



Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020

I, David Weiss, delegate of the Minister for Health, make the following determination.

Dated 28 March 2020

David Weiss
First Assistant Secretary
Medical Benefits Division
Department of Health

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Part 1—Preliminary

1 Name

This instrument is the *Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 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	30 March 2020	30 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Note: This table relates only to the provisions of this instrument as originally made.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 subsection 3C(1) of the *Health Insurance Act 1973*.

4 Cessation

Unless earlier revoked this instrument ceases as if revoked on 30 September 2020.

5 Definitions

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

- clinically relevant service
- general medical services table
- hospital treatment
- hospital-substitute treatment
- item
- participating midwife
- participating nurse practitioner
- professional service

(1) In this instrument:

Act means the *Health Insurance Act 1973*.

admitted patient means a patient who is receiving a service that is provided:

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- (a) as part of an episode of hospital treatment; or
 - (b) as part of an episode of hospital-substitute treatment in respect of which the person to whom the treatment is provided chooses to receive a benefit from a private health insurer.

bulk-billed: a service is bulk-billed if:

- (a) a Medicare benefit is payable to a person in relation to the service; and
- (b) under an agreement entered into under section 20A of the Act:
 - (i) the person assigns to the practitioner by whom, or on whose behalf, the service is provided, the person's right to the payment of the Medicare benefit; and
 - (ii) the practitioner accepts the assignment in full payment of the practitioner's fee for the service provided.

consultant psychiatrist means a consultant physician in the practice of the consultant physician's specialty of psychiatry.

contribute to a multidisciplinary care plan has the meaning given by clause 2.18.3 of the general medical services table.

coordinating a review of team care arrangements has the meaning given by clause 2.18.5 of the general medical services table.

coordinating the development of team care arrangements has the meaning given by clause 2.18.4 of the general medical services table.

eating disorder psychological treatment service means a service to which any of the following applies:

- (a) items 90271 to 90282 in the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*;
- (b) item 2721, 2723, 2725 or 2727 in the general medical services table;
- (c) item 283, 285, 286, 287, 371 or 371 of the *Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Determination 2018*;
- (d) items 82352 to 82371 and items 80000 to 80171 of the *Health Insurance (Allied Health Services) Determination 2014*; or
- (e) items 92198, 92200, 92186 and 92188, an item in Subgroups 3 and 10 of Group A40 or items 93074 to 93137 and 91166 to 91188.

eating disorder treatment and management plan has the same meaning as in the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*.

eligible Aboriginal health worker has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible Aboriginal and Torres Strait Islander health practitioner has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible allied health practitioner means:

- (a) an eligible Aboriginal health worker;
- (b) an eligible Aboriginal and Torres Strait Islander health practitioner;
- (c) an eligible diabetes educator;
- (d) an eligible audiologist;
- (e) an eligible dietitian;
- (f) an eligible mental health worker;
- (g) an eligible occupational therapist;
- (h) an eligible exercise physiologist;
- (i) an eligible physiotherapist;
- (j) an eligible podiatrist;
- (k) an eligible chiropractor;
- (l) an eligible osteopath;
- (m) an eligible psychologist; or
- (n) an eligible speech pathologist.

eligible audiologist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible chiropractor has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible clinical psychologist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible diabetes educator has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible dietitian has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible exercise physiologist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible mental health worker has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible occupational therapist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible osteopath has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible patient has the same meaning as in the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*.

eligible orthoptist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible physiotherapist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible psychologist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible podiatrist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible social worker has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

eligible speech pathologist has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

GP mental health treatment plan has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014*.

multidisciplinary care plan has the meaning given by clause 2.18.6 of the general medical services table.

non-directive pregnancy support counselling means counselling provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months, by a health professional in which:

- (a) information and issues relating to pregnancy are discussed; but
- (b) the health professional does not impose his or her views or values about what the person should or should not do in relation to the pregnancy.

Other Medical Practitioner Determination means the *Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Determination 2018*.

patient review means a service to which an item in Subgroup 3 of the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019* applies.

phone attendance means a professional attendance by telephone where the health practitioner:

- (a) has the capacity to provide the full service through this means safely and in accordance with professional standards; and
- (b) is satisfied that it is clinically appropriate to provide the service to the patient; and
- (c) maintains an audio link with the patient.

preparing a GP management plan, for items 92024 and 92068, has the meaning given by clause 2.18.7 of the general medical services table.

psychiatrist assessment and management plan means a psychiatrist assessment and management plan under item 291 of the general medical services table.

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

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.

reviewing a GP management plan, for items 92028 and 92072, has the meaning given by clause 2.18.8 of the general medical services table.

Schedule means a Schedule to this instrument.

telehealth attendance means a professional attendance by video conference where the rendering health practitioner:

- (a) has the capacity to provide the full service through this means safely and in accordance with relevant professional standards; and
 - (b) is satisfied that it is clinically appropriate to provide the service to the patient; and
 - (c) maintains a visual and audio link with the patient; and
 - (d) is satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy.
- (2) Unless the contrary intention appears, a reference in this instrument to a provision of the Act or the *National Health Act 1953* or a legislative instrument 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 instrument is a reference to those provisions as in force from time to time.
- (3) In this instrument, a *general practitioner* includes a kind of medical practitioner specified in clause 1.1.2 of the general medical services table.

6 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.

7 Treatment of relevant services

A health service provided in accordance with this Determination 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 item in Schedule 2 relating to the service.

Note: For this Determination, an internal Territory is deemed to form part of the State of New South Wales—see subsection 3C(7) of the Act.

8 Application of items - general

- (1) An item in a Schedule does not apply to a service mentioned in the item if the patient is an admitted patient.
- (2) Clause 1.2.2 of the general medical services table shall have effect as if all items in Schedule 2 of this determination, other than items 91850, 91853, 91855 and 91857, were specified in the clause.
- (3) An item in Subgroup 3 or 10 of Group A40, Subgroups 1 to 4 of Group M18 or Subgroups 6 to 9 of Group M18 of the Schedules does not apply to a service provided to a patient who has already been provided, in the calendar year, with 10 other services to which any of the following items apply:
 - (a) an item in Subgroup 2 of Group A20 of the general medical services table;
 - (b) items 283, 285, 286, 287, 371 and 372 of the general medical services table; or
 - (c) items 80000 to 80015, 80100 to 80115, 80125 to 80140 or 80150 to 80165 of the *Health Insurance (Allied Health Services) Determination 2014* apply.
- (4) An item in a Schedule only applies to a service that is bulk-billed.
- (5) An item in a Schedule only applies to a service that is an attendance by a single health professional on a single patient.

Note: Health professionals who can provide services under this instrument include general practitioners, medical practitioners, specialists and consultant physicians, allied health professionals and participating nurses and midwives.

Schedule 1 – GP and medical practitioners services

Division 1.1 – Services and fees – COVID-19 medical practitioner attendances

1.1.1 Application of COVID-19 medical practitioner services - general

- (1) For items 91794, 91799, 91806, 91807, 91808, 91815, 91816 and 91817, *eligible area* has the meaning given by section 4 of the Other Medical Practitioner Determination.
- (2) Clause 2.22.7 of the general medical services table shall have effect as if items 91818, 91819, 91842 and 91843 were also specified in that clause.
- (3) An item in Subgroups 2, 10, 12, 14, 16, 18, 20, 22, 26, 28 and 30 of Group A40 does not apply if the rendering practitioner and the patient have the capacity to undertake an attendance by telehealth.

1.1.2 Application of items in Subgroups 3 and 10 of Group A40 - COVID-19 Focused Psychological Strategies services

- (1) An item in Subgroup 3 or 10 of Group A40 only applies to a service which:
 - (a) is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and
 - (b) is provided by a medical practitioner who meets any training and skills requirements, as determined by the General Practice Mental Health Standards Collaboration, for providing services to which Subgroup 2 of Group A20 of the general medical services table or items 283, 285, 286, 287, 371 and 372 of the Other Medical Practitioner Determination applies.

1.1.3 Application of items in Subgroup 11 and 12 of Group A40

- (1) A health assessment (the *current assessment*) may be performed under an item in Subgroup 11 or 12 of Group A40 for a patient who:
 - (a) has not been provided a health assessment under item 715 of the general medical services table or item 228 of the Other Medical Practitioner Determination within 9 months of the current assessment; and
 - (b) has not been provided a health assessment under an item in Subgroup 11 or 12 of Group A40 within 9 months of the current assessment; and
 - (c) identifies as being of Aboriginal or Torres Strait Islander descent.
- (2) A health assessment mentioned in an item in Subgroup 11 or 12 of Group A40 must not include a health screening service.
- (3) A separate consultation must not be performed in conjunction with a health assessment, unless clinically necessary.

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- (4) A health assessment must be performed by the patient's usual practitioner, if reasonably practicable.
 - (5) Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners may assist practitioners in performing a health assessment, in accordance with accepted medical practice, and under the supervision of the practitioner.
 - (6) For the purposes of subclause (5), assistance may include activities associated with:
 - (a) information collection; and
 - (b) at the direction of the practitioner—provision to patients of information on recommended interventions.
 - (7) In this clause:

health screening service has the same meaning as in subsection 19(5) of the Act.

practitioner means a general practitioner or a medical practitioner.

1.1.3A Application of items 92101, 92102, 92026 and 92027

- (1) Items 92101 and 92102 only apply if:
 - (a) the practitioner has the capacity to provide the full service by telephone or video conference, as appropriate, safely and in accordance with professional standards;
 - (b) is satisfied that it is clinically appropriate to provide the service;
 - (c) for items 92101 and 92102 - maintains an audio link with the person to whom advice is being given; and
 - (d) for items 92026 and 92027 - maintains a video and audio link with the person to whom advice is being given and is satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy.

