



Health Insurance (Section 3C General Medical Services – GP and Allied Health COVID-19 Services) Amendment (Consequential) Determination 2020

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

Dated 30 April 2020

David Weiss
First Assistant Secretary
Medical Benefits Division
Department of Health

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1. Name

This instrument is the *Health Insurance (Section 3C General Medical Services – GP and Allied Health COVID-19 Services) Amendment (Consequential) 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	Immediately after registration of this instrument.	

Note: This table relates only to the provisions of this instrument as originally made.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. Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1 – Amendments to the *Health Insurance (Allied Health Services) Determination 2014*

1. Subsection 4(1), after the definition of *allied health service*

Insert:

COVID-19 Determination means the *Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Determination 2020*.

2. Subsection 4(1), definition of *course of assessment*, paragraphs (a) and (b)

Omit “82000, 82005, 82010 or 82030”, substitute “82000, 82005, 82010, 82030 or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination”.

3. Subsection 4(1), definition of *course of treatment*, paragraphs (b) and (c)

Omit “82015, 82020, 82025 and 82035”, substitute “82015, 82020, 82025, 82035 or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination”.

4. Subsection 4(1), definitions of *disability treatment and management plan* and *eating disorder dietetic treatment service*

Repeal the definitions, substitute:

disability treatment and management plan for a child, means a plan for the treatment and management of the child’s eligible disability to which any of items 137 or 139 of the general medical services table or items 92141, 92142, 92144 or 92145 of the COVID-19 Determination applies.

eating disorder dietetic treatment service means a service to which any of items 10954, 82350, 82351, or items 93074 or 93108 of the COVID-19 Determination applies.

5. Subsection 4(1), definitions of *GP Management Plan* and *GP Mental Health Treatment Plan*

Repeal the definitions, substitute:

GP Management Plan, for a patient, means a GP management plan to which item 721 or 732 of the general medical services table, or item 92024, 92028, 92068, 92072, 92055, 92059, 92099 or 92103 of the COVID-19 Determination or item 229 or 233 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* applies.

GP Mental Health Treatment Plan, for a patient, means a GP Mental Health Treatment Plan for the patient to which item 2700, 2701, 2715 or 2717 of the general medical services table applies, or item 272, 276, 281 or 282 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*, or item 92112, 92113, 92116, 92117, 92118, 92119, 92122, 92123, 92124, 92125, 92128, 92129, 92130, 92131, 92134 or 92135 of the COVID-19 Determination applies.

6. Subsection 4(1), definition of *multidisciplinary care plan*

Repeal the definition, substitute:

multidisciplinary care plan, for a patient, means a multidisciplinary care plan to which item 729 or 731 of the general medical services table, or item 92026, 92027, 92070, 92071, 92057, 92058, 92101 or 92102 of the COVID-19 Determination or item 231 or 232 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* applies.

7. Subsection 4(1), definition of *PDD treatment and management plan*

Repeal the definition, substitute:

PDD treatment and management plan, for a child, means a plan for the treatment and management of the child's pervasive developmental disorder to which item 135 or 289 of the general medical services table, or item 92140, 92143, 92434 and 92474 of the COVID-19 Determination applies.

8. Subsection 4(1), definitions of *Team Care Arrangements* (including the note) and *telehealth eligible area*

Repeal the definitions (and the note), substitute:

Team Care Arrangements means GP coordination of the development of team care arrangements for the patient to which item 723 or 732 of the general medical services table, or item 92025, 92028, 92069, 92072, 92056, 92059, 92100 or 92103 of the COVID-19 Determination, or item 230 or 233 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* applies.

telehealth eligible area has the meaning given by section 6D.

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

- dental practitioner
- general medical services table
- item
- medical practitioner
- Chief Executive Medicare
- optometrist
- professional service.

9. Subsection 6(4)

After “in Schedule 2” insert “, or items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844 and 91845 of the COVID-19 Determination”.

10. Subsection 6B(4)

After “in Schedule 2” insert “, or items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844 and 91845 of the COVID-19 Determination”.

11. Subsections 7(2) to (4)

Repeal the subsections, substitute:

- (2) 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 or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92436, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92476, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 of the COVID-19 Determination applies.
- (3) 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 or items 91824, 91825, 91826, 91834, 91835, 91836, 92422, 92423, 92431 and 92432 of the COVID-19 Determination applies.
- (4) 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 or items 91822, 91823, 91832 or 91833 of the COVID-19 Determination applies.

12. Subsections 8(2) to (8)

Repeal the subsections, substitute:

- (2) For items 82000, 82005, 82010 and 82030 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 or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 of the COVID-19 Determination applies.
- (3) For items 82000, 82005, 82010 and 82030 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 or items 91824, 91825, 91826, 91834, 91835 and 91836 of the COVID-19 Determination applies.
- (4) For items 82015, 82020, 82025 and 82035 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 or item 92434 or 92474 of the COVID-19 Determination 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 or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 of the COVID-19 Determination applies.
- (6) For items 82015, 82020, 82025 and 82035 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 or item 92140 or 92143 of the COVID-19 Determination applies.

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- (7) If a child has previously been provided with a service mentioned in item 135 of the general medical services table or item 92140 or 92143 of the COVID-19 Determination, 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 or items 91824, 91825, 91826, 91834, 91835 and 91836 of the COVID-19 Determination applies.
 - (8) If a child has previously been provided with a service mentioned in item 137 or 139 of the general medical services table or item 92141, 92142, 92144 or 92145 of the COVID-19 Determination, the medical practitioner cannot refer the child for a service to which item 135 or 289 of the general medical services table or item 92140, 92143, 92434 or 92474 of the COVID-19 Determination applies.

