



## **Health Insurance Legislation Amendment (2020 Measures No. 3) Regulations 2020**

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

Dated 10 December 2020

David Hurley  
Governor-General

By His Excellency's Command

Greg Hunt  
Minister for Health

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## 1 Name

This instrument is the *Health Insurance Legislation Amendment (2020 Measures No. 3) Regulations 2020*.

## 2 Commencement

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

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. Sections 1 to 4 and anything in this instrument not elsewhere covered by this table	The day after this instrument is registered.	15 December 2020
2. Schedule 1, Parts 1 to 9	1 March 2021.	1 March 2021
3. Schedule 1, Part 10	1 January 2021.	1 January 2021
4. Schedule 1, Part 11	Immediately after the commencement of the provisions covered by table item 2.	1 March 2021
5. Schedule 1, Part 12	At the same time as Schedule 1 to the <i>Health Insurance Amendment (General Practitioners and Quality Assurance) Act 2020</i> commences.	16 June 2021

Note: This table relates only to the provisions of this instrument as originally made.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

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

## 3 Authority

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

## 4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

## Schedule 1—Amendments

### Part 1—Colonoscopy services

#### *Health Insurance (General Medical Services Table) Regulations (No. 2) 2020*

##### **1 Schedule 1 (item 32223, column 2, paragraph (a))**

Repeal the paragraph, substitute:

- (a) who has had a colonoscopy that revealed:
- (i) 1 to 4 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or
  - (ii) 1 or 2 sessile serrated lesions, each of which was less than 10 mm in diameter, and without dysplasia; or

##### **2 Schedule 1 (cell at item 32224, column 2)**

Repeal the cell, substitute:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a moderate risk of colorectal cancer due to:

- (a) a history of adenomas, including an adenoma that:
- (i) was 10 mm or greater in diameter; or
  - (ii) had villous features; or
  - (iii) had high grade dysplasia; or
- (b) having had a previous colonoscopy that revealed:
- (i) 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or
  - (ii) 1 or 2 sessile serrated lesions, each of which was 10 mm or greater in diameter or had dysplasia; or
  - (iii) a hyperplastic polyp that was 10 mm or greater in diameter; or
  - (iv) 3 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or
  - (v) 1 or 2 traditional serrated adenomas, of any size

Applicable only once in any 3 year period (Anaes.)

##### **3 Schedule 1 (cell at item 32226, column 2)**

Repeal the cell, substitute:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to:

- (a) having either:
- (i) a known or suspected familial condition, such as familial adenomatous polyposis, Lynch syndrome or serrated polyposis syndrome; or
  - (ii) a genetic mutation associated with hereditary colorectal cancer; or
- (b) having had a previous colonoscopy that revealed:
- (i) 5 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or
  - (ii) 3 or more sessile serrated lesions, 1 or more of which was 10

mm or greater in diameter or had dysplasia; or  
(iii) 3 or more traditional serrated adenomas, of any size  
Applicable only once in any 12 month period (Anaes.)

## Part 2—Cardiothoracic procedures

### *Health Insurance (General Medical Services Table) Regulations (No. 2) 2020*

#### 4 Schedule 1 (items 30696 and 30710)

Repeal the items.

#### 5 Schedule 1 (after item 38415)

Insert:

38416	Endoscopic ultrasound guided fine needle aspiration biopsy or biopsies (endoscopy with ultrasound imaging) to obtain one or more specimens from either or both of the following: (a) mediastinal masses; (b) locoregional nodes to stage non-small cell lung carcinoma; other than a service associated with a service to which an item in Subgroup 1 of this Group, or item 38417 or 55054, applies (Anaes.)	580.90
38417	Endobronchial ultrasound guided biopsy or biopsies (bronchoscopy with ultrasound imaging, with or without associated fluoroscopic imaging) to obtain one or more specimens by: (a) transbronchial biopsy or biopsies of peripheral lung lesions; or (b) fine needle aspirations of one or more mediastinal masses; or (c) fine needle aspirations of locoregional nodes to stage non-small cell lung carcinoma; other than a service associated with a service to which an item in Subgroup 1 of this Group, item 38416, 38420 or 38423, or an item in Subgroup 15 of Group I3, applies (Anaes.)	580.90

#### 6 Schedule 1 (after item 38418)

Insert:

38419	Bronchoscopy, as an independent procedure (Anaes.)	183.60
38420	Bronchoscopy with one or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.)	242.40

#### 7 Schedule 1 (after item 38421)

Insert:

38422	Bronchus, removal of foreign body in (H) (Anaes.) (Assist.)	379.25
38423	Fibreoptic bronchoscopy with one or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (Anaes.) (Assist.)	264.95

#### 8 Schedule 1 (after item 38424)

Insert:



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38425	Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures (H) (Anaes.) (Assist.)	623.15
38426	Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (H) (Anaes.) (Assist.)	467.50

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**9 Schedule 1 (items 41889, 41892, 41895, 41898, 41901 and 41905)**

Repeal the items.

