph 106U(1)(g) that the practitioner be partly disqualified is in effect in respect of a service to which an item in Group A1 applies.

**76 Clause 3.1 of Schedule 1 (at the end of the definition of *non-medicare service*)**

Add:

; (p) extracorporeal magnetic innervation.

***Health Insurance Regulations 2018***

**77 Subsection 28(1) (note)**

Repeal the note, substitute:

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

**78 Subsection 28(1) (cell at table item 9, column 2)**

Before “224,” insert “177.”

**79 Subsection 28(1) (cell at table item 18, column 2)**

Before “701,” insert “699.”

**80 Subsection 28(1) (at the end of the cell at table item 28, column 2)**

Add “, 2461, 2463, 2464, 2465, 2471, 2472, 2475, 2478, 2480, 2481, 2482, 2483”.

**81 Subsection 28(1) (after table item 28A)**

Insert:

28B	A36	90250, 90251, 90252, 90253, 90254, 90255, 90256, 90257, 90264, 90265, 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281, 90282
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## **Schedule 2—Amendments commencing 1 January 2020**

### **Part 1—After-hours services**

#### *Health Insurance (General Medical Services Table) Regulations 2019*

##### **1 Schedule 1 (item 591, column 3)**

Omit “101.60”, substitute “91.45”.

## Part 2—Bulk-billing

### *Health Insurance (General Medical Services Table) Regulations 2019*

#### 2 Clause 2.34.1 of Schedule 1

Insert:

*designated area* means the following:

- (a) a regional, rural or remote area;
- (b) Tasmania;
- (c) a geographical area included in any of the following SSD spatial units:
  - (i) Beaudesert Shire Part A;
  - (ii) Belconnen;
  - (iii) Darwin City;
  - (iv) Eastern Outer Melbourne;
  - (v) East Metropolitan Perth;
  - (vi) Frankston City;
  - (vii) Gosford-Wyong;
  - (viii) Greater Geelong City Part A;
  - (ix) Gungahlin-Hall;
  - (x) Ipswich City (Part in BSD);
  - (xi) Litchfield Shire;
  - (xii) Melton-Wyndham;
  - (xiii) Mornington Peninsula Shire;
  - (xiv) Newcastle;
  - (xv) North Canberra;
  - (xvi) Palmerston-East Arm;
  - (xvii) Pine Rivers Shire;
  - (xviii) Queanbeyan;
  - (xix) South Canberra;
  - (xx) South Eastern Outer Melbourne;
  - (xxi) Southern Adelaide;
  - (xxii) South West Metropolitan Perth;
  - (xxiii) Thuringowa City Part A;
  - (xxiv) Townsville City Part A;
  - (xxv) Tuggeranong;
  - (xxvi) Weston Creek-Stromlo;
  - (xxvii) Woden Valley;
  - (xxviii) Yarra Ranges Shire Part A;
- (d) the geographical area included in the SLA spatial unit of Palm Island (AC).

#### 3 Clause 2.34.1 of Schedule 1 (definition of *eligible area*)

Repeal the definition, substitute:

*eligible area* means the following:

- (a) a Modified Monash 2 area;



- (b) a Modified Monash 3 area;
- (c) a Modified Monash 4 area;
- (d) a Modified Monash 5 area;
- (e) a Modified Monash 6 area;
- (f) a Modified Monash 7 area.

**4 Schedule 1 (item 10992, column 2, paragraphs (g) and (h))**

Omit “an eligible area”, substitute “a designated area”.

**5 Clause 3.1 of Schedule 1 (definition of ASGS)**

Repeal the definition, substitute:

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

Note: The ASGS could in 2019 be viewed on the Australian Bureau of Statistics’ website (<https://www.abs.gov.au>).

**6 Clause 3.1 of Schedule 1**

Insert:

*designated area*, for Division 2.34, has the meaning given by clause 2.34.1.