13. Subsections 8A(2) to (6)

Repeal the subsections, substitute:

- (2) For items 82000, 82005, 82010 and 82030 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 or items 91822 to 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 of the COVID-19 Determination applies.
- (3) For items 82000, 82005, 82010 and 82030 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 or item 91790 to 91802, 91795, 91809 to 91811 of the COVID-19 Determination applies.
- (4) For items 82015, 82020, 82025 and 82035 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 or item 92141 or 92144 of the COVID-19 Determination applies.
- (5) For items 82015, 82020, 82025 and 82035 the referral by a general practitioner must be a referral for a service to which item 139 of the general medical services table or item 92142 or 92145 of the COVID-19 Determination applies.
- (6) If a child has previously been provided with a service mentioned in item 135 or 289 of the general medical services table or item 92140, 92143, 92434 and 92474 of the COVID-19 Determination, the medical practitioner cannot refer the child for a service to which item 137 or 139 of the general medical services table or item 92141, 92142, 92144 or 92145 of the COVID-19 Determination applies.

14. Paragraphs 8B(2)(a) to (c)

Repeal the paragraphs, substitute:

- (a) a general practitioner or medical practitioner who issued the referral as part of a service to which an item in Subgroup 1 of the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019* or item 92146, 92147, 92148, 92149, 92150, 92151, 92152, 92153, 92154, 92155, 92156, 92157, 92158, 92159, 92160 or 92161 of the COVID-19 Determination applies; or

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- (b) a consultant physician in the specialty of psychiatry or paediatrics who issued the referral as part of a service to which an item in Subgroup 2 of the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019* or item 92162, 92163, 92166 or 92167 applies; or
 - (c) a medical practitioner who issued the referral as part of 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* or item 92170 to 92173 or 92176 to 92179, of the COVID-19 Determination applies.

15. Schedule 1, item 2

Omit “the Audiological Society of Australia and the holder of a Certificate of Clinical Practice issued by that Society”, substitute “Audiology Australia and the holder of a Certificate of Clinical Practice issued by that organisation”.

Note: Audiology Australia was formerly known as the Audiological Society of Australia.

16. Schedule 1, item 11

Omit “a participating optometrist”, substitute “an optometrist”.

17. Schedule 2, Part 1, Group M3 (all items in M3, column 2)

After “Part 1 of this Schedule” (wherever occurring) insert “or items 93000 or 93013 in the COVID-19 Determination”.

18. Schedule 2, Part 3, Group M8 (items 81000, 81005 and 81010, column 2, after paragraph (d))

Omit all the words, substitute:

to a maximum of 3 services (including services to which items 81000, 81005, 81010, item 4001 in the general medical services table, item 792 in the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*, or items 92136, 92138, 93026, 93029, 92137 or 92139 in the COVID-19 Determination apply) for each pregnancy

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

This item is subject to section 9

19. Schedule 2, Part 5, Group M10 (items 82000, 82005 and 82010, column 2)

After “82030”, insert “or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination”.

20. Schedule 2, Part 5, Group M10 (item 82015, column 2)

After “82020, 82025 and 82035”, insert “or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination”.

21. Schedule 2, Part 5, Group M10 (items 82020 and 82025, column 2)

After “82035”, insert “or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination”.

22. Schedule 2, Part 5, Group M10 (item 82030, column 2)

After “82000, 82005 and 82010”, insert “or items 93032, 93033, 93040 and 93041 of the COVID-19 Determination”.

23. Schedule 2, Part 5, Group M10 (item 82035, column 2)

After “82015, 82020 and 82025”, insert “or items 93035, 93036, 93043 and 93044 of the COVID-19 Determination”.

24. Schedule 2, Part 6, Group M11 (all items in M11, column 2)

After ‘Part 6 of this Schedule’ (wherever occurring), insert “or items 93048 or 93061 of the COVID-19 Determination”.

Schedule 2 – Amendments to the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*

1. Subsection 4(1), after the definition of ASGS

Insert:

COVID-19 Determination means the *Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Determination 2020*.

2. Schedule 1, Division 1.5, Group A7 (item 228)

Omit:

this item is applicable not more than once in a 9 month period, and only if item 715 of the general medical services table is also not applicable within that same 9 month period.

Substitute:

this item is applicable not more than once in a 9 month period, and only if item 715 of the general medical services table or any of items 92004, 92011, 92016 and 92023 of the COVID-19 Determination are also not applicable within that same 9 month period.

3. Schedule 1, Division 1.6, subclause 1.6.2(4)

At the end of the subsection, insert:

; and

(c) any of items 91790, 91792, 91794, 91795, 91797, 91799 to 91817, 92210, 92211, 92216 and 92217 of the COVID-19 Determination.

4. Schedule 1, Division 1.6, Table 1.6.3

Repeal the table, substitute:

Table 1.6.3—Limitation on items 229, 230, 231, 232 and 233

Item	Column 1	Column 2
	Item of the table	Circumstances
1	229	(a) In the 3 months before performance of the service, being a service to which item 729, 731 or 732 of the general services table, item 231, 232 or 233 or item 92026, 92027, 92028, 92057, 92058, 92059, 92070, 92071, 92072, 92101, 92102 or 92103 of the COVID-19 Determination applies (for reviewing a GP management plan) but had not been performed for the patient; and (b) a service to which item 721 of the general services table or items 92024, 92026, 92055 or 92099 of the COVID-19 Determination apply has not been performed in the past 12 months