1.1.4 Application of items 92024 to 92028 and 92068 to 92072

- (1) Items 92024 to 92028 and 92068 to 92072 apply only to a service for a patient who:
 - (a) suffers from at least one medical condition that:
 - (i) has been (or is likely to be) present for at least 6 months; or
 - (ii) is terminal; and
 - (iii) requires ongoing care from at least 3 persons who provide treatment or a service to the patient but is not a family carer of the patient, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner (within the meaning of section 3 of the Act).

1.1.5 Application of items in relation to items 92024, 92025, 92028, 92068, 92069 and 92072

- (1) The following items do not apply to a service mentioned in the item that is provided by a general practitioner or medical practitioner, if the service is provided on the same day for the same patient for whom the practitioner provides a service mentioned in item 92024, 92025, 92028, 92068, 92069 and 92072:

- (a) items 92210 and 92216
- (b) items 92211 and 92217.

1.1.6 Limitation on items 92024 to 92028 and 92068 to 92072

- (1) This clause applies to the performances of services for a patient for whom exceptional circumstances do not exist.
- (2) Items 92024 to 92028 and 92068 to 92072 apply in the circumstances mentioned in table below.

Limitation on items 92024 to 92028 and 92068 to 92072		
Item	Column 1 Item of the table	Column 2 Circumstances
1	92024 and 92068	<ul style="list-style-type: none"> (a) In the 3 months before performance of the service, being a service to which item 729, 731, 732, 231, 731, 233, 92026, 92027, 92028, 92070, 92071 or 92072 (for reviewing a GP management plan) applies but had not been performed for the patient; and (b) the service is not performed more than once in a 12 month period; and (c) the service is not performed by a general practitioner: <ul style="list-style-type: none"> (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner
2	92025 and 92069	<ul style="list-style-type: none"> (a) In the 3 months before performance of the service, being a service to which item 732, 233, 92028 or 92072 (for coordinating a review of team care arrangements, a multi-disciplinary community care plan or a multi-disciplinary discharge care plan) applies but had not been performed for the patient; and (b) the service is performed not more than once in a 12 month period; and (c) the service is not performed by a general practitioner: <ul style="list-style-type: none"> (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner
3	92026 and 92070	<ul style="list-style-type: none"> (a) either: <ul style="list-style-type: none"> (i) in the 3 months before performance of the service, being a service to which item 731, 732, 232, 233, 92027, 92028, 92071, 92072 applies but had not been performed for the patient; or

Limitation on items 92024 to 92028 and 92068 to 92072

Item	Column 1 Item of the table	Column 2 Circumstances
		(ii) in the 12 months before performance of the service, being a service that has not been performed for the patient: (A) by the general practitioner who performs the service to which item 729, 92026 or 92070 would, but for this item, apply; and (B) for which a payment has been made under item 721 or 723 of the general medical services table or 92024, 92025, 92068, 92069; and (b) the service is performed not more than once in a 3 month period
4	92027 and 92071	(a) In the 3 months before performance of the service, being a service to which item 721, 723, 729, 732, 229, 230, 231, 233, 92024, 92025, 92026, 92028, 92068, 92069, 92070 or 92070 applies but had not been performed for the patient; and (b) the service is performed not more than once in a 3 month period
5	92028 and 92072	Each service may be performed: (a) once in a 3 month period; and (b) on the same day; but (c) may not be performed by a general practitioner: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner

- (3) In this clause *exceptional circumstances*, for a patient, means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service for the patient.

1.1.7 Meaning of item descriptors for items 92055 to 92059 and 92099 to 92103

- (1) For items 92055 to 92059 and 92099 to 92103, the following terms have the same meaning as in Division 2.18 of the general medical services table as if the reference to a general practitioner were a reference to a medical practitioner:
- (a) *preparation of a GP management plan*;
 - (b) *coordinate the development of team care arrangements*;
 - (c) *multidisciplinary care plan*;
 - (d) *contribute to a multidisciplinary care plan*;
 - (e) *coordinating a review of team care arrangements*; and
 - (f) *reviewing a GP management plan*.

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- (2) For items 92059 and 92103 *associated medical practitioner* means a medical practitioner who, if not engaged in the same general practice as the medical practitioner mentioned in the item, performs the service mentioned in the item at the request of the patient (or the patient’s guardian).

1.1.8 Application of items 92055 to 92059 and 92099 to 92103

- (1) Items 29055, 92056, 92059, 92099, 92100 and 92103 do not apply to a service mentioned in those items that is provided by a medical practitioner, if the service is provided on the same day for the same patient for whom the practitioner provides a service mentioned in the following items:
- (a) any items specified in paragraphs 2.18.11(a), (b), (c), and (d) of the general medical services table;
 - (b) any items in Division 1.2 or Division 1.10 of the Other Medical Practitioner Determination; and
 - (c) items 92210, 92216, 92211 and 92217.
- (2) Clause 2.18.9 of the general medical services table shall have effect as if:
- (a) items 92055, 92056, 92057, 92058, 92059, 92099, 92100, 92101, 92102 and 92103 were specified in subclause 2.18.9(1);
 - (b) items 92055, 92059, 92099 and 92103 were specified in item 1 of table 2.18.9;
 - (c) items 92056, 92059, 92100 and 92103 were specified in item 2 of table 2.18.9;
 - (d) items 92057 and 92101 were specified in item 3 of table 2.18.9 and the reference to the term “medical practitioner” were a reference to the term “medical practitioner” as defined in this Determination; and
 - (e) items 92059 and 92103 were specified in item 4 of table 2.18.9 and the reference to the term “medical practitioner” were a reference to the term “medical practitioner” as defined in this Determination.

1.1.9 Limitation on 92055 to 92059 and 92099 to 92103

- (1) This clause applies to the performances of services for a patient for whom exceptional circumstances do not exist.
- (2) Items 92055 to 92059 and 92099 to 92103 apply in the circumstances mentioned in table below.
- (3) In this clause, *exceptional circumstances*, for a patient, means there has been a significant change in the patient’s clinical condition or care circumstances that necessitates the performance of the service for the patient.

Limitation on items 92055 to 92059 and 92099 to 92103

Item	Column 1 Item of the table	Column 2 Circumstances
1	92055 and	(a) In the 3 months before performance of the service, being a service to

Limitation on items 92055 to 92059 and 92099 to 92103

Item	Column 1 Item of the table	Column 2 Circumstances
	92099	<p>which item 729, 731 or 732*, item 231, 232 or 233** or item 92026, 92027, 92028, 92057, 92058, 92059, 92070, 92071, 92072, 92101, 92102 or 92103 applies (for reviewing a GP management plan) but had not been performed for the patient; and</p> <p>(b) a service to which item 721* or 229** or items 92024 or 92026 apply has not been performed in the past 12 months; and</p> <p>(c) the service is not performed more than once in a 12 month period; and</p> <p>(d) the service is not performed by a person:</p> <ul style="list-style-type: none"> (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the medical practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24** applies because of the treatment of the palliative patient by the medical practitioner. <p>[* in the general medical services table] ** in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>]</p>
2	92056 and 92100	<p>(a) In the 3 months before performance of the service, being a service to which item 732* or item 233** or item 92028, 92059, 92072 or 92103 applies (for coordinating a review of team care arrangements, a multi-disciplinary community care plan or a multi-disciplinary discharge care plan) but had not been performed for the patient; and</p> <p>(b) a service to which item 723* or 230** or items 92025 or 92069 applies is performed not more than once in a 12 months; and</p> <p>(c) the service is performed not more than once in a 12 month period; and</p> <p>(d) the service is not performed by a person:</p> <ul style="list-style-type: none"> (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the medical practitioner practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24** applies because of the treatment of the palliative patient by the general practitioner <p>[* in the general medical services table] ** in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>]</p>
3	92057 and 92101	<p>(a) either:</p> <ul style="list-style-type: none"> (i) in the 3 months before performance of the service, being a service to which item 731 or 732* or item 232 or 233** or item 92027, 92028, 92058, 92059, 92071, 92072, 92102 or 92103 applies but had not been performed for the patient; or (ii) in the 12 months before performance of the service, being a service that has not been performed for the patient: <ul style="list-style-type: none"> (A) by the medical practitioner who performs the service to which item 729* or item 231** or item 92026, 92057, 92070 or 92101

Limitation on items 92055 to 92059 and 92099 to 92103

Item	Column 1 Item of the table	Column 2 Circumstances
		would, but for this item, apply; and (B) for which a payment has been made under item 721 or 723* or item 229 or 230** or item 92024, 92025, 92055, 92066, 92068, 92069, 92099 or 92100; and (b) a service to which item 729* or 231** or item 92026 or 92070 applies is performed not more than once in a 3 month period; and (c) the service is performed not more than once in a 3 month period. [* in the general medical services table] [** in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>]
4	92058 and 92102	(a) In the 3 months before performance of the service, being a service to which item 721, 723, 729 or 732* or item 229, 230, 231 or 233** or item 92024, 92025, 92026, 92028, 92055, 92056, 92057, 92059, 92068, 92069, 92070, 92072, 92099, 92100, 92101, 92103 applies but had not been performed for the patient; and (b) a service to which item 731* or item 92027 or 92071 applies is performed not more than once in a 3 month period; and (c) the service is performed not more than once in a 3 month period. [* in the general medical services table] [** in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>]
5	92059 and 92103	Each service may be performed if a service to which item 732* or item 92028 or 92072 has not been claimed in the past three months; (a) once in a 3 month period; and (b) on the same day; but (c) may not be performed by a person: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24** applies because of the treatment of the palliative patient by the general practitioner. [* in the general medical services table] [** in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>]

1.1.9A Application of items in subgroups 15 and 16 of Group A40

- (1) A service to which an item in subgroups 15 or 16 of Group A40 applies:
 - (a) must not be provided by a general practitioner or medical practitioner who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and
 - (b) may be used to address any pregnancy related issue.
- (2) An item in Subgroup 15 or 16 does not apply if a patient has already been provided, for the same pregnancy, with 3 services to which any of the following items apply:
 - (a) an item in Subgroup 15 or 16; or
 - (b) items 792, 4001, 81000, 81005, 81010, 93026 or 93029.