## Part 3—Cardiac services

### *Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020*

#### 10 Subclause 1.2.21(6) of Schedule 1

Repeal the subclause, substitute:

- (6) Clauses 1.2.20, 2.1.17 and 2.5.8 apply, subject to subclauses (7), (8) and (8A), in addition to this clause.

#### 11 After subclause 1.2.21(8) of Schedule 1

Insert:

- (8A) For the purposes of clause 2.1.17, if a medical practitioner provides:
- (a) 2 or more echocardiogram services mentioned in subclause 2.1.17(1) for the same patient on the same day; and
  - (b) one or more other diagnostic imaging services for that patient on that day; the amount of the fees payable for the echocardiogram services is taken, for this clause, to be an amount payable for one diagnostic imaging service.

#### 12 At the end of Division 2.1 of Part 2 of Schedule 1

Add:

### **Subdivision E—Subgroup 7 of Group II: Transthoracic and stress echocardiograms**

#### **2.1.11 Restrictions on items for transthoracic echocardiograms—assessments**

*Items 55126, 55127, 55128, 55129, 55133 and 55134*

- (1) Items 55126, 55127, 55128, 55129, 55133 and 55134 apply to a service only if the service includes assessments of each of the following, to the extent possible:
- (a) the left ventricular structure and function, including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function;
  - (b) the right ventricular structure and function, with quantitative assessment;
  - (c) the left and right atrial structure, including quantification of atrial sizes;
  - (d) the vascular connections of the heart, including the great vessels and systemic venous structures;
  - (e) the pericardium and any haemodynamic consequences of pericardial abnormalities;
  - (f) all present valves, including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation;
  - (g) additional haemodynamic parameters, including the assessment of pulmonary pressures.

*Item 55132*

- (2) Item 55132 applies to a service only if the service includes assessments of each of the following, to the extent possible:
- (a) the ventricular structure and function, including quantification of systolic function (if the ventricular configuration allows accurate quantification) using at least one of M-mode, 2-dimensional or 3-dimensional imaging;
  - (b) the diastolic function;
  - (c) the atrial structure, including quantification of atrial sizes;
  - (d) the vascular connections of the heart, including the great vessels and systemic venous structures;
  - (e) the pericardium and any haemodynamic consequences of pericardial abnormalities;
  - (f) all present valves, including structural assessment and measurement of blood flow velocities across the valves using relevant Doppler techniques with quantification;
  - (g) subxiphoid views where recommended for congenital heart lesions;
  - (h) additional haemodynamic parameters relevant to the clinical condition under review.

*Item 55137*

- (3) Item 55137 applies to a service only if the service includes assessments of each of the following, to the extent possible:
- (a) the ventricular structure and function;
  - (b) the atrial structure;
  - (c) the vascular connections of the heart, including the great vessels and systemic venous structures;
  - (d) the pericardium and any haemodynamic consequences of pericardial abnormalities;
  - (e) all present valves, including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation.

**2.1.12 Restriction on item 55126—timing**

Item 55126 does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55127, 55128, 55129, 55132, 55133 or 55134 applies has been provided to the patient.

**2.1.13 Restriction on items for stress echocardiograms—patients, requests and requirements**

- (1) Items 55141, 55143, 55145 and 55146 apply to a service performed on a patient only if:
- (a) one or more of subclauses 2.1.14(1), (2) and (3) apply to the patient; and
  - (b) the request for the service identifies any symptoms or clinical indications mentioned in those subclauses that apply to the patient; and
  - (c) the service is performed in accordance with clause 2.1.15; and
  - (d) subclause (2) does not apply to the patient.
- (2) This subclause applies to a patient if:

- (a) stress echocardiography would not provide adequate information about the patient because of:
  - (i) the patient's body habitus, or other physical conditions (including heart rhythm disturbance); or
  - (ii) the patient's inability to exercise to the required extent; or
- (b) the results of a previous imaging service indicate that a stress echocardiogram service would not provide adequate information.