Table 1.6.3—Limitation on items 229, 230, 231, 232 and 233

Item	Column 1 Item of the table	Column 2 Circumstances
		(c) the service is not performed more than once in a 12 month period; and (d) the service is not 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 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
2	230	(a) In the 3 months before performance of the service, being a service to which item 732 of the general services table or item 233 or item 92028, 92059, 92072 or 92103 of the COVID-19 Determination 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 (b) a service to which item 723 of the general services table or items 92025, 92056, 92069 or 92100 of the COVID-19 Determination applies is performed not more than once in a 12 months (c) the service is performed not more than once in a 12 month period; and (d) the service is not 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 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 general practitioner
3	231	(a) either: (i) in the 3 months before performance of the service, being a service to which item 731 or 732 of the general services table or item 232 or 233 or item 92027, 92028, 92058, 92059, 92071, 92072, 92102 or 92103 of the COVID-19 Determination 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: (A) by the medical practitioner who performs the service to which item 729 of the general services table or item 231 or item 92026, 92057, 92070 or 92101 of the COVID-19 Determination 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 item 229 or 230 or item 92024, 92025, 92055, 92056, 92068, 92069, 92099 or 92100 of the COVID-19 Determination; and (b) a service to which item 729 of the general medical services table or item 92026, 92057, 92070 or 92101 of the COVID-19 Determination applies is performed not more than once in a 3 month period; and

Table 1.6.3—Limitation on items 229, 230, 231, 232 and 233

Item	Column 1 Item of the table	Column 2 Circumstances
		(c) the service is performed not more than once in a 3 month period
4	232	(a) In the 3 months before performance of the service, being a service to which item 721, 723, 729 or 732 of the general services table or item 229, 230, 231 or 233 or item 92024, 92025, 92026, 92028, 92055, 92056, 92057, 92059, 92068, 92069, 92070, 92072, 92099, 92100, 92101 or 92103 of the COVID-19 Determination applies but had not been performed for the patient; and (b) a service to which item 731 of the general services table or item 92027, 92058, 92071 or 92102 of the COVID-19 Determination 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
5	233	Each service may be performed if a service to which item 732 of the general services table or item 92028, 92059, 92072 or 92103 of the COVID-19 Determination 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

5. Schedule 1, Division 1.6, Group A7 (item 233, column headed ‘Description’)

Repeal the cell, substitute:

Attendance by a medical practitioner 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 of the general medical services table, or item 229, or item 92024, 92055, 92068 or 92099 of the COVID-19 Determination, applies; or
- (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 723 in the general medical services table, or item 230, or item 92025, 92056, 92069 or 92100 of the COVID-19 Determination, applies.

6. Schedule 1, Division 1.6, Group A7 (items 235, 236, 237, 238, 239 and 240)

Omit “items 721 to 732 of the general medical services table or items 229 to 233 apply”, substitute:

items 721 to 732 of the general medical services table, or items 229 to 233, or items 92024 to 92028, 92055 to 92059, 92068 to 92072, or 92099 to 92103 of the COVID-19 Determination, apply)

7. Schedule 1, clause 1.9.3

Repeal subclauses (2) to (8), substitute:

- (2) Unless exceptional circumstances exist, items 272, 276, 281 and 282 cannot be claimed:
- (a) with a service to which items 735 to 758, or item 2713 of the general medical services table, item 92115, 92121, 92133 or 92127 of the COVID-19 Determination or items 235 to 240, or item 279 apply; or
 - (b) more than once in a 12 month period from the provision of any of the items for a particular patient; or
 - (c) within 3 months following the provision of a service to which item 2712 of the general medical services table, item 92114, 92120, 92126 or 92132 of the COVID-19 Determination, or item 277 applies; or
 - (d) more than once in a 12 month period from the provision of any of items 92118, 92119, 92130, 92131, 92122, 92134, 92123 or 92135 of the COVID-19 Determination.
- (3) Item 277 applies only if one of the following services has been provided to the patient:
- (a) the preparation of a GP mental health treatment plan under:
 - (i) any of items 2700, 2701, 2715 and 2717 of the general medical services table; or
 - (ii) any of items 272, 276, 281 and 282; or
 - (iii) any of items 92112, 92113, 92116, 92117, 92118, 92119, 92122, 92123, 92124, 92125, 92128, 92129, 92130, 92131, 92134 and 92135 of the COVID-19 Determination;
 - (b) a psychiatrist assessment and management plan under item 291 of the general medical services table or items 92435 and 92475 of the COVID-19 Determination.
- (4) Item 277 does not apply:
- (a) to a service to which items 735 to 758, or item 2713 of the general medical services table or items 235 to 240, or item 279 or item 92121, 92133, 92115 or 92127 of the COVID-19 Determination apply; or
 - (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 (item 2700, 2701, 2715 or 2717 of the general medical services table or item 272, 276, 281 or 282 or item 92112, 92113, 92116, 92117, 92118, 92119, 92122, 92123, 92124, 92125, 92128, 92129, 92130, 92131, 92134 or 92135 of the COVID-19 Determination).

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- (5) Item 279 does not apply in association with a service to which item 2700, 2701, 2715, 2717 or 2712 of the general medical services table or item 272, 276, 281 or 282 or 277 or item 92112, 92113, 92114, 92116, 92117, 92118, 92119, 92120, 92122, 92123, 92124, 92125, 92126, 92128, 92129, 92130, 92131, 92132, 92134 or 92135 of the COVID-19 Determination applies.
- (6) Items 281 and 282 apply only if the medical practitioner providing the service has successfully completed mental health skills training accredited by the General Practice Mental Health Standards Collaboration.
- Note: The General Practice Mental Health Standards Collaboration operates under the auspices of the Royal Australian College of General Practitioners.
- (7) In this clause, exceptional circumstances means a significant change in the patient's clinical condition or the patient's care circumstances.

8. Schedule 1, Division 1.9, subclause 1.9.4(2)

Repeal the subclause, substitute:

- (2) Items 283, 285, 286, 287, 371 and 372 do not apply to:
- (a) a service which:
 - (i) is provided to a patient who, in a calendar year, has already been provided with 6 services to which any of the items in Subgroup 2 of Group A20 of the general medical services table or items 283, 285, 286, 287, 371 and 372 applies or items 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845 of the COVID-19 Determination applies; and
 - (ii) is provided before the medical practitioner managing the GP mental health treatment plan or the psychiatrist assessment and management plan has conducted a patient review and recorded in the patient's records a recommendation that the patient have additional sessions of focussed psychological strategies in the same calendar year; or
 - (b) a service which is provided to a patient who has already been provided, in the calendar year, with 10 other services to which any of the items in Subgroup 2 of A20 of the general medical services table, items 283, 285, 286, 287, 371 and 372, or items 80000 to 80015, 80100 to 80115, 80125 to 80140 or 80150 to 80165, or items 91820, 91821, 91844, 91845, 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91818, 91819, 91842 and 91843 of the COVID-19 Determination apply.