Note: For item 792, see the Other Medical Practitioner Determination. For item 4001, see the general medical services table. For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act

1.1.10 Application of items in subgroups 17 and 18 of Group A40

- (1) In an item in Subgroup 17 or 18 of Group A40:

eligible allied health provider has the meaning given in clause 2.6.1 of the general medical service table.

risk assessment has the meaning given in clause 2.6.1 of the general medical service table.

eligible disability has the meaning given in clause 2.6.2 of the general medical services table.
- (2) A service for an item in Subgroup 17 or 18 of Group A40 must not be provided to a patient if a service under Subgroup 17 or 18 of Group A40 or items 135, 137, 139 or 289 of the general medical services table has previously been provided to the patient.

1.1.11 Application of items in Subgroup 19 and 20 of Group A40

- (1) Subject to subclause (2), for an item in Subgroup 19 or 20 of Group A40:

associated focussed psychological strategies has the meaning given in clause 2.22.1 of the general medical services table.

mental disorder has the meaning given in clause 2.22.1 of the general medical services table.

preparation of a GP mental health treatment plan has the meaning given in clause 2.22.3 of the general medical services table.

general practitioner has the meaning given in clause 2.22.5 of the general medical services table.
- (2) In items 92118 to 92135:

preparation of a GP mental health treatment plan has the meaning given in clause 2.22.3 of the general medical services table, as if the reference to the term “general practitioner” were a reference to the term “medical practitioner”.

review of a GP mental health treatment plan has the meaning given in clause 2.22.4 of the general medical services table, as if the reference to the term “general practitioner” were a reference to the term “medical practitioner”.

associated general practitioner means a medical practitioner (not including a specialist or consultant physician) who, if not engaged in the same general practice as the medical practitioner mentioned in items 92118 to 92135, performs the service mentioned in the item at the request of the patient (or the patient’s guardian).

- (3) For the purpose of Subgroups 19 and 20 in Group A40, the preparation of a GP mental health treatment plan includes the preparation of a written plan by a general practitioner for the patient that includes referral and treatment options, including, subject to the applicable limitations:
 - (a) psychological therapies provided to the patient by a clinical psychologist (items 91166, 91167, 91181 and 91182); and
 - (b) focussed psychological strategies services provided to the patient by a general practitioner mentioned in paragraph 2.22.7(1)(b) of the general medical services table to provide those services (items 2721 to 2727); and
 - (c) focussed psychological strategies services provided to the patient by an allied mental health professional (items 91169 to 91176 and 91183 to 91188 and items 80100 to 80171 of the *Health Insurance (Allied Health Services) Determination 2014*; and
 - (d) items 91818, 91819, 91842 and 91843.
- (4) Items in Subgroup 19 and 20 of Group A40 apply only to a patient with a mental disorder.
- (5) Items 92112, 92113, 92114, 92116, 92117, 92118, 92119, 92120, 92122, 92123, 92124, 92125, 92126, 92128, 92129, 92130, 92131, 92132, 92134, 92135 apply only to a patient in the community.
- (6) Unless exceptional circumstances exist, items 92112, 92113, 92116, 92117, 92118, 92119, 92122, 92123, 92124, 92125, 92128, 92129, 92130, 92131, 92134 and 92135 cannot be claimed:
 - (a) with a service to which the following items apply:
 - (i) items 735 to 758 of the general medical services table; or
 - (ii) items 92073 to 92078, 92029 to 92034, 92060 to 92065, 92104 to 92109 or item 92133 or 92121; or
 - (iii) items 235 to 240 or 279 of the Other Medical Practitioner Determination; or
 - (b) more than once in a 12 month period from the provision of any of the items for a particular patient.
- (7) Items 92114, 92126, 92120 and 92132 apply only if one of the following services has been provided to the patient:

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- (a) the preparation of a GP mental health treatment plan under:
 - (i) items 2700, 2701, 2715 or 2717 of the general medical services table;
or
 - (ii) items 272, 276, 281, 282 of the Other Medical Practitioner Determination; or
 - (iii) items 92112, 92113, 92116, 92117, 92124, 92125, 92128, 92129, 92118, 92119, 92122, 92123, 92130, 92131, 92134 or 92135; or
 - (b) a psychiatrist assessment and management plan under item 291 of the general medical services table.
- (8) Items 92114, 92126, 92120 and 92132 do not apply:
- (a) to a service to which the following items apply:
 - (i) items 735 to 758 of the general medical services table; or
 - (ii) items 92073 to 92078, 92029 to 92034, 92060 to 92065, 92104 to 92109 or item 92133 or 92121; or
 - (iii) items 92115, 92127, 92121 and 92133; or
 - (iv) items 235 to 240 or 279 of the Other Medical Practitioners Determination.
 - (b) unless exceptional circumstances exist for the provision of the service:
 - (i) more than once in a 3 month period; or
 - (ii) within 4 weeks following the preparation of a GP mental health treatment plan under:
 - (A) items 2700, 2701, 2715 or 2717 of the general medical services table; or
 - (B) items 272, 276, 281 or 282 of the Other Medical Practitioner Determination; or
 - (C) items 92112, 92113, 92116, 92117, 92124, 92125, 92128, 92129, 92118, 92119, 92122, 92123, 92130, 92131, 92134 or 92135;
or
 - (iii) within 3 months following the provision of a service under item 2712 of the general medical services table, item 277 of the Other Medical Practitioner Determination or items 92114, 92126, 92120 or 92132.
- (9) Items 92115, 92127, 92121 and 92133 apply only to a surgery consultation.
- (10) Items 92115, 92127, 92121 and 92133 do not apply in association with a service to which the following items apply:
- (a) items 2700, 2701, 2712, 2715, 2717 of the general medical service table; or
 - (b) items 272, 276, 277, 281, 282 of the Other Medical Practitioner Determination; or
 - (c) items 92112, 92113, 92114, 92116, 92117, 92124, 92125, 92126, 92128, 92129, 92130, 92131, 92132, 92134, 92135, 92118, 92119, 92120, 92122 or 92123.
- (11) Items 92116, 92117, 92128, 92129, 92122, 92123, 92134 and 92135 apply only if the general practitioner or medical practitioner providing the service has successfully completed mental health skills training accredited by the General Practice Mental Health Standards Collaboration.
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Note: The General Practice Mental Health Standards Collaboration operates under the auspices of the Royal Australian College of General Practitioners.

(12) In this clause:

exceptional circumstances means a significant change in:

- (a) the patient's clinical condition; or
- (b) the patient's care circumstances.

1.1.12 Application of items in Subgroups 29 and 30 of Group A40

(1) In an item in Subgroups 29 and 30 of Group A40:

patient's medical condition requires urgent assessment has the meaning given in subclause 2.16.1(1) of the general medical services table.

responsible person, for a patient:

- (a) includes a spouse, parent, carer or guardian of the patient; but
- (b) does not include:
 - (i) the attending medical practitioner; or
 - (ii) an employee of the attending medical practitioner; or
 - (iii) a person contracted by, or an employee or member of, the general practice of which the attending medical practitioner is a contractor, employee or member; or
 - (iv) a call centre; or
 - (v) a reception service.

(2) Items in Subgroups 29 and 30 apply to a service only if the practitioner keeps a record of the assessment of the patient.

Group A40 – COVID-19 general practice telehealth services		
Item	Description	Fee (\$)
Subgroup 1 – COVID-19 general practice telehealth services		
91790	Telehealth attendance 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 management.	20.55
91800	Telehealth attendance by a general practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: <ul style="list-style-type: none">(a) taking a short patient history;(b) arranging any necessary investigation;(c) implementing a management plan;(d) providing appropriate preventative health care.	44.90
91801	Telehealth attendance by a general practitioner lasting at least 20 minutes if the attendance includes any of the following that are	87.00

	<p>clinically relevant:</p> <ul style="list-style-type: none"> (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. 	
91802	<p>Telehealth attendance by a general practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. 	128.05
91792	<p>Telehealth attendance by a medical practitioner of not more than 5 minutes.</p>	12.90
91803	<p>Telehealth attendance by a medical practitioner of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. 	24.70
91804	<p>Telehealth attendance by a medical practitioner of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. 	44.70
91805	<p>Telehealth attendance by a medical practitioner of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. 	71.75
91794	<p>Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes.</p>	16.45
91806	<p>Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are</p>	35.90

	clinically relevant:	
	(a) taking a short patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91807	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant:	69.55
	(a) taking a detailed patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91808	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant:	102.45
	(a) taking an extensive patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
Subgroup 2 – COVID-19 general practice phone services		
91795	Phone attendance 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 management.	20.55
91809	Phone attendance by a general practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant:	44.90
	(a) taking a short patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91810	Phone attendance by a general practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant:	87.00
	(a) taking a detailed patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91811	Phone attendance by a general practitioner lasting at least 40 minutes	128.05

	if the attendance includes any of the following that are clinically relevant:	
	(a) taking an extensive patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91797	Phone attendance by a medical practitioner of not more than 5 minutes.	12.90
91812	Phone attendance by a medical practitioner of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant:	24.70
	(a) taking a short patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91813	Phone attendance by a medical practitioner of at least 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant:	44.70
	(a) taking a detailed patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91814	Phone attendance by a medical practitioner of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant:	71.75
	(a) taking an extensive patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91799	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes.	16.45
91815	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant:	35.90
	(a) taking a short patient history;	
	(b) arranging any necessary investigation;	
	(c) implementing a management plan;	
	(d) providing appropriate preventative health care.	
91816	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of	69.55

	more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: <ul style="list-style-type: none"> (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. 	
91817	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 45 minutes in duration if the attendance includes any of the following that are clinically relevant: <ul style="list-style-type: none"> (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. 	102.45
Subgroup 3 – COVID-19 Focussed Psychological Strategies telehealth services		
91818	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: <ul style="list-style-type: none"> (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes. 	110.85
91819	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: <ul style="list-style-type: none"> (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes. 	158.60
91820	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: <ul style="list-style-type: none"> (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes. 	88.70
91821	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: <ul style="list-style-type: none"> (a) the practitioner is registered with the Chief Executive 	126.90

	Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	
Subgroup 10 – COVID-19 Focussed Psychological Strategies phone services		
91842	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	110.85
91843	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	158.60
91844	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	88.70
91845	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	126.90
Subgroup 11— Health Assessments for Aboriginal and Torres Strait Islander People - Telehealth Service		
92004	Telehealth attendance by a general practitioner for a health assessment of a patient.	253.70
92011	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) for a health assessment.	202.90
Subgroup 12 —Health Assessments for Aboriginal and Torres Strait Islander People - Phone		

Service		
92016	Phone attendance by a general practitioner for a health assessment of a patient.	253.70
92023	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) for a health assessment of a patient.	202.90
Subgroup 13 —GP management plans, team care arrangements and multidisciplinary care plans via telehealth attendance		
92024	Telehealth attendance by a general practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 or items 92074 to 92078 or 92030 to 92034 apply).	172.40
92025	Telehealth attendance by a general practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 or items 92074 to 92078 or 92030 to 92034 apply).	136.60
92026	Contribution by a general practitioner by telehealth, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 or items 92074 to 92078 or 92030 to 92034 apply).	84.15
92027	Contribution by a general practitioner by telehealth to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider. (other than a service associated with a service to which items 735 to 758 or items 92074 to 92078 or 92030 to 92034 apply).	84.15
92028	Telehealth attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to which items 721, 229, or item 92024 or 92068 applies; or (b) team care arrangements which have been coordinated by the general practitioner (or an associated general practitioner) to which item 723 of the general medical services table, item 230, or item 92025 or 92069 or items applies.	86.10
92055	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table, items 92074 to 92078 or 92030 to 92034, or items 235 to 240 in the <i>Health Insurance</i>	137.90

<i>(Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply).</i>		
92056	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table, items 92074 to 92078 or 92030 to 92034 or items 235 to 240 apply).	109.25
92057	Telehealth contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician), to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 of the general medical services table, items 92074 to 92078 or 92030 to 92034, or items 235 to 240 apply).	67.35
92058	Telehealth contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items 735 to 758 of the general medical services table, items 92074 to 92078 or 92030 to 92034, or items 235 to 240 apply).	67.35
92059	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 721* or item 229** or item 92024, 92055, 92068 or 92099 applies; or (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 723* or item 230** or item 92025, 92056, 92069 or 92100 applies. [* in the general medical services table] [** in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>]	68.55
Subgroup 14 —GP management plans, team care arrangements and multidisciplinary care plans via phone attendance		
92068	Phone attendance by a general practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758, items 235 to 240, or items 92074 to 92078 or 92030 to 92034 apply).	172.40
92069	Phone attendance by a general practitioner, to coordinate the	136.60

	development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758, items 235 to 240, or items 92074 to 92078 or 92030 to 92034 apply).	
92070	Contribution by a general practitioner by phone to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758, items 235 to 240, or items 92074 to 92078 or 92030 to 92034 apply).	84.15
92071	Contribution by a general practitioner by phone, to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items 735 to 758, items 235 to 240, or items 92074 to 92078 or 92030 to 92034 apply).	84.15
92072	Phone attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to which item 721 of the general medical services table, item 229, or items 92074 to 92078 or 92030 to 92034, or items 92024 or 92068 applies; or (b) team care arrangements which have been coordinated by the general practitioner (or an associated general practitioner) to which item 723 of the general medical services table or item 92025 or 92069 or items applies.	86.10
92099	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table, items 92074 to 92078 or 92030 to 92034, or items 235 to 240 in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i> apply).	137.90
92100	Attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) by phone to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table, items 92074 to 92078 or 92030 to 92034, or items 235 to 240 in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i> apply).	109.25
92101	Contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) by phone, to a	67.35

	multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 of the general medical services table, items 92074 to 92078 or 92030 to 92034, or items 235 to 240 in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i> apply).	
92102	Contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) by phone to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider. (other than a service associated with a service to which items 735 to 758 of the general medical services table, items 92074 to 92078 or 92030 to 92034 or items 235 to 240 in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i> apply).	67.35
92103	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 721* or item 229** or item 92024, 92055, 92068 or 92099 applies; or (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 723* or item 230** or item 92025, 92056, 92069 or 92100 applies. [* in the general medical services table] [** in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>]	68.55
Subgroup 15 - GP Pregnancy Support Counselling - Telehealth Service		
92136	Telehealth attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001, 92138, 792, 92139, 92137, 81000, 81005, 81010, 93029 or 93026 applies in relation to that pregnancy. Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act	91.55
92137	Telehealth attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner,	73.25

specialist or consultant physician) who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who:

(a) is currently pregnant; or

(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001, 92136, 92138, 792, 92139, 81000, 81005, 81010, 93029 or 93026 applies in relation to that pregnancy.

Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act.

Subgroup 16 - GP Pregnancy Support Counselling - Phone Service

92138 Phone attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: 91.55

(a) is currently pregnant; or

(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001, 92136, 792, 92139, 92137, 81000, 81005, 81010, 93029 or 93026 applies in relation to that pregnancy.

(a) is currently pregnant; or

(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001, 92136, 792, 92139, 92137, 81000, 81005, 81010, 93029 or 93026 applies in relation to that pregnancy.

Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act.

92139 Phone attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician) who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: 73.25

(a) is currently pregnant; or

(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001, 92136, 92138, 792, 92137, 81000, 81005, 81010, 93029 or 93026 applies in relation to that pregnancy.

(a) is currently pregnant; or

(b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001, 92136, 92138, 792, 92137, 81000, 81005, 81010, 93029 or 93026 applies in relation to that pregnancy.

Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act.

Subgroup 17 - GP, Specialist and Consultant Physician Autism Service - Telehealth Service

92142 Telehealth attendance of at least 45 minutes in duration by a general practitioner for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the general practitioner does all of the following: 160.75

(a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider);

(b) develops a treatment and management plan, which must include the following:

(a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider);

(b) develops a treatment and management plan, which must include the following:

(i) an assessment and diagnosis of the patient's condition;
(ii) a risk assessment;
(iii) treatment options and decisions;
(iv) if necessary—medication recommendations;
(c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient.

Subgroup 18 - GP, Specialist and Consultant Physician Autism Service - Phone Service

92145	<p>Phone attendance of at least 45 minutes in duration by a general practitioner for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the general practitioner does all of the following:</p> <p>(a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider);</p> <p>(b) develops a treatment and management plan, which must include the following:</p> <p style="padding-left: 20px;">(i) an assessment and diagnosis of the patient's condition;</p> <p style="padding-left: 20px;">(ii) a risk assessment;</p> <p style="padding-left: 20px;">(iii) treatment options and decisions;</p> <p style="padding-left: 20px;">(iv) if necessary—medication recommendations;</p> <p>(c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient.</p>	160.75
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Subgroup 19— GP Mental Health Treatment Plan - Telehealth Service

92112	<p>Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.</p>	85.70
92113	<p>Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.</p>	126.15
92114	<p>Telehealth attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.</p>	85.70
92115	<p>Telehealth attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.</p>	85.70

92116	Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	108.80
92117	Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	160.25
92118	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	68.55
92119	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	100.90
92120	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.	68.55
92121	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	68.55
92122	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	87.05
92123	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	128.20
Subgroup 20 — GP Mental Health Treatment Plan - Phone Service		
92124	Phone attendance, by a general practitioner who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	85.70
92125	Phone attendance, by a general practitioner who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health	126.15

	treatment plan for a patient.	
92126	Phone attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.	85.70
92127	Phone attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	85.70
92128	Phone attendance, by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	108.80
92129	Phone attendance, by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	160.25
92130	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	68.55
92131	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	100.90
92132	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.	68.55
92133	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	68.55
92134	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	87.05
92135	Phone attendance by a medical practitioner (not including a	128.20

	general practitioner, specialist or consultant physician), who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	
Subgroup 21— GP Eating Disorder Treatment and Management Plan – Telehealth Service		
92146	Telehealth attendance by a general practitioner who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: <ul style="list-style-type: none"> (a) the plan includes an opinion on diagnosis of the patient’s eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient’s condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	85.70
92147	Telehealth attendance by a general practitioner who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: <ul style="list-style-type: none"> (a) the plan includes an opinion on diagnosis of the patient’s eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient’s condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	126.15
92148	Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: <ul style="list-style-type: none"> (a) the plan includes an opinion on diagnosis of the patient’s eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient’s condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and 	108.80

	(d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	
92149	Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	160.25
92150	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	68.55
92151	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic	100.90

	<p>services, and specialists, as appropriate; and</p> <p>(d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):</p> <p>(i) a copy of the plan; and</p> <p>(ii) suitable education about the eating disorder.</p>	
92152	<p>Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <p>(a) the plan includes an opinion on diagnosis of the patient's eating disorder; and</p> <p>(b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and</p> <p>(c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and</p> <p>(d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):</p> <p>(i) a copy of the plan; and</p> <p>(ii) suitable education about the eating disorder.</p>	87.05
92153	<p>Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <p>(a) the plan includes an opinion on diagnosis of the patient's eating disorder; and</p> <p>(b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and</p> <p>(c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and</p> <p>(d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):</p> <p>(i) a copy of the plan; and</p> <p>(ii) suitable education about the eating disorder.</p>	128.20
Subgroup 22—GP Eating Disorder Treatment and Management Plans - Phone Service		
92154	<p>Phone attendance by a general practitioner who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <p>(a) the plan includes an opinion on diagnosis of the patient's eating disorder; and</p> <p>(b) the plan includes treatment options and recommendations</p>	85.70

