



# **Health Insurance Legislation Amendment (Intensive Care and Emergency Medicine) Regulations 2020**

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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 20 February 2020

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 (Intensive Care and Emergency Medicine) Regulations 2020*.

## 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. The whole of this instrument	1 March 2020.	1 March 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Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

## Schedule 1—Emergency medicine

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

#### **1 Subclause 1.2.4(1) of Schedule 1**

Omit “501”, substitute “585”.

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

Omit “536”, substitute “417”.

#### **3 Subclauses 1.2.5(1) and 1.2.6(1) of Schedule 1**

After “14224,”, insert “14255 to 14288,”.

#### **4 Division 2.15 of Schedule 1**

Repeal the Division, substitute:

### **Division 2.15—Group A21: Professional attendances at recognised emergency departments of private hospitals**

<b>Group A21—Professional attendances at recognised emergency departments of private hospitals</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
5001	Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision-making of ordinary complexity	59.60
5004	Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision-making of ordinary complexity	100.10
5011	Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision-making of ordinary complexity	100.10
5012	Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	156.90
5013	Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	197.40
5014	Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist	197.40

<b>Group A21—Professional attendances at recognised emergency departments of private hospitals</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	
5016	Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	264.90
5017	Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	305.40
5019	Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	305.40
5021	Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	44.70
5022	Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	75.05
5027	Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	75.05
5030	Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	117.65
5031	Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	148.05
5032	Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	148.05
5033	Professional attendance, on a patient at least 4 years old but under 75	198.65

Schedule 1 Emergency medicine

<b>Group A21—Professional attendances at recognised emergency departments of private hospitals</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	
5035	Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	229.05
5036	Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	229.05
5039	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if: <ul style="list-style-type: none"> <li>(a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and</li> <li>(b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and</li> <li>(c) the attendance is in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019</li> </ul>	144.80
5041	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if: <ul style="list-style-type: none"> <li>(a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and</li> <li>(b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and</li> <li>(c) the attendance is not in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and</li> <li>(d) the attendance is for at least 60 minutes</li> </ul>	272.15
5042	Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if: <ul style="list-style-type: none"> <li>(a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and</li> <li>(b) the attendance is the first attendance by the practitioner for the preparation of the goals of care for the patient following the</li> </ul>	108.60



<b>Group A21—Professional attendances at recognised emergency departments of private hospitals</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	presentation of the patient to the emergency department; and (c) the attendance is in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036	
5044	Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if: (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is not in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (d) the attendance is for at least 60 minutes	204.10

## **5 Schedule 1 (Subgroup 13 of Group T1 table, heading)**

Repeal the heading, substitute:

### **Subgroup 13—Miscellaneous therapeutic procedures**

## **6 Schedule 1 (Group T1 table, at the end of the table)**

Add:

<b>Subgroup 14—Management and procedures undertaken in emergency department</b>		
14255	Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	150.75
14256	Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	289.90
14257	Resuscitation of a patient provided for at least 2 hours, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	577.35

**Schedule 1** Emergency medicine

14258	Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	113.10
14259	Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	217.45
14260	Resuscitation of a patient provided for at least 2 hours, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	433.00
14263	Minor procedure on a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	53.05
14264	Procedure (except a minor procedure) on a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	119.45
14265	Minor procedure on a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	39.80
14266	Procedure (except a minor procedure) on a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	89.60
14270	Management, without aftercare, of all fractures and dislocations suffered by a patient that: (a) is provided by a specialist in the practice of the specialist's specialty of emergency medicine in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and (b) occurs at a recognised emergency department of a private hospital (Anaes.)	133.95
14272	Management, without aftercare, of all fractures and dislocations suffered by a patient that:	100.50

	(a) is provided by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and	
	(b) occurs at a recognised emergency department of a private hospital (Anaes.)	
14277	Application of chemical or physical restraint of a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital	150.75
14278	Application of chemical or physical restraint of a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital	113.10
14280	Anaesthesia (whether general anaesthesia or not) of a patient that: (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	150.75
14283	Anaesthesia (whether general anaesthesia or not) of a patient that: (a) is managed by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	113.10
14285	Emergent intubation, airway management or both of a patient that: (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	150.75
14288	Emergent intubation, airway management or both of a patient that: (a) is managed by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and	113.10

(c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies

**7 Clause 3.1 of Schedule 1 (definition of *problem focussed history*)**

Repeal the definition.

**8 Clause 3.1 of Schedule 1 (definition of *recognised emergency department*)**

Repeal the definition, substitute:

*recognised emergency department* of a private hospital means a department of the hospital that is licensed, under a law of the State or Territory in which the hospital is located, to operate as an emergency department.

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## Schedule 2—Intensive care

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

#### **1 At the end of Subdivision A of Division 2.1 of Part 2 of Schedule 1**

Add:

##### **2.1.2A Ultrasound services—guidance for catheterisation or cannulation**

Items in this Division do not apply to an ultrasound service used to guide:

- (a) catheterisation described in item 13815 of the general medical services table; or
- (b) cannulation described in item 13832, 13840 or 13842 of the general medical services table.