9. Schedule 1, Division 1.11, clause 1.11.1

Repeal the clause, substitute:

1.11.1 Application of item 792

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- (1) A service to which item 792 applies must not be provided by a 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.
 - (2) Item 792 does not apply if a patient has already been provided, for the same pregnancy, with 3 services to which that item, item 4001 of the general medical services table, item 93026, 93029, 92136, 92137, 92138 or 92139 of the COVID-19 Determination, or item 81000, 81005 or 81010 applies.

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

- (3) In item 792:

non-directive pregnancy support counselling means counselling provided by a medical practitioner to a person in which:

- (a) information and issues relating to pregnancy are discussed; and
 - (b) the general practitioner does not impose the medical practitioner's views or values about what the person should or should not do in relation to the pregnancy.
- (4) A service to which item 792 applies may be used to address any pregnancy-related issue.

1.11.2 Application of subclause 2.26.1(2) of the general medical services table

Subclause 2.26.1(2) of the general medical services table shall have effect as if the reference to "item 81000, 81005 or 81010" included a reference to item 792.

10. Schedule 1, Division 1.11 (item 792)

Omit:

or 81010 of the general medical services table 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.

substitute:

81010, 93026, 93029, 92136, 92137, 92138 or 92139 of the general medical services table 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. For items 93026, 93029, 92136, 92137, 92138 or 92139 see the COVID-19 Determination.

Schedule 3 – Amendments to the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*

1. Subsection 4(1), after the definition of Act

Insert:

COVID-19 Determination means the *Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Determination 2020*.

2. Subsection 4(1), definition of eating disorder psychological treatment

Add at end of definition, insert:

“(e) items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181 to 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93076, 93079, 93084, 93087, 93092, 93095, 93100, 93103, 93110, 93113, 93118, 93121, 93126, 93129, 93134 and 93137 of the COVID-19 Determination.”

3. Subsection 4(1), definition of eating disorder treatment and management plan

After “instrument”, insert “or an item in Subgroups 21 to 24 of Group A40 of the COVID-19 Determination”.

4. Subsection 7(2)

After “general medical services table”, insert “or an item in 92115, 92121, 92127 or 92133 of the COVID-19 Determination”.

5. Subsection 7(4)

After “instrument”, insert “and items in Subgroups 21 to 24 of Group A40 and items 92422, 92423, 92431 and 92432 of the COVID-19 Determination”.

6. Subsection 9(1)

After “general medical services table” insert “or items 91824, 91825, 91826, 91834, 91835 or 91836 of the COVID-19 Determination”.

7. Subsection 11(8)

After “instrument” add “or an item in Subgroup 25 or 26 of Group A40 of the COVID-19 Determination”.

Schedule 4 – Amendments to the *Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Determination 2020*

1. Subsection 5(1)

Insert:

Aboriginal and Torres Strait Islander health practitioner has the meaning given by Part 3 of the general medical services table.

Allied Health Determination means the *Health Insurance (Allied Health Services) Determination 2014*.

eating disorder examination questionnaire has the meaning given by section 4 of the Eating Disorder Services Determination.

Eating Disorders Services Determination means the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*.

eligibility criteria has the meaning given by section 4 of the Eating Disorders Services Determination.

2. Subsection 5(1), definition of *eating disorder psychological treatment service*

Repeal the definition, substitute:

eating disorder psychological treatment service has the same meaning as in the Eating Disorders Services Determination.

3. Subsection 5(1), definition of *multidisciplinary care plan*

Omit “4.1.2”, substitute “4.1.1”.

4. Subsection 5(1), definition of *patient review*

Repeal the definition, substitute:

patient review has the same meaning as in the Eating Disorders Services Determination.

5. Subsection 5(1)

Insert:

residential aged care facility has the meaning given in Part 3 of the general medical services table.

6. Subsection 8(3)

Omit “10 other services to which any of the following items apply”, substitute “10 services to which any of those items or the following items apply”.

7. After subsection 8(6)

Insert:

(7) The following items do not apply if the person providing the service specified in the item and the patient have the capacity to undertake an attendance by telehealth:

- (a) an item in any of Subgroups 2, 7 to 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34 and 36 of Group A40;
- (b) an item in Subgroup 2 of Group T4;
- (c) an item in any of Subgroups 6 to 10, 12, 14, 16, 18, 21 and 22 of Group M18; or
- (d) an item in Subgroup 2 of Group M19.

8. Schedule 1, Division 1.1, heading

After “**attendances**” insert “**via telehealth and phone**”.

9. Schedule 1, clause 1.1.1, heading

After “**practitioner**” insert “**telehealth and phone**”.

10. Schedule 1, subclause 1.1.1(2)

Repeal the subclause, substitute:

- (2) Clause 2.22.7(2)(a) of the general medical services table shall have effect as if items 91818, 91819, 91842 and 91843 were also specified in subparagraph 2.22.7(2)(a)(i).

11. Schedule 1 (table at subclause 1.1.6(2), item 1, column 2)

Omit “729, 731, 732, 231, 232, 233,”, substitute “729, 731 or 732 of the general medical services table, item 231, 232 or 233 of the Other Medical Practitioner Determination or item”.

12. Schedule 1 (table at subclause 1.1.6(2), item 2, column 2)

Omit “732, 233,”, substitute “732 of the general medical services table, item 233 of the Other Medical Practitioner Determination or item”.