	<p>to manage the patient's condition for the following 12 months; and</p> <p>(c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and</p> <p>(d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):</p> <p style="padding-left: 20px;">(i) a copy of the plan; and</p> <p style="padding-left: 20px;">(ii) suitable education about the eating disorder.</p>	
92155	<p>Phone attendance by a general practitioner who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <p>(a) the plan includes an opinion on diagnosis of the patient's eating disorder; and</p> <p>(b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and</p> <p>(c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and</p> <p>(d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):</p> <p style="padding-left: 20px;">(i) a copy of the plan; and</p> <p style="padding-left: 20px;">(ii) suitable education about the eating disorder</p>	126.15
92156	<p>Phone attendance by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <p>(a) the plan includes an opinion on diagnosis of the patient's eating disorder; and</p> <p>(b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and</p> <p>(c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and</p> <p>(d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):</p> <p style="padding-left: 20px;">(i) a copy of the plan; and</p> <p style="padding-left: 20px;">(ii) suitable education about the eating disorder.</p>	108.80
92157	<p>Phone attendance by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <p>(a) the plan includes an opinion on diagnosis of the patient's eating disorder; and</p> <p>(b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and</p>	160.25

	<ul style="list-style-type: none"> (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	
92158	<p>Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <ul style="list-style-type: none"> (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	68.55
92159	<p>Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <ul style="list-style-type: none"> (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	100.90
92160	<p>Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <ul style="list-style-type: none"> (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and 	87.05

	<ul style="list-style-type: none"> (b) the plan includes treatment options and recommendations to manage the patient’s condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	
92161	<p>Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if:</p> <ul style="list-style-type: none"> (a) the plan includes an opinion on diagnosis of the patient’s eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient’s condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	128.20
Subgroup 25— Review of an Eating Disorder Plan - Telehealth Service		
92170	<p>Telehealth attendance by a general practitioner to review an eligible patient’s eating disorder treatment and management plan prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if:</p> <ul style="list-style-type: none"> (a) the general practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient’s needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: <ul style="list-style-type: none"> (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and 	85.70

	<p>(d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):</p> <p>(i) a copy of the plan; and</p> <p>(ii) suitable education about the eating disorder.</p>	
92171	<p>Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if:</p> <p>(a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and</p> <p>(b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including:</p> <p>(i) recommendations to continue with treatment options detailed in the plan; or</p> <p>(ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and</p> <p>(c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and</p> <p>(d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):</p> <p>(i) a copy of the plan; and</p> <p>(ii) suitable education about the eating disorder.</p>	68.55
Subgroup 26—Review of an Eating Disorder Plan – Phone Service		
92176	<p>Phone attendance by a general practitioner to review an eligible patient's eating disorder treatment and management plan prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if:</p> <p>(a) the general practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and</p> <p>(b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including:</p> <p>(iii) recommendations to continue with treatment options detailed in the plan; or</p> <p>(iv) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and</p>	85.70

	<ul style="list-style-type: none"> (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (e) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	
92177	<p>Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if:</p> <ul style="list-style-type: none"> (a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: <ul style="list-style-type: none"> (iii) recommendations to continue with treatment options detailed in the plan; or (iv) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (e) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): <ul style="list-style-type: none"> (i) a copy of the plan; and (ii) suitable education about the eating disorder. 	68.55
Subgroup 27— GP - Eating Disorder Focussed Psychological Strategies – Telehealth Service		
92182	Telehealth attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	110.85
92184	Telehealth attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	158.60

92186	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	88.70
92188	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	126.90
Subgroup 28— GP - Eating Disorder Focussed Psychological Strategies – Phone Service		
92194	Phone attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	110.85
92196	Phone attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	158.60
92198	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	88.70
92200	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.	126.90
Subgroup 29 - GP and Other Medical Practitioner - Urgent After Hours Service in		

Unsociable Hours - Telehealth Service		
92210	Telehealth attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient’s medical condition requires urgent assessment.	182.85
92211	Telehealth attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient’s medical condition requires urgent assessment.	146.15
Subgroup 30 - GP and Other Medical Practitioner - Urgent After Hours Service in Unsociable Hours - Phone Service		
92216	Phone attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient’s medical condition requires urgent assessment.	182.85
92217	Phone attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient’s medical condition requires urgent assessment.	146.15

Schedule 2 – Specialist, consultant physician and consultant psychiatrist services

Division 2.1 – Services and fees – specialist attendances via video conference

- (1) Clause 1.1.5 of the general medical services table shall have effect as if items 91822 to 91826 and 91832 to 91836 were specified in subclause 1.1.5(1).

2.1.1 Application of COVID-19 specialist, consultant physician and consultant psychiatrist phone services

- (1) An item in Subgroup 7, 8, 9, 18, 24 or 26 of Group A40 does not apply if the rendering practitioner and the patient have the capacity to undertake an attendance by telehealth.

Group A40 – COVID-19 – medical practitioner telehealth services

Subgroup 4 – COVID-19 – specialist attendances telehealth services

Item	Description	Fee (\$)
91822	Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	88.25
91823	Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is after the first attendance as part of a single course of treatment.	44.35

Subgroup 5 – COVID-19 – consultant physician telehealth services

91824	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance was other than a second or subsequent	155.60
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	attendance as part of a single course of treatment.	
91825	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is not a minor attendance after the first as part of a single course of treatment.	77.90
91826	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is a minor attendance after the first as part of a single course of treatment.	44.35
Subgroup 6 – COVID-19 – consultant psychiatrist telehealth services		
91827	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration.	44.70
91828	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration.	89.15
91829	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration.	137.25
91830	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 45 minutes, but not more than 75 minutes in duration.	189.40
91831	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 75 minutes in duration.	219.80
Subgroup 7 – COVID-19 – specialist attendances phone services		
91832	Phone attendance for a person by a specialist in the practice of the specialist's specialty if:	88.25

	(a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration;	
	Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	
91833	Phone attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is after the first attendance as part of a single course of treatment.	44.35
Subgroup 8 – COVID-19 – consultant physician phone services		
91834	Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	155.60
91835	Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is not a minor attendance after the first as part of a single course of treatment.	77.90
91836	Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is a minor attendance after the first as part of a single course of treatment.	44.35
Subgroup 9 – COVID-19 – consultant psychiatrist phone services		
91837	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration;	44.70

91838	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration; and (c) the patient is not an admitted patient.	89.15
91839	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration.	137.25
91840	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 45 minutes, but not more than 75 minutes in duration.	189.40
91841	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 75 minutes in duration.	219.80
Subgroup 17 - GP, Specialist and Consultant Physician Autism Service - Telehealth Service		
92140	Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient aged under 13 years with autism or another pervasive developmental disorder, if the consultant paediatrician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medical recommendations; (c) provides a copy of the treatment and management plan to the referring practitioner and one or more allied health providers, if appropriate, for the treatment of the patient.	272.15

92141	<p>Telehealth attendance of at least 45 minutes in duration by a specialist or consultant physician following referral of the patient to the specialist or consultant physician by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the specialist or consultant physician does all of the following:</p> <p>(a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider);</p> <p>(b) develops a treatment and management plan, which must include the following:</p> <ul style="list-style-type: none"> (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; <p>(c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient.</p>	272.15
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Subgroup 18 - GP, Specialist and Consultant Physician Autism Service - Phone Service

92143	<p>Phone attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient aged under 13 years with autism or another pervasive developmental disorder, if the consultant paediatrician does all of the following:</p> <p>(a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider);</p> <p>(b) develops a treatment and management plan, which must include the following:</p> <ul style="list-style-type: none"> (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medical recommendations; <p>(c) provides a copy of the treatment and management plan to:</p> <ul style="list-style-type: none"> (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient. 	272.15
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92144	<p>Phone attendance of at least 45 minutes in duration by a specialist or consultant physician following referral of the patient to the specialist or consultant physician by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the specialist or consultant physician does all of the following:</p> <p>(a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider);</p> <p>(b) develops a treatment and management plan, which must include the following:</p> <ul style="list-style-type: none"> (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; <p>(c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient.</p>	272.15
Subgroup 23— Consultant Physician and Psychiatrist - Eating Disorder Treatment and Management Plan – Telehealth Service		
92162	<p>Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for the preparation of an eating disorder treatment and management plan for an eligible patient, if:</p> <p>(a) the patient has been referred by a referring practitioner; and</p> <p>(b) during the attendance, the consultant psychiatrist:</p> <ul style="list-style-type: none"> (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and <p>(c) within 2 weeks after the attendance, the consultant psychiatrist:</p> <ul style="list-style-type: none"> (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: <ul style="list-style-type: none"> (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and (E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: <ul style="list-style-type: none"> (A) the patient; and (B) the patient's carer (if any), if the patient agrees 	466.80

92163	<p>Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for the preparation of an eating disorder treatment and management plan for an eligible patient, if:</p> <p>(a) the patient has been referred by a referring practitioner; and</p> <p>(b) during the attendance, the consultant paediatrician undertakes an assessment that covers:</p> <ul style="list-style-type: none"> (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of diagnoses; and <p>(c) within 2 weeks after the attendance, the consultant paediatrician:</p> <ul style="list-style-type: none"> (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that involves: <ul style="list-style-type: none"> (A) an opinion on diagnosis and risk assessment; <p>and</p> <ul style="list-style-type: none"> (B) treatment options and decisions; and (C) medication recommendations; and <ul style="list-style-type: none"> (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: <ul style="list-style-type: none"> (A) the patient; and (B) the patient's carer (if any), if the patient agrees. 	272.15
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Subgroup 24— Consultant Physician and Psychiatrist - Eating Disorder Treatment and Management Plan – Phone Service