#### **2.1.14 Stress echocardiograms—patients**

- (1) This subclause applies to a patient if:
  - (a) the patient displays symptoms of typical or atypical angina, including constricting discomfort of one or more of the following:
    - (i) the front of the chest;
    - (ii) the neck;
    - (iii) the shoulders;
    - (iv) the jaw;
    - (v) the arms; or
  - (b) the patient's symptoms are:
    - (i) precipitated by physical exertion; or
    - (ii) relieved within 5 minutes or less by rest or glyceryl trinitrate.
- (2) This subclause applies to a patient if:
  - (a) the patient has known coronary artery disease; and
  - (b) the patient displays one or more symptoms that are suggestive of ischaemia; and
  - (c) the symptoms:
    - (i) are not adequately controlled with medical therapy; or
    - (ii) have evolved since the last functional study undertaken of the patient.
- (3) This subclause applies to a patient if one or more of the following clinical indications apply to the patient:
  - (a) assessment of myocardial ischaemia with exercise is required because the patient has congenital heart lesions, has undergone surgery and reversal of ischemia is considered possible;
  - (b) the patient does not have a known coronary artery disease but assessment indicates that resting twelve-lead electrocardiogram changes are consistent with coronary artery disease or ischaemia;
  - (c) coronary artery disease related lesions, of uncertain functional significance, have previously been identified on a computed tomography coronary angiography or invasive coronary angiography;
  - (d) an assessment by a specialist or consultant physician indicates that the patient has potential non-coronary artery disease, where a stress echocardiography study is likely to assist the diagnosis;
  - (e) an assessment indicates that the patient has undue exertional dyspnoea of uncertain aetiology;
  - (f) a pre-operative assessment of the patient, who has a functional capacity of less than 4 metabolic equivalents, confirms that surgery is an intermediate to high risk, and the patient also has at least one of the following conditions:

- (i) ischaemic heart disease;
- (ii) previous myocardial infarction;
- (iii) heart failure;
- (iv) stroke;
- (v) transient ischaemic attack;
- (vi) renal dysfunction (serum creatinine greater than 170 $\mu$ mol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min);
- (vii) diabetes mellitus requiring insulin therapy;
- (g) assessment is required before cardiac surgery or catheter-based interventions to:
  - (i) increase the cardiac output to assess the severity of aortic stenosis; or
  - (ii) determine whether valve regurgitation worsens with exercise or correlates with functional capacity; or
  - (iii) correlate functional capacity with the ischaemic threshold;
- (h) either silent myocardial ischaemia is suspected or, due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

### **2.1.15 Stress echocardiograms—requirements**

#### *Safety requirements*

- (1) A stress echocardiogram service must be performed:
  - (a) on premises equipped with resuscitation equipment, including a defibrillator; and
  - (b) by a person trained in the matters mentioned in subclause (4) and cardiopulmonary resuscitation who is in continuous personal attendance during the procedure.
- (2) At the time the service is performed, a second person trained in the matters mentioned in subclause (4) and cardiopulmonary resuscitation must be located at the premises, and must be immediately available to respond if required.
- (3) One of the persons mentioned in subclauses (1) and (2) must be a medical practitioner.
- (4) For the purposes of paragraph (1)(b) and subclause (2), the matters are:
  - (a) how to safely perform exercise or pharmacological stress monitoring and recording; and
  - (b) how to recognise the symptoms and signs of cardiac disease.

#### *Other requirements*

- (5) A stress echocardiogram service must include all of the following:
  - (a) for an exercise stress echocardiogram:
    - (i) two-dimensional recordings before exercise (baseline) from at least 2 acoustic windows; and
    - (ii) matching recordings at, or immediately after, peak exercise, including at least parasternal short and long axis views, and apical 4-chamber and 2-chamber views;
  - (b) for a pharmacological stress echocardiogram:

- (i) two-dimensional recordings before drug infusion (baseline) from at least 2 acoustic windows; and
- (ii) at least 2 matching recordings during drug infusion (with one recording at the time of the peak drug dose), including at least parasternal short and long axis views, and apical 4-chamber and 2-chamber views;
- (c) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen;
- (d) resting electrocardiogram and continuous multi-channel electrocardiogram monitoring and recording during stress;
- (e) blood pressure monitoring and the recording of other parameters (including heart rate).

**2.1.16 Restrictions on items for stress echocardiograms—timing**

- (1) Item 55141 does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55143, 55145 or 55146 applies has been provided to the patient.
- (2) Item 55145 does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55141, 55143 or 55146 applies has been provided to the patient.
- (3) Item 55146 does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55143 or 55145 applies has been provided to the patient.