13. Schedule 1 (table at subclause 1.1.6(2), item 3, column 2, subparagraph (a)(i))

Omit “731, 732, 232, 233, 92027, 92028, 92071, 92072”, substitute “731 or 732 of the general medical services table, item 232 or 233 of the Other Medical Practitioner Determination or item 92027, 92028, 92071 or 92072”.

14. Schedule 1 (table at subclause 1.1.6(2), item 3, column 2, subparagraph (a)(ii)(A))

Omit “item 729,”, substitute “item 729 of the general medical services table, or item”.

15. Schedule 1 (table at subclause 1.1.6(2), item 4, column 2)

Omit “item 721, 723, 729, 732, 229, 230, 231, 233,”, substitute “item 721, 723, 729 or 732 of the general medical services table, or item 229, 230, 231 or 233 of the Other Medical Practitioner Determination or item”.

16. Schedule 1 (table at subclause 1.1.9(3))

Repeal the table, substitute:

Limitation on items 92055 to 92059 and 92099 to 92103

Item	Column 1 Item of the table	Column 2 Circumstances
1	92055 and 92099	<p>(a) In the 3 months before performance of the service, being a service to which item 729, 731 or 732 of the general medical services table, item 231, 232 or 233 of the Other Medical Practitioner Determination 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 of the general medical services table or 229 of the Other Medical Practitioner Determination or items 92024, 92055, 92068 or 92099 applies 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> <p>(i) who is a recognised specialist in palliative medicine; and</p> <p>(ii) who is treating a palliative patient that has been referred to the medical practitioner; and</p> <p>(iii) to which an item in Subgroup 3 or 4 of Group A24 of the Other Medical Practitioner Determination applies because of the treatment of the palliative patient by the medical practitioner</p>

Limitation on items 92055 to 92059 and 92099 to 92103

Item	Column 1 Item of the table	Column 2 Circumstances
2	92056 and 92100	<p>(a) In the 3 months before performance of the service, being a service to which item 732 of the general medical services table or item 233 of the Other Medical Practitioner Determination 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 of the general medical services table or 230 of the Other Medical Practitioner Determination or items 92025, 92026, 92069 or 92100 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; and (iii) to which an item in Subgroup 3 or 4 of Group A24 of the Other Medical Practitioner Determination applies because of the treatment of the palliative patient by the general practitioner
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 of the general medical services table or item 232 or 233 of the Other Medical Practitioner Determination 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 of the general medical services table or item 231 of the Other Medical Practitioner Determination or item 92026, 92057, 92070 or 92101 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 item 229 or 230 of the Other Medical Practitioner Determination or item 92024, 92025, 92055, 92066, 92068, 92069, 92099 or 92100; and <p>(b) a service to which item 729 of the general medical services table or 231 of the Other Medical Practitioner Determination or item 92026, 92057, 92070 or 92101 applies is performed not more than once in a 3 month period; and</p>

Limitation on items 92055 to 92059 and 92099 to 92103

Item	Column 1 Item of the table	Column 2 Circumstances
		(c) the service is performed not more than once in a 3 month period.
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 of the general medical services table or item 229, 230, 231 or 233 of the Other Medical Practitioner Determination 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 of the general medical services table 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.
5	92059 and 92103	Each service may be performed if a service to which item 732 of the general medical services table 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 of the Other Medical Practitioner Determination applies because of the treatment of the palliative patient by the general practitioner

17. Schedule 1, subclause 1.1.9A(2)

Repeal paragraph (b) and the note, substitute:

- (b) item 792 of the Other Medical Practitioner Determination, item 4001 of the general medical services table, item 81000, 81005 or 81010 of the Allied Health Determination or item 93026 or 93029.

18. Schedule 1, subclause 1.1.11(1), definition of *general practitioner*

Repeal the definition.

19. Schedule 1, subclause 1.1.11(1)

Insert:

associated general practitioner has the meaning given in clause 2.22.5 of the general medical services table.

20. Schedule 1, subclause 1.1.11(2), definition of *associated general practitioner*

Repeal the definition.

21. Schedule 1, subclause 1.1.11(2)

Insert:

associated medical 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).

22. Schedule 1, paragraph 1.1.11(3)(a)

After "91182" insert "and items in Group M6 of the Allied Health Determination".

23. Schedule 1, paragraph 1.1.11(6)(a)

Repeal subparagraphs (i) and (ii), substitute:

- (i) items 735 to 758 or 2713 of the general medical services table; or
- (ii) items 92115, 92121, 92127 or 92133; or

24. Schedule 1, subclause 1.1.11(10)

Omit "and 92135", insert ", 92135, 92148, 92149, 92152, 92153, 92156, 92157, 92160 and 92161".

25. Schedule 1, after clause 1.1.12

Insert:

1.1.13 Limitations on eating disorder services

- (1) Items in Subgroups 21, 22, 25 and 26 of Group A40 do not apply if performed in association with a service to which items 279 of the Other Medical Practitioner Determination, 2713 of the general medical services table or items 92115, 92121, 92127 or 92133 applies.
- (2) For any particular patient, items in Subgroup 1 and 2 of Schedule 1 to the Eating Disorder Services Determination and items in Subgroup 21 to 24 of Group A40 are applicable not more than once (in total for all items) in a 12 month period from the provision of any of the items.

1.1.14 Application of items in Subgroups 21 and 22 of Group A40

- (1) For any particular patient:
 - (a) items in Subgroups 21 and 22 of Group A40 do not apply in association with a service to which items 735 to 758 of the general medical services table apply; and

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- (b) items in Subgroups 21 and 22 of Group A40 do not apply in association with a service to which items 235 to 244 of the Other Medical Practitioner Determination apply.

1.1.15 Application of items in Subgroups 23 and 24 of Group A40

- (1) Items 92163 and 92167 do not apply if performed in association with a service to which items 110, 116, 119, 132 or 133 of the general medical services table or items 91824, 91825, 91826, 91834, 91835, 91836, 92422, 92423, 92431 or 92432 applies.