92166	<p>Phone attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for the preparation of an eating disorder treatment and management plan for an eligible patient, if:</p> <ul style="list-style-type: none"> (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant psychiatrist: <ul style="list-style-type: none"> (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) within 2 weeks after the attendance, the consultant psychiatrist: <ul style="list-style-type: none"> (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: <ul style="list-style-type: none"> (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and (E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: <ul style="list-style-type: none"> (A) the patient; and (B) the patient's carer (if any), if the patient agrees. 	466.80
92167	<p>Phone attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for the preparation of an eating disorder treatment and management plan for an eligible patient, if:</p> <ul style="list-style-type: none"> (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant paediatrician undertakes an assessment that covers: <ul style="list-style-type: none"> (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of diagnoses; and (c) within 2 weeks after the attendance, the consultant paediatrician: <ul style="list-style-type: none"> (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that involves: <ul style="list-style-type: none"> (A) an opinion on diagnosis and risk assessment; and (B) treatment options and decisions; and (C) medication recommendations; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: <ul style="list-style-type: none"> (A) the patient; and (B) the patient's carer (if any), if the patient agrees. 	272.15

Subgroup 25— Review of an Eating Disorder Plan - Telehealth Service

92172	Telehealth attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an eligible patient, if: (a) the consultant psychiatrist reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	291.80
92173	Telehealth attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an eligible patient, if: (a) the consultant paediatrician reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant paediatrician: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant paediatrician: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	136.25

Subgroup 26—Review of an Eating Disorder Plan – Phone Service

92178	<p>Phone attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an eligible patient, if:</p> <ul style="list-style-type: none"> (a) the consultant psychiatrist reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant psychiatrist: <ul style="list-style-type: none"> (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: <ul style="list-style-type: none"> (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: <ul style="list-style-type: none"> (A) the patient; and (B) the patient's carer (if any), if the patient agrees. 	291.80
92179	<p>Phone attendance of at least 20 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an eligible patient, if:</p> <ul style="list-style-type: none"> (a) the consultant paediatrician reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant paediatrician reviews the eating disorder treatment and management plan, including a: <ul style="list-style-type: none"> (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (d) within 2 weeks after the attendance, the consultant paediatrician: <ul style="list-style-type: none"> (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: <ul style="list-style-type: none"> (A) the patient; and (B) the patient's carer (if any), if the patient agrees. 	136.25

Division 2.2– Services and Fees – obstetric attendances

2.2.1 Application of COVID-19 obstetrics telehealth and phone services

- (1) For an item in Subgroups 1 or 2 of Group T4, *midwife* has the same meaning as in clause 2.41.2 of the general medical services table.
- (2) For items 91850 and 91855:
 - (a) the items apply to an antenatal service provided to a patient by a midwife, nurse or Aboriginal and Torres Strait Islander health practitioner only if:
 - (i) the midwife, nurse or Aboriginal and Torres Strait Islander health practitioner has the appropriate training and skills to perform an antenatal service; and
 - (ii) the medical practitioner under whose supervision the antenatal service is provided retains responsibility for clinical outcomes and for the health and safety of the patient; and
 - (iii) the midwife, nurse or Aboriginal and Torres Strait Islander health practitioner complies with relevant legislative or regulatory requirements regarding the provision of the antenatal service in the State or Territory where the service is provided;
 - (b) the items do not apply in conjunction with another antenatal attendance item for the same patient, on the same day by the same practitioner;
 - (c) the items do not apply in conjunction with items 10990, 10991 or 10992; and
 - (d) for any particular patient, item 91850 and 91855 applies not more than 10 times in a 9 month period.
- (3) An item in Subgroup 2 of Group T4 does not apply if the rendering practitioner and the patient have the capacity to undertake an attendance by telehealth.

Group T4—Obstetrics		
Item	Description	Fee (\$)
Subgroup 1 – COVID-19 obstetric telehealth services		
91850	Antenatal telehealth service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: <ol style="list-style-type: none">(a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and(b) the service is provided at, or from, a practice location in a regional, rural or remote area; and(c) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner.	27.70
91851	Postnatal telehealth attendance by an obstetrician or general practitioner (other than a service to which any other item applies)	72.85

	<p>if:</p> <ul style="list-style-type: none"> (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided. <p>Applicable once for a pregnancy.</p>	
91852	<p>Postnatal telehealth attendance (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which any other item applies) if:</p> <ul style="list-style-type: none"> (a) the attendance is rendered by: <ul style="list-style-type: none"> (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 applies is not provided. <p>Applicable once for a pregnancy.</p>	54.25
91853	Antenatal telehealth attendance.	47.90
Subgroup 2 – COVID-19 obstetric phone services		
91855	<p>Antenatal phone service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if:</p> <ul style="list-style-type: none"> (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is provided at, or from, a practice location in a regional, rural or remote area; and (c) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner. 	27.70
91856	<p>Postnatal phone attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if:</p> <ul style="list-style-type: none"> (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided. <p>Applicable once for a pregnancy.</p>	72.85
91857	Postnatal phone attendance other than attendance at consulting	54.25

rooms, a hospital or a residential aged care facility or a service to which any other item applies) if:

- (a) the attendance is rendered by:
 - (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or
 - (ii) an obstetrician; or
 - (iii) a general practitioner; and
- (b) is between 1 week and 4 weeks after the birth; and
- (c) lasts at least 20 minutes; and
- (d) is for a patient who was privately admitted for the birth; and
- (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 applies is not provided.

Applicable once for a pregnancy.

91858	Antenatal phone attendance.	47.90
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Schedule 3 – Allied health services

Division 3.1 – Services and fees – COVID-19 allied health telehealth services

3.1.1 Application of COVID-19 allied health attendances - general

- (1) An item in Schedule 3 applies only if a private health insurance benefit has not been claimed for the service.
- (2) An item in Subgroups 6 to 9 and Subgroups 12, 14, 16, 18, 21 and 22 of Group M18 does not apply if the rendering practitioner and the patient have the capacity to undertake an attendance by telehealth.

3.1.2 Referrals by psychiatrists and paediatricians for pervasive developmental disorder services

- (1) This section applies to items in Subgroups 15 and 16 of Group M18.
- (2) For items 93032, 93033, 93040 and 93041 the referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which any of items 296 to 370 (except item 359) of the general medical services table applies.
- (3) For items 93032, 93033, 93040 and 93041 the referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which any of items 110 to 131 of the general medical services table applies.
- (4) For items 93035, 93036, 93043 and 93044 the referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which item 289 of the general medical services table applies.
- (5) If a child has previously been provided with a service mentioned in item 289, a consultant physician specialising in the practice of his or her field of psychiatry may only refer the child for a service to which any of items 296 to 370 (excepting item 359) of the general medical services table applies.
- (6) For items 93035, 93036, 93043 and 93044 the referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which item 135 of the general medical services table applies.
- (7) If a child has previously been provided with a service mentioned in item 135, a consultant physician specialising in the practice of his or her field of paediatrics may only refer the child for a service to which any of items 110 to 131 of the general medical services table applies.
- (8) If a child has previously been provided with a service mentioned in item 137 or 139, the medical practitioner cannot refer the child for a service to which item 135 or 289 of the general medical services table applies.

3.1.3 Referrals by specialists, consultant physicians and general practitioners for disability services

- (1) This section applies to items in Subgroups 15 and 16 of Group M18.
- (2) For items 93032, 93033, 93040 and 93041 the referral by a specialist or consultant physician specialising in the practice of his or her field of speciality must be a referral for a service to which any of items 104 to 131 or 296 to 370 (except item 359) of the general medical services table apply.
- (3) For items 93032, 93033, 93040 and 93041 the referral by a general practitioner must be a referral for a service to which any of items 3 to 51 of the general medical services table applies.
- (4) For items 93035, 93036, 93043 and 93044 the referral by a specialist or consultant physician specialising in the practice of his or her field of speciality must be a referral for a service to which item 137 of the general medical services table applies.
- (5) For items 93035, 93036, 93043 and 93044 the referral by a general practitioner must be a referral for a service to which item 139 of the general medical services table applies.
- (6) If a child has previously been provided with a service mentioned in item 135 or 289, the medical practitioner cannot refer the child for a service to which item 137 or 139 of the general medical services table applies.

3.1.4 Pervasive developmental disorder and disability services course of assessment—reporting requirements

- (1) This section applies to items 93032, 93033, 93040 and 93041.
- (2) At the completion of a course of assessment, the allied health professional must provide a written report to the referring medical practitioner.

3.1.5 Referrals by specialists, consultant physicians and general practitioners for psychological therapy and focussed psychological strategies therapy health services

- (1) For items 91166 to 91176:
 - (a) the referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which any of items 293 to 370 of the general medical services table applies;
 - (b) the referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which any of items 110 to 133 of the general medical services table applies;
 - (c) the referral by a specialist in the practice of his or her field of psychiatry or paediatrics must be a referral for a service to which any of items 104 to 109 of the general medical services table applies; and

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- (d) where the referral is by a medical practitioner as part of a shared care plan, the shared care plan must include, in addition to any matters required by section 9B:
 - (i) a record of the patient's agreement to mental health services;
 - (ii) an outline of assessment of the patient's mental disorder, including the mental health formulation and diagnosis or provisional diagnosis; and
 - (iii) if appropriate, a plan for one or more of:
 - A. crisis intervention;
 - B. relapse prevention.