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

#### **2 Schedule 1 (item 13815)**

Repeal the item, substitute:

13815	Central vein catheterisation, including under ultrasound guidance where clinically appropriate, by percutaneous or open exposure, other than a service to which item 13318 applies (Anaes.)	115.45
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#### **3 Schedule 1 (after item 13830)**

Insert:

13832	Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-arterial cardiopulmonary extracorporeal life support	895.85
13834	Veno-arterial cardiopulmonary extracorporeal life support, management of—the first day	501.55
13835	Veno-arterial cardiopulmonary extracorporeal life support, management of—each day after the first	116.70
13837	Veno-venous pulmonary extracorporeal life support, management of—the first day	501.55
13838	Veno-venous pulmonary extracorporeal life support, management of—each day after the first	116.70

#### **4 Schedule 1 (items 13842, 13847, 13848, 13851 and 13854)**

Repeal the items, substitute:

13840	Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-venous pulmonary extracorporeal life	600.20
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**Schedule 2** Intensive care

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support		
13842	Intra-arterial cannulation, including under ultrasound guidance where clinically appropriate, for the purpose of intra-arterial pressure monitoring or arterial blood sampling (or both)	95.05
13848	Counterpulsation by intra-aortic balloon-management, including associated consultations and monitoring of parameters by means of full haemodynamic assessment and management on several occasions on a day—each day	158.60
13851	Ventricular assist device, management of, for a patient admitted to an intensive care unit for implantation of the device or for complications arising from implantation or management of the device—first day	501.55
13854	Ventricular assist device, management of, for a patient admitted to an intensive care unit, including management of complications arising from implantation or management of the device—each day after the first day	116.70

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## **Schedule 3—Goals of care preparation for intensive care**

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

#### **1 Subclause 1.2.4(1) of Schedule 1**

After “13210,”, insert “13899,”.

#### **2 Subclauses 1.2.5(1) and 1.2.6(1) of Schedule 1**

Omit “13888”, substitute “13899”.

#### **3 After clause 2.38.10 of Schedule 1**

Insert:

##### **2.38.11 Limitation on item 13899**

Item 13899 does not apply to professional attendance by a specialist on a day for preparation of goals of care for a patient if on that day the specialist performs a service for the patient that is described in item 13870 or 13873.

#### **4 Schedule 1 (after item 13888)**

Insert:

##### **Subgroup 10A—Preparation of goals of care by intensive care specialist outside intensive care unit**

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13899	Professional attendance outside an intensive care unit for at least 60 minutes spent in preparation of goals of care for a gravely ill patient lacking current goals of care, by a specialist in the specialty of intensive care who takes overall responsibility for the preparation of the goals of care for the patient	272.15
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#### **5 Clause 3.1 of Schedule 1**

Insert:

***gravely ill patient lacking current goals of care*** means a patient to whom all of the following apply:

- (a) the patient either:
  - (i) is suffering a life-threatening acute illness or injury; or
  - (ii) is suffering acute illness or injury and, apart from the illness or injury, has a high risk of dying within 12 months;
- (b) one or more alternatives to management of the illness or injury are clinically appropriate for the patient;
- (c) either:
  - (i) there is not a record of goals of care for the patient that can readily be retrieved by providers of health care for the patient and that identifies interventions that should, or should not, be made in care of the patient; or

- (ii) there is such a record but it is reasonable to expect that, due to changes in the patient's condition, the goals recorded will change substantially.

***preparation of goals of care*** for a patient, by a medical practitioner, means the carrying out of all of the following activities by the practitioner:

- (a) comprehensively evaluating the patient's medical, physical, psychological and social issues;
- (b) identifying major issues that require goals of care for the patient to be set;
- (c) assessing the patient's capacity to make decisions about goals of care for the patient;
- (d) discussing care of the patient with the patient, or a person (the ***surrogate***) who can make decisions on the patient's behalf about care for the patient, and as appropriate with any of the following:
  - (i) members of the patient's family;
  - (ii) other persons who provide care for the patient;
  - (iii) other health practitioners;
- (e) offering in that discussion reasonable options for care of the patient, including alternatives to intensive or escalated care;
- (f) agreeing with the patient or the surrogate on goals of care for the patient that address all major issues identified;
- (g) recording the agreed goals so that:
  - (i) the record can be readily retrieved by other providers of health care for the patient; and
  - (ii) interventions that should, or should not, be made in care of the patient are identified.



## **Schedule 4—Gastric lavage**

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

**1 Subclause 1.2.5(1) of Schedule 1**

Omit “14200”, substitute “14124”.

**2 Subclause 1.2.6(1) of Schedule 1**

Omit “14200”, substitute “14124”.

**3 Schedule 1 (item 14200)**

Repeal the item.

## **Schedule 5—Videostroboscopy**

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

#### **1 Schedule 1 (item 41501, column 2, paragraph (b))**

After “benign”, insert “or malignant”.