1.1.16 Application of items in Subgroups 25 and 26 of Group A40

- (1) In items 92170, 92171, 92176 and 92177:

associated medical practitioner working in general practice 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 that item, performs the service mentioned in the item at the request of the patient (or the patient's guardian).

1.1.17 Application of items in Subgroups 27 and 28 of Group A40

- (1) For an item in Subgroup 27 or 28 of Group A40, 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) maudsley 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 Subgroup 27 or 28 of Group A40 applies to a service which is provided by a medical practitioner:
 - (a) whose name is entered in the register maintained by the Chief Executive Medicare under section 33 of the *Human Services (Medicare) Regulations 2017*; and
 - (b) who is identified in the register as a medical practitioner who can provide services to which Subgroup 2 of Group A20 of the general medical services table applies, items 283, 285, 286, 287, 371 and 372 of the Other Medical Practitioner Determination or items 91820, 91821, 91844 and 91845 applies; and

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- (c) 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 applies or items 283, 285, 286, 287, 371 and 372 of the Other Medical Practitioner Determination or items 91820, 91821, 91844 and 91845 applies.
- (3) An item in Subgroup 27 or 28 of Group A40 does not apply to:
- (a) a service which:
- (i) is provided to a patient who, in a 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 a 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
- (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 a 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.
- (4) For any particular patient, items in Subgroups 27 and 28 of Group A40 do not apply if the patient has had 40 eating disorder psychological treatment services in a 12 month
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period commencing from the provision of an eating disorder treatment and management plan.

- (5) Items in Subgroups 27 and 28 of Group A40 do not apply to a service if the patient's eating disorder treatment and management plan has expired under subsection 7(3) of the Eating Disorders Services Determination.

26. Schedule 1 (Group A40, Subgroup 13, items 92024, 92025, 92026 and 92027, column 2)

After "735 to 758" insert "of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination".

27. Schedule 1 (Group A40, Subgroup 13, item 92028, column 2)

Repeal the cell, substitute:

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 of the general medical services table, item 229 of the Other Medical Practitioner Determination, or item 92024, 92055, 92068 or 92099 applies;
- (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 of the Other Medical Practitioner Determination, or item 92025 or 92069 applies

28. Schedule 1 (Group A40, Subgroup 13, items 92056, 92057 and 92058, column 2)

After "items 235 to 240" insert "of the Other Medical Practitioner Determination".

29. Schedule 1 (Group A40, Subgroup 13, item 92059, column 2)

Repeal the cell, substitute:

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 of the general medical services table 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 of the general medical services table or item 230 of the Other Medical Practitioner Determination or item 92025, 92056, 92069 or 92100 applies

30. Schedule 1 (Group A40, Subgroup 14, items 92068, 92069, 92070 or 92071, column 2)

After "735 to 758" insert "of the general medical services table".

31. Schedule 1 (Group A40, Subgroup 14, items 92068, 92069, 92070 or 92071, column 2)

Omit “or items 235 to 240”, insert “of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination”.

32. Schedule 1 (Group A40, Subgroup 14, item 92072, column 2)

Repeal the cell, substitute:

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 items 721 of the general medical services table, item 229 of the Other Medical Practitioner Determination, or item 92024, 92055, 92068 or 92099 applies;
- (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 of the Other Medical Practitioner Determination, or item 92025, 92056, 92069 or 92100 applies

33. Schedule 1 (Group A40, Subgroup 14, item 92103, column 2)

Repeal the cell, substitute:

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 of the general medical services table 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 of the general medical services table or item 230 of the Other Medical Practitioner Determination or item 92025, 92056, 92069 or 92100 applies

34. Schedule 1 (Group A40, Subgroup 15, item 92136, column 2)

Repeal paragraph (b) and the note, substitute:

- (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92137, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy

35. Schedule 1 (Group A40, Subgroup 15, item 92137, column 2)

Repeal paragraph (b) and the note, substitute:

- (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy

36. Schedule 1 (Group A40, Subgroup 16, items 92138, column 2)

Repeal paragraph (b) and the note, substitute:

- (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92137, 92139, 93026 or 93029 applies in relation to that pregnancy

37. Schedule 1 (Group A40, Subgroup 16, item 92139, column 2)

Repeal paragraph (b) and the note, substitute:

- (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination or item 92136, 92137, 92138, 93026 or 93029 applies in relation to that pregnancy

38. Schedule 1 (Group A40, Subgroup 26 items 92176 and 92177, column 2, subparagraph (b)(iii))

Renumber as subparagraph (i).

39. Schedule 1 (Group A40, Subgroup 26, items 92176 and 92177, column 2, subparagraph (b)(iv))

Renumber as subparagraph (ii).

40. Schedule 2, Division 2.1, heading

Omit “**video conference**”, substitute “**telehealth and phone**”.

41. Schedule 2, clause 2.1.1, heading

After “**psychiatrist**” insert “**telehealth and**”.

42. Schedule 2, subclause 2.1.1(1)

Repeal the subclause.

43. Schedule 2, subclause 2.1.1(2)

Renumber as subclause (1).

44. Schedule 2 (Group A40, item 92422, column 2)

Repeal paragraphs (c) and (d), substitute:

- (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and
- (d) this item, item 92431, or item 132 of the general medical services table, has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician

45. Schedule 2 (Group A40, item 92423, column 2)

Repeal paragraphs (c) to (f), substitute:

- (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and
- (d) item 132 of the general medical services table or item 92422 or 92431 applied to an attendance claimed in the preceding 12 months; and
- (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 of the general medical services table or item 92422 or 92431; and
- (f) this item, item 92432, or item 133 of the general medical services table has not applied more than twice in any 12 month period

46. Schedule 2 (Group A40, item 92434, column 2, after paragraph (d))

Omit all the words, substitute:

(other than attendance on a patient for whom payment has previously been made under this item, or item 135, 137, 139 or 289 of the general medical services table, or item 92140, 92143, 92141, 92144, 92142, 92145 or 92474)

47. Schedule 2 (Group A40, item 92435, column 2)

Omit “or 92475”, substitute “of the general medical services table or item 92475”.