3.1.6 Limitations on allied health eating disorders items

- (1) For an item in Subgroups 20 and 22 of Group M18, an ***eating disorder psychological treatment service*** must involve the provision of any of the following mental health care management strategies:
 - (a) family based treatment (including whole family, parent based therapy, parent only or separated therapy);
 - (b) adolescent focused therapy;
 - (c) cognitive behavioural therapy;
 - (d) cognitive behavioural therapy-anorexia nervosa;
 - (e) cognitive behavioural therapy for bulimia nervosa and binge-eating disorder;
 - (f) specialist supportive clinical management;
 - (g) maudslay model of anorexia treatment in adults;
 - (h) interpersonal therapy for bulimia nervosa and binge-eating disorder;
 - (i) dialectical behavioural therapy for bulimia nervosa and binge-eating disorder;
 - (j) focal psychodynamic therapy.
- (2) An item in Subgroups 20 and 22 of Group M18 does not apply to:
 - (a) a service which:
 - (i) is provided to a patient who, in 12 month period from the provision of an eating disorder treatment and management plan, has already been provided with 10 eating disorder psychological treatment services; and
 - (ii) is provided before a medical practitioner has conducted a patient review (the ***first review***) of the eating disorder treatment and management plan and recorded in the patient's records the medical practitioner's recommendation that the patient have additional eating disorder psychological treatment services in the same 12 month period; and
 - (b) a service which:
 - (i) is provided to a patient who, in 12 month period from the provision of an eating disorder treatment and management plan, has already been provided with 20 eating disorder psychological treatment services; and

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- (ii) is provided before a medical practitioner in general practice (not including a specialist or consultant physician) has conducted a patient review (the **second review**) of the eating disorder treatment and management plan and recorded in the patient's records the medical practitioner in general practice's recommendation that the patient have additional eating disorder psychological treatment services in the same 12 month period; and
 - (iii) is provided before a consultant physician practising in the specialty of psychiatry or paediatrics has conducted a patient review (the **third review**) of the eating disorder treatment and management plan and recorded in the patient's records the consultant physician's recommendation that the patient have additional eating disorder psychological treatment services in the same 12 month period; and
- (c) a service which:
- (i) is provided to a patient who, in 12 month period from the provision of an eating disorder treatment and management plan, has already been provided with 30 eating disorder psychological treatment services; and
 - (ii) is provided before a medical practitioner has conducted a patient review (the **fourth review**) of the eating disorder treatment and management plan and recorded in the patient's records the medical practitioner's recommendation that the patient have additional eating disorder psychological treatment services in the same 12 month period.
- (3) For any particular patient, items in Subgroups 20 and 22 of Group M18 do not apply to a service if the patient has had 40 eating disorder psychological treatment services in a 12 month period commencing from the provision of an eating disorder treatment and management plan.
- (4) For any particular patient, items in Subgroups 19 and 21 of Group M18 do not apply to a service if the patient has had 20 eating disorder dietetic treatment services in a 12 month period commencing from the provision of an eating disorder treatment and management plan.
- (5) Items in Subgroups 19 to 22 of Group M18 do not apply to a service if the patient's eating disorder treatment and management plan has expired under subsection 7(3) of the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*.

3.1.7 Reporting requirements for allied health eating disorder items

- (1) For an item in Subgroups 19 to 22 of Group M18, the relevant allied health professional must provide the referring medical practitioner with a written report on assessments carried out, treatment provided and recommendations for future management of the patient's condition at required intervals.
- (2) A report under subsection (1) is to be provided:
 - (a) after the first service;
 - (b) as clinically required following subsequent services; and
 - (c) after the final service.

Group M18 - COVID-19 allied health telehealth services

Item	Service	Fee (\$)
Subgroup 1 – COVID-19 psychological therapies telehealth services		
91166	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration.	101.35
91167	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration.	148.80

Subgroup 2 – COVID-19 psychologist focussed psychological strategies telehealth services

91169	<p>Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration. 	71.80
91170	<p>Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration. 	101.35

Subgroup 3 – COVID-19 occupational therapist focussed psychological strategies telehealth services

91172	<p>Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration. 	63.25
91173	<p>Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration. 	89.35

Subgroup 4 – COVID-19 social worker focussed psychological strategies telehealth services

91175	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and(b) the service is provided to the person individually; and(c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and(e) the service is at least 20 minutes but less than 50 minutes duration.	63.25
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91176	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: <ul style="list-style-type: none">(a) the person is referred by:<ul style="list-style-type: none">(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or(ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or(iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and(b) the service is provided to the person individually; and(c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and(e) the service is at least 50 minutes duration.	89.35
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Subgroup 6 – COVID-19 psychological therapies phone services

91181	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration. 	101.35
91182	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration. 	148.80
Subgroup 7 - COVID-19 psychologist focussed psychological strategies phone service		
91183	Focussed psychological strategies health service provided by phone	71.80

attendance by an eligible psychologist if:

- (a) the person is referred by:
 - (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or
 - (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or
 - (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and
- (b) the service is provided to the person individually; and
- (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and
- (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and
- (e) the service is at least 20 minutes but less than 50 minutes duration.

91184	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if:	101.35
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- (a) the person is referred by:
 - (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or
 - (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or
 - (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and
- (b) the service is provided to the person individually; and
- (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and
- (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and
- (e) the service is at least 50 minutes duration.

Subgroup 8 – COVID-19 occupational therapist focussed psychological strategies phone services

91185	<p>Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration. 	63.25
91186	<p>Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration. 	89.35

Subgroup 9 – COVID-19 social worker focussed psychological strategies phone services

91187	<p>Focussed psychological strategies health service provided by phone attendance by an eligible social worker if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration. 	63.25
91188	<p>Focussed psychological strategies health service provided by phone attendance by an eligible social worker if:</p> <ul style="list-style-type: none"> (a) the person is referred by: <ul style="list-style-type: none"> (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration. 	89.35

Subgroup 11 - general allied health telehealth services

93000	<p>Telehealth attendance by an eligible allied health practitioner if:</p> <ul style="list-style-type: none"> (a) the service is provided to a person who has: <ul style="list-style-type: none"> (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; <p>to a maximum of 5 services (including any services to which this item, item 93013 or any item in Part 1 of the Schedule to the <i>Health Insurance (Allied Health Services) Determination 2014</i> applies) in a calendar year.</p>	63.25
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Subgroup 12 - telephone allied health services

93013	<p>Phone attendance by an eligible allied health practitioner if:</p> <ul style="list-style-type: none"> (a) the service is provided to a person who has: <ul style="list-style-type: none"> (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part 	63.25
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of the management of the person's chronic condition and complex care needs; and

- (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and
- (d) the service is provided to the person individually; and
- (e) the service is of at least 20 minutes duration; and
- (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c):
 - (i) if the service is the only service under the referral—in relation to that service; or
 - (ii) if the service is the first or last service under the referral—in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;

to a maximum of 5 services (including any services to which this item, item 93000 or any item in Part 1 of the Schedule to the *Health Insurance (Allied Health Services) Determination 2014* applies) in a calendar year.

Subgroup 13 - pregnancy support counselling telehealth services

93026	Non-directive pregnancy support counselling health service provided to a person who is currently pregnant or who has been pregnant in the preceding 12 months, (but not as an admitted patient of a hospital) by an eligible psychologist, eligible social worker or eligible mental health nurse as a telehealth attendance if:	74.30
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- (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and
- (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and
- (ba) the service is provided to the person individually; and
- (c) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and
- (d) the service is at least 30 minutes duration;

to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the *Health Insurance (Allied Health Services) Determination 2014* and 4001* and item 93029 apply) for each pregnancy.

The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate.

[* in the general medical services table]

[** in the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*]

Subgroup 14 - pregnancy support counselling phone services

93029	<p>Non-directive pregnancy support counselling health service provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months, (but not as an admitted patient of a hospital) by an eligible psychologist, eligible social worker or eligible mental health nurse as a phone attendance if:</p> <ul style="list-style-type: none">(a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and(b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and(c) the service is provided to the person individually; and(d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and(e) the service is at least 30 minutes duration; <p>to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the <i>Health Insurance (Allied Health Services) Determination 2014</i> and 4001* and item 93026 apply) for each pregnancy</p> <p>The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate</p> <p>[* in the general medical services table]</p> <p>[** in the <i>Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018</i>]</p>	74.30
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Subgroup 15 - autism, pervasive developmental disorder and disability telehealth services

93032	<p>Psychology health service provided by telehealth attendance to a child aged under 13 years by an eligible psychologist if:</p> <ul style="list-style-type: none">(a) the child was referred to the eligible psychologist by an eligible practitioner:<ul style="list-style-type: none">(i) to assist with the diagnosis of the child by the practitioner; or(ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and(b) the eligible practitioner is:<ul style="list-style-type: none">(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and(c) the eligible psychologist attending the child is registered with	101.35
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	<p>the Department of Human Services as meeting the credentialing requirements for the provision of that service; and</p> <p>(d) the service is provided to the child individually; and</p> <p>(e) the service is at least 50 minutes duration;</p> <p>to a maximum of 4 services (including services to which this item, items 93033, 93040 and 93041 or items 82000, 82005, 82010 and 82030 in the <i>Health Insurance (Allied Health Services) Determination 2014</i> apply).</p> <p>Up to 4 services may be provided to the same child on the same day.</p> <p>This item is subject to clauses 3.1.2, 3.1.3 and 3.1.4.</p>	
93033	<p>Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a child aged under 13 years by an eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist if:</p> <p>(a) the child was referred to the eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist by an eligible practitioner:</p> <p>(i) to assist with the diagnosis of the child by the practitioner; or</p> <p>(ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and</p> <p>(b) the eligible practitioner is:</p> <p>(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or</p> <p>(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and</p> <p>(c) the eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and</p> <p>(d) the service is provided to the child individually; and</p> <p>(e) the service is at least 50 minutes duration;</p> <p>to a maximum of 4 services (including services to which this item, items 93032, 93040 or 93041, or items 82000, 82005, 82010 and 82030 in the <i>Health Insurance (Allied Health Services) Determination 2014</i> apply).</p> <p>Up to 4 services may be provided to the same child on the same day.</p> <p>This item is subject to clauses 3.1.2, 3.1.3 and 3.1.4.</p>	89.35
93035	<p>Psychology health service provided by telehealth attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible</p>	101.35

psychologist, if:

- (a) the child has been diagnosed with a PDD or an eligible disability; and
- (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and
- (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and
- (d) the eligible practitioner is:
 - (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;
 - (ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and
- (e) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and
- (f) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and
- (g) the eligible practitioner is:
 - (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;
 - (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and
- (h) the service is provided to the child individually; and
- (i) the service is at least 30 minutes duration;

to a maximum of 20 services (including services to which this item, items 93036, 93043 and 93044, or items 82015, 82020, 82025 and 82035 in the *Health Insurance (Allied Health Services) Determination 2014* apply).