**2.1.17 Transthoracic and stress echocardiograms—fees for multiple services**

- (1) If a medical practitioner provides 2 or more echocardiogram services mentioned in items 55126, 55127, 55128, 55129, 55132, 55133, 55134, 55137, 55141, 55143, 55145 or 55146 for the same patient on the same day, any fees specified for the items that apply to the services, except the highest fee, are reduced by 40%.
- (2) For the purposes of subclause (1):
  - (a) if 2 or more applicable fees are equally the highest—only one of those fees is taken to be the highest fee; and
  - (b) if a reduced fee calculated under subclause (1) is not a multiple of 5 cents—the reduced fee is taken to be the nearest amount that is a multiple of 5 cents.

**2.1.18 Items in Subgroup 7 of Group II**

This clause sets out items in Subgroup 7 of Group II.

<b>Group II—Ultrasound</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
<b>Subgroup 7—Transthoracic and stress echocardiograms</b>		
55126	Initial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with	234.15

<b>Group II—Ultrasound</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	<p>recordings on digital media, if the service:</p> <p>(a) is for the investigation of any of the following:</p> <ul style="list-style-type: none"> <li>(i) symptoms or signs of cardiac failure;</li> <li>(ii) suspected or known ventricular hypertrophy or dysfunction;</li> <li>(iii) pulmonary hypertension;</li> <li>(iv) valvular, aortic, pericardial, thrombotic or embolic disease;</li> <li>(v) heart tumour;</li> <li>(vi) symptoms or signs of congenital heart disease;</li> <li>(vii) other rare indications; and</li> </ul> <p>(b) is not associated with a service to which:</p> <ul style="list-style-type: none"> <li>(i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or</li> <li>(ii) an item in Subgroup 2 applies (except items 55118 and 55130); or</li> <li>(iii) an item in Subgroup 3 applies</li> </ul> <p>Applicable not more than once in a 24 month period (R)</p>	
55127	<p>Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service:</p> <p>(a) is for the investigation of known valvular dysfunction; and</p> <p>(b) is requested by a specialist or consultant physician; and</p> <p>(c) is not associated with a service to which:</p> <ul style="list-style-type: none"> <li>(i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or</li> <li>(ii) an item in Subgroup 2 applies (except items 55118 and 55130); or</li> <li>(iii) an item in Subgroup 3 applies (R)</li> </ul>	234.15
55128	<p>Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service:</p> <p>(a) is for the investigation of known valvular dysfunction; and</p> <p>(b) is requested by a medical practitioner (other than a specialist or consultant physician) at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and</p> <p>(c) is not associated with a service to which:</p> <ul style="list-style-type: none"> <li>(i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or</li> <li>(ii) an item in Subgroup 2 applies (except items 55118 and 55130); or</li> <li>(iii) an item in Subgroup 3 applies (R)</li> </ul>	234.15
55129	<p>Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if:</p> <p>(a) valvular dysfunction is not the primary issue for the patient (although it may be a secondary issue); and</p> <p>(b) the service is for the investigation of any of the following:</p> <ul style="list-style-type: none"> <li>(i) symptoms or signs of cardiac failure;</li> <li>(ii) suspected or known ventricular hypertrophy or dysfunction;</li> <li>(iii) pulmonary hypertension;</li> </ul>	234.15

**Schedule 1 Amendments**  
**Part 3 Cardiac services**

<b>Group II—Ultrasound</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	<ul style="list-style-type: none"> <li>(iv) aortic, thrombotic, embolic disease or pericardial disease (excluding isolated pericardial effusion or pericarditis);</li> <li>(v) heart tumour;</li> <li>(vi) structural heart disease;</li> <li>(vii) other rare indications; and</li> </ul> <p>(c) the service is requested by a specialist or consultant physician; and</p> <p>(d) the service is not associated with a service to which:</p> <ul style="list-style-type: none"> <li>(i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or</li> <li>(ii) an item in Subgroup 2 applies (except items 55118 and 55130); or</li> <li>(iii) an item in Subgroup 3 applies (R)</li> </ul>	
55132	<p>Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service:</p> <p>(a) is for the investigation of a patient who:</p> <ul style="list-style-type: none"> <li>(i) is under 17 years of age; or</li> <li>(ii) has complex congenital heart disease; and</li> </ul> <p>(b) is performed by a specialist or consultant physician practising in the speciality of cardiology; and</p> <p>(c) is not associated with a service to which:</p> <ul style="list-style-type: none"> <li>(i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or</li> <li>(ii) an item in Subgroup 2 applies (except items 55118 and 55130); or</li> <li>(iii) an item in Subgroup 3 applies (R)</li> </ul>	234.15
55133	<p>Frequent repetition serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service:</p> <p>(a) is for the investigation of a patient who:</p> <ul style="list-style-type: none"> <li>(i) has an isolated pericardial effusion or pericarditis; or</li> <li>(ii) has a normal baseline study, and has commenced medication for non-cardiac purposes that has cardiotoxic side effects and is a pharmaceutical benefit (within the meaning of Part VII of the <i>National Health Act 1953</i>) for the writing of a prescription for the supply of which under that Part an echocardiogram is required; and</li> </ul> <p>(b) is not associated with a service to which:</p> <ul style="list-style-type: none"> <li>(i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or</li> <li>(ii) an item in Subgroup 2 applies (except items 55118 and 55130); or</li> <li>(iii) an item in Subgroup 3 applies (R)</li> </ul>	210.75
55134	<p>Repeat real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, for the investigation of rare cardiac pathologies, if the service:</p> <p>(a) is requested by a specialist or consultant physician; and</p> <p>(b) is not associated with a service to which:</p> <ul style="list-style-type: none"> <li>(i) another item in this Subgroup applies (except items 55137,</li> </ul>	234.15