48. Schedule 2 (Group A40, item 92436, column 2)

Repeal paragraphs (e) and (f), substitute:

- (e) in the preceding 12 months, a service to which item 291 of the general medical services table or item 92435 or 92475 applies has been provided; and
- (f) in the preceding 12 months, a service to which this item, item 92476, or item 293 of the general medical services table or item 92476 applies has not been provided

49. Schedule 2 (Group A40, item 92437, column 2)

Repeal paragraph (b), substitute:

- (b) the patient has not received an attendance under this item, or item 91827 to 91831, 91837 to 91841, 92455 to 92457, 92495 to 92495 or 92477, or item 296, 297, 299, 300 to 346, 353 to 358 or 361 to 370 of the general medical services table, in the preceding 24 months

50. Schedule 2 (Group A40, item 92460, column 2)

After “352” insert “of the general medical services table”.

51. Schedule 2 (Group A40, item 92431, column 2)

Repeal paragraphs (c) and (d), substitute:

- (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and

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- (d) this item, or item 92422, or item 132 of the general medical services table has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician

52. Schedule 2 (Group A40, item 92432, column 2)

Repeal paragraphs (c) to (f), substitute:

- (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and
- (d) item 132 of the general medical services table or item 92422 or 92431 applied to an attendance claimed in the preceding 12 months; and
- (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 of the general medical services table or item 92422 or 92431; and
- (f) this item, or item 92423, or item 133 of the general medical services table has not applied more than twice in any 12 month period

53. Schedule 2 (Group A40, item 92474, column 2, after paragraph (d))

Omit all the words, substitute:

(other than attendance on a patient for whom payment has previously been made under this item, or item 92140, 92143, 92141, 92144, 92142, 92145 or 92434, or item 135, 137, 139 or 289 of the general medical services table)

54. Schedule 2 (Group A40, item 92475, column 2)

Omit “or 92435”, substitute “of the general medical services table or item 92435”.

55. Schedule 2 (Group A40, item 92476, column 2)

Repeal paragraphs (e) and (f), substitute:

- (e) in the preceding 12 months, a service to which item 291 of the general medical services table or item 92435 or 92475 applies has been provided; and
- (f) in the preceding 12 months, a service to which this item, item 92436 or item 293 of the general medical services table has not been provided

56. Schedule 2 (Group A40, item 92477, column 2)

Repeal paragraph (b), substitute:

- (b) the patient has not received an attendance under this item, item 91827 to 91831, 91837 to 91841, 92455 to 92457, 92495 to 92495 or 92437, or item 296, 297, 299, 300 to 346, 353 to 358, or 361 to 370 of the general medical services table, in the preceding 24 months

57. Schedule 2 (Group A40, item 92500, column 2)

After “352” insert “of the general medical services table”.

58. Schedule 2 (Group A40, item 92623, column 2)

Repeal paragraphs (d) and (e), substitute:

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- (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91832, 91823, 91833, 91824, 91834, 91825, 91835, 91826 or 91836 applies has not been provided to the patient on the same day by the same practitioner; and
 - (e) an attendance to which this item, item 92628, or item 145 of the general medical services table applies has not been provided to the patient by the same practitioner in the preceding 12 months

59. Schedule 2 (Group A40, item 92624, column 2)

Repeal paragraphs (c) to (e), substitute:

- (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91832, 91823, 91833, 91824, 91834, 91825, 91835, 91826 or 91836 applies was not provided to the patient on the same day by the same practitioner; and
- (d) an attendance to which item 141 or 145 of the general medical services table, or item 92623 or 92628 applies has been provided to the patient by the same practitioner in the preceding 12 months; and
- (e) an attendance to which this item, item 92629, or item 147 of the general medical services table applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review

60. Schedule 2 (Group A40, item 92628, column 2)

Repeal paragraphs (d) and (e), substitute:

- (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91832, 91823, 91833, 91824, 91834, 91825, 91835, 91826 or 91836 applies has not been provided to the patient on the same day by the same practitioner; and
- (e) an attendance to which this item or item 92623 or item 145 of the general medical services table applies has not been provided to the patient by the same practitioner in the preceding 12 months

61. Schedule 2 (Group A40, item 92629, column 2)

Repeal paragraphs (c) to (e), substitute:

- (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91832, 91823, 91833, 91824, 91834, 91825, 91835, 91826 or 91836 applies was not provided to the patient on the same day by the same practitioner; and
- (d) an attendance to which item 141 or 145 of the general medical services table, or item 92623 or 92628 applies has been provided to the patient by the same practitioner in the preceding 12 months; and
- (e) an attendance to which this item, item 92624 or item 147 of the general medical services table applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review

62. Schedule 2, clause 2.2.1

Repeal the clause, substitute:

- (1) For an item in Subgroups 1 or 2 of Group T4:
 - (a) **midwife** has the same meaning as in clause 2.41.2 of the general medical services table;
 - (b) **nurse** has the same meaning as in clause 2.41.1 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 10981, 10982, 10990, 10991 or 10992; and
 - (d) for any particular patient, item 91850 and 91855 and item 16400 in the general medical services table apply not more than 10 times in a 9 month period.

63. Schedule 2 (Group T4, items 91852 and 91857, column 2, paragraph (e))

Omit “applies”, substitute “of the *Health Insurance (Midwife and Nurse Practitioner) Determination 2015* or item 91214, 91215, 91221 or 91222”.

64. Schedule 3, Division 3.1, heading

After “telehealth” insert “and phone”.

65. Schedule 3, clause 3.1.1, heading

After “attendances” insert “via telehealth and phone”.