Up to 4 services may be provided to the same child on the same day.

This item is subject to clauses 3.1.2 and 3.1.3.

93036	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist if: <ul style="list-style-type: none">(a) the child has been diagnosed with a PDD or an eligible	89.35
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- disability; and
- (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and
 - (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and
 - (d) the eligible practitioner is:
 - (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;
 - (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and
 - (e) the eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and
 - (f) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and
 - (g) the service is provided to the child individually; and
 - (i) the service is at least 30 minutes duration;

to a maximum of 20 services (including services to which this item, item 93035, 93043 and 93044, or items 82015, 82020 82025 and 82035 in the *Health Insurance (Allied Health Services) Determination 2014* apply).

This item is subject to clauses 3.1.2 and 3.1.3.

Subgroup 16 - autism, pervasive developmental disorder and disability phone services

93040	<p>Psychology health service provided by phone attendance to a child aged under 13 years by an eligible psychologist if:</p> <ul style="list-style-type: none"> (a) the child was referred to the eligible psychologist by an eligible practitioner: <ul style="list-style-type: none"> (i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: <ul style="list-style-type: none"> (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general 	101.35
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	<p>practitioner; and</p> <p>(c) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and</p> <p>(d) the service is provided to the child individually; and</p> <p>(e) the service is at least 50 minutes duration;</p> <p>to a maximum of 4 services (including services to which this item, items 93032, 93033 and 93041, or items 82005, 82010 and 82030 in the <i>Health Insurance (Allied Health Services) Determination 2014</i> apply).</p> <p>Up to 4 services may be provided to the same child on the same day.</p> <p>This item is subject to clauses 3.1.2. 3.1.3 and 3.1.4.</p>	
93041	<p>Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a child aged under 13 years by an eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist if:</p> <p>(a) the child was referred to the eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist by an eligible practitioner:</p> <p>(i) to assist with the diagnosis of the child by the practitioner; or</p> <p>(ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and</p> <p>(b) the eligible practitioner is:</p> <p>(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or</p> <p>(ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and</p> <p>(c) the eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and</p> <p>(d) the service is provided to the child individually; and</p> <p>(e) the service is at least 50 minutes duration;</p> <p>to a maximum of 4 services (including services to which this item, items 93932, 93033 and 93040 or items 82005, 82010 and 82030 in the <i>Health Insurance (Allied Health Services) Determination 2014</i> apply).</p> <p>Up to 4 services may be provided to the same child on the same day.</p> <p>This item is subject to clauses 3.1.2. 3.1.3 and 3.1.4.</p>	89.35
93043	<p>Psychology health service provided by phone attendance to a child</p>	101.35

aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible psychologist, if:

- (a) the child has been diagnosed with a PDD or an eligible disability; and
- (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and
- (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and
- (d) the eligible practitioner is:
 - (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;
 - (ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and
- (e) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and
- (f) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and
- (g) the eligible practitioner is:
 - (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;
 - (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and
- (h) the service is provided to the child individually; and
- (i) the service is at least 30 minutes duration;

to a maximum of 20 services (including services to which this item, items 93044, 93036, 93035 and 93932 or items 82020, 82025 and 82035 in the *Health Insurance (Allied Health Services) Determination 2014* apply)

This item is subject to clauses 3.1.2 and 3.1.3

93044	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist if: <ul style="list-style-type: none">(a) the child has been diagnosed with a PDD or an eligible	89.35
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- disability; and
- (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and
 - (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and
 - (d) the eligible practitioner is:
 - (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics;
 - (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and
 - (e) the eligible speech pathologist, occupational therapist, audiologist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and
 - (f) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and
 - (g) the service is provided to the child individually; and
 - (i) the service is at least 30 minutes duration;

to a maximum of 20 services (including services to which this item, items 93935, 93036 and 93043 or items 82015, 82025 and 82035 in the *Health Insurance (Allied Health Services) Determination 2014* apply).

This item is subject to clauses 3.1.2 and 3.1.3.

Subgroup 17 - telehealth attendance to person of Aboriginal and Torres Strait Islander descent

93048	<p>Telehealth attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if:</p> <ul style="list-style-type: none"> (a) either: <ul style="list-style-type: none"> (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (ii) the person's shared care plan identifies the need for follow-up allied health services; and (b) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the service is provided to the person individually; and (d) the service is of at least 20 minutes duration; and (e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph 	63.25
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(b):

- (i) if the service is the only service under the referral—in relation to that service; or
- (ii) if the service is the first or the last service under the referral—in relation to that service; or
- (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;

to a maximum of 5 services (including any services to which this item or 93061 or any item in Part 6 of Schedule 2 to the *Health Insurance (Allied Health Services) Determination 2014* applies) in a calendar year.

This item is subject to clauses 3.1.2 and 3.1.3.

Subgroup 18 - telephone attendance to person of Aboriginal and Torres Strait Islander descent

93061 Phone attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: 63.25

(a) either:

- (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
- (ii) the person's shared care plan identifies the need for follow-up allied health services; and

(b) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and

(c) the service is provided to the person individually; and

(d) the service is of at least 20 minutes duration; and

(e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b):

- (i) if the service is the only service under the referral—in relation to that service; or
- (ii) if the service is the first or the last service under the referral—in relation to that service; or
- (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;

to a maximum of 5 services (including any services to which this item or item 93060 or any item in Part 6 of Schedule 2 to the *Health Insurance (Allied Health Services) Determination 2014* applies) in a calendar year.

This item is subject to clauses 3.1.2 and 3.1.3.

Subgroup 19 – eating disorder dietetics telehealth services

93074 Dietetics health service provided by telehealth attendance to an eligible patient by an eligible dietitian: 63.25

(a) the service is recommended in the patient's eating

	<p>disorder treatment and management plan; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) the service is of at least 20 minutes in duration.</p>	
Subgroup 20 - eating disorder psychological treatment services telehealth services		
93076	<p>Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if:</p> <p>(a) the service is recommended in the patient's eating disorder treatment and management plan; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) the service is at least 30 minutes but less than 50 minutes in duration.</p>	101.35
93079	<p>Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if:</p> <p>(a) the service is recommended in the patient's eating disorder treatment and management plan; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) the service is at least 50 minutes in duration.</p>	148.80
93084	<p>Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if:</p> <p>(a) the service is recommended in the patient's eating disorder treatment and management plan; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) the service is at least 20 minutes but less than 50 minutes in duration.</p>	71.80
93087	<p>Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if:</p> <p>(a) the service is recommended in the patient's eating disorder treatment and management plan; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) the service is at least 50 minutes in duration.</p>	101.35
93092	<p>Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if:</p> <p>(a) the service is recommended in the patient's eating disorder treatment and management plan; and</p> <p>(b) the service is provided to the patient individually person; and</p> <p>(c) the service is at least 20 minutes but less than 50 minutes in duration.</p>	63.25
93095	<p>Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if:</p> <p>(a) the service is recommended in the patient's eating</p>	89.35

	disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	
93100	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	63.25
93103	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	89.35
Subgroup 21 – eating disorder dietetics phone services		
93108	Dietetics health service provided by phone attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration.	63.25
Subgroup 22 - eating disorder psychological treatment phone services		
93110	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration.	101.35
93113	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	148.80
93118	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and	71.80

	(c) the service is at least 20 minutes but less than 50 minutes in duration.	
93121	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	101.35
93126	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually person; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	63.25
93129	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	89.35
93134	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	63.25
93137	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	89.35

Schedule 4 – Nurse practitioner and midwife services

Division 4.1 - Services and fees – COVID-19 nurse practitioner telehealth and phone services

4.1.1 – Application of nurse practitioner phone services

- (1) An item in subgroup 10 of Group M18 does not apply if the rendering practitioner and the patient have the capacity to undertake an attendance by telehealth.

Group M18— COVID-19 allied health telehealth services

Item	Description	Fee (\$)
Subgroup 5 – COVID-19 nurse practitioner telehealth services		
91192	Telehealth attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.	9.75
91178	Telehealth attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	21.30
91179	Telehealth attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	40.40
91180	Telehealth attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	59.50
Subgroup 10 – COVID-19 nurse practitioner phone services		
91193	Phone attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited	9.75

	management.	
91189	Phone attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	21.30
91190	Phone attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	40.40
91191	Phone attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	59.50

Division 4.2 - Services and fees – midwifery telehealth and phone services

4.2.1 – Application of midwifery phone services

- (1) An item in Subgroup 2 of Group M19 does not apply if the rendering practitioner and the patient have the capacity to undertake an attendance by telehealth.

Group M19 – COVID-19 midwifery telehealth and phone services		
Item	Description	Fee (\$)
Subgroup 1 – COVID-19 midwifery telehealth services		
91211	Short antenatal telehealth attendance by a participating midwife, lasting up to 40 minutes.	32.80
91212	Long antenatal telehealth attendance by a participating midwife, lasting at least 40 minutes.	54.25
91214	Short postnatal telehealth attendance by a participating midwife, lasting up to 40 minutes.	54.25
91215	Long postnatal telehealth attendance by a participating midwife, lasting at least 40 minutes.	79.75

Subgroup 2 – COVID-19 midwifery phone services		
91218	Short antenatal phone attendance by a participating midwife, lasting up to 40 minutes.	32.80
91219	Long antenatal phone attendance by a participating midwife, lasting at least 40 minutes.	54.25
91221	Short postnatal phone attendance by a participating midwife, lasting up to 40 minutes.	54.25
91222	Long postnatal phone attendance by a participating midwife, lasting at least 40 minutes .	79.75

Schedule 5 – Repeals

Health Insurance (Section 3C General Medical Services –COVID-19 Services) Determination 2020

1 The whole of the instrument

Repeal the instrument