66. Schedule 3, subclause 3.1.1(2)

Repeal the subclause.

67. Schedule 3, subclause 3.1.2(2)

Omit “91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92458, 92459, 92460, 92477, 92498, 92499 or 92500”, substitute “91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 or 92500”

68. Schedule 3, subclause 3.1.2(5)

Repeal the subclause, substitute:

- (5) If a child has previously been provided with a service mentioned in item 289 of the general medical services table or item 92434 or 92474, 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 or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 or 92500 applies.

69. Schedule 3, subclause 3.1.2(7)

Omit “item 135, 92140 or 92143”, substitute “item 135 of the general medical services table or item 92140 or 92143”.

70. Schedule 3, subclause 3.1.2(8)

Omit “item 137, 139, 92141, 92142, 92144 or 92145”, substitute “item 137 or 139 of the general medical services table or item 92141, 92142, 92144 or 92145”.

71. Schedule 3, subclause 3.1.3(2)

Repeal the subclause, substitute:

- (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 or items 91822 to 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 apply.

72. Schedule 3, subclause 3.1.3(5)

Repeal the subclause, substitute:

- (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 or item 92142 or 92145 applies.

73. Schedule 3, subclause 3.1.5(1)

After “items 91166 to 91176” add “and 91181 to 91188”.

74. Schedule 3, paragraph 3.1.5(1)(c)

Repeal the paragraph, substitute:

- (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 or items 91822, 91823, 91832 or 91833 applies; and

75. Schedule 3, end of clause 3.1.6

Insert:

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- (6) For any particular patient, items in Subgroups 19 to 22 of Group M18 do not apply unless the patient has been referred by:
- (a) a general practitioner or medical practitioner who issued the referral as part of a service to which an item in Subgroup 1 of the Eating Disorders Services Determination or item 92146, 92147, 92148, 92149, 92150, 92151, 92152, 92153, 92154, 92155, 92156, 92157, 92158, 92159, 92160 or 92161 applies; or
 - (b) a consultant physician in the specialty of psychiatry or paediatrics who issued the referral as part of a service to which an item in Subgroup 2 of the Eating Disorders Services Determination or item 92162, 92163, 92166 or 92167 applies; or
 - (c) a medical practitioner who issued the referral as part of a service to which an item in Subgroup 3 of the Eating Disorders Services Determination or item 92170 to 92173 or 92176 to 92179 applies.

76. Schedule 3 (Group M18, Subgroup 13, item 93026, column 2)

Repeal the cell, substitute:

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 by an eligible psychologist, eligible social worker or eligible mental health nurse as a telehealth attendance if:

- (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;

to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93029, 92136 and 92138 apply) for each pregnancy.

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

77. Schedule 3 (Group M18, Subgroup 14, item 93029, column 2)

Repeal the cell, substitute:

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 by an eligible psychologist, eligible social worker or eligible mental health nurse as a phone attendance if:

- (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

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- (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;

to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93026, 92136 and 92138 apply) for each pregnancy.

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

78. Schedule 4, clause 4.1.1

Repeal the clause.

79. Schedule 4, clause 4.1.2

Renumber as 4.1.1.

80. Schedule 4, clause 4.2.1, heading

Repeal the heading.

81. Schedule 4, subclause 4.2.1, not including the table

Repeal the subclause.

82. Amendments of listed provisions - Eating Disorders Services Determination

Omit "*Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*" and substitute "Eating Disorders Services Determination" in the following provisions:

- (a) Subsection 5(1) (definition of *eating disorder treatment and management plan*);
- (b) Subsection 5(1) (definition of *eligible patient*);
- (c) Schedule 3, subclause 3.1.6(5).

83. Amendments of listed provisions - Other Medical Practitioner Determination

Omit "*Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Determination 2018*" and substitute "Other Medical Practitioner Determination" in the following provisions:

- (a) Schedule 1, item 92055, column 2;
- (b) Schedule 1, item 92099, column 2;
- (c) Schedule 1, item 92100, column 2;
- (d) Schedule 1, item 92101, column 2;

(e) Schedule 1, item 92102, column 2.

84. Amendments of listed provisions – Allied Health Determination

Omit "*Health Insurance (Allied Health Services) Determination 2014*" and substitute "*Allied Health Determination*" in the following provisions:

- (a) subsection 5(1) (definition of *eligible Aboriginal health worker*);
- (b) subsection 5(1) (definition of *eligible Aboriginal and Torres Strait Islander health practitioner*);
- (c) subsection 5(1) (definition of *eligible audiologist*);
- (d) subsection 5(1) (definition of *eligible chiropractor*);
- (e) subsection 5(1) (definition of *eligible clinical psychologist*);
- (f) subsection 5(1) (definition of *eligible diabetes educator*);
- (g) subsection 5(1) (definition of *eligible dietitian*);
- (h) subsection 5(1) (definition of *eligible exercise physiologist*);
- (i) subsection 5(1) (definition of *eligible mental health worker*);
- (j) subsection 5(1) (definition of *eligible occupational therapist*);
- (k) subsection 5(1) (definition of *eligible osteopath*);
- (l) subsection 5(1) (definition of *eligible orthoptist*);
- (m) subsection 5(1) (definition of *eligible physiotherapist*);
- (n) subsection 5(1) (definition of *eligible psychologist*);
- (o) subsection 5(1) (definition of *eligible podiatrist*);
- (p) subsection 5(1) (definition of *eligible social worker*);
- (q) subsection 5(1) (definition of *eligible speech pathologist*);
- (r) subsection 5(1) (definition of *GP mental health treatment plan*);
- (s) paragraph 8(3)(c);
- (t) Schedule 1, paragraph 1.1.11(3)(c);
- (u) Schedule 3 (items 93000, 93013, 93032, 93033, 93035, 93036, 93040, 93041, 93043, 93044, 93048 and 93061).