<b>Group II—Ultrasound</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	
55137	Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a fetus with suspected or confirmed: (i) complex congenital heart disease; or (ii) functional heart disease; or (iii) fetal cardiac arrhythmia; or (iv) cardiac structural abnormality requiring confirmation; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology with advanced training and expertise in fetal cardiac imaging; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); applies; or (iii) an item in Subgroup 3 applies (R)	234.15
55141	Exercise stress echocardiography focused study, other than a service associated with a service to which: (a) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	417.45
55143	Repeat pharmacological or exercise stress echocardiography if: (a) a service to which item 55141, 55145 or 55146 applies has been performed on the patient in the previous 24 months; and (b) the patient has symptoms of ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which: (i) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 12 month period (R)	417.45
55145	Pharmacological stress echocardiography, other than a service associated with a service to which: (a) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	483.85
55146	Pharmacological stress echocardiography if: (a) a service to which item 55141 applies has been performed on the patient in the previous 4 weeks, and the test has failed due to an inadequate heart rate response; and (b) the service is not associated with a service to which: (i) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies	483.85

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**Group II—Ultrasound**

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<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>

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Applicable not more than once in a 24 month period (R)

**13 Clause 2.4.1 of Schedule 1**

Omit “Items 61310 to 61505 and 61650 to 61647 apply”, substitute “An item in Subgroup 1 of Group I4 applies”.

**14 After clause 2.4.1 of Schedule 1**

Insert:

**2.4.1A Restriction on items for stress myocardial perfusion studies—patients, requests and requirements**

Items 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 and 61414 apply to a service performed on a patient only if:

- (a) one or more of subclauses 2.4.1B(1), (2) and (3) apply to the patient; and
- (b) the request for the service identifies any symptoms or clinical indications mentioned in those subclauses that apply to the patient; and
- (c) the service is performed in accordance with clause 2.4.1C.

**2.4.1B Stress myocardial perfusion studies—patients**

- (1) This subclause applies to a patient if:
  - (a) the patient displays symptoms of typical or atypical angina, including constricting discomfort of one or more of the following:
    - (i) the front of the chest;
    - (ii) the neck;
    - (iii) the shoulders;
    - (iv) the jaw;
    - (v) the arms; or
  - (b) the patient’s symptoms are:
    - (i) precipitated by physical exertion; or
    - (ii) relieved within 5 minutes or less by rest or glyceryl trinitrate.
- (2) This subclause applies to a patient if:
  - (a) the patient has known coronary artery disease; and
  - (b) the patient displays one or more symptoms that are suggestive of ischaemia; and
  - (c) the symptoms:
    - (i) are not adequately controlled with medical therapy; or
    - (ii) have evolved since the last functional study undertaken of the patient.
- (3) This subclause applies to a patient if one or more of the following clinical indications apply to the patient:
  - (a) the patient does not have a known coronary artery disease but assessment indicates that resting twelve-lead electrocardiogram changes are consistent with coronary artery disease or ischaemia;

- (b) coronary artery disease related lesions, of uncertain functional significance, have previously been identified on a computed tomography coronary angiography or invasive coronary angiography;
- (c) an assessment by a specialist or consultant physician indicates that the patient has possible painless myocardial ischaemia, where a stress myocardial perfusion study is likely to assist the diagnosis;
- (d) an assessment indicates that the patient has undue exertional dyspnoea of uncertain aetiology;
- (e) a pre-operative assessment of the patient, who has a functional capacity of less than 4 metabolic equivalents, confirms that surgery is an intermediate to high risk, and the patient also has at least one of the following conditions:
  - (i) ischaemic heart disease;
  - (ii) previous myocardial infarction;
  - (iii) heart failure;
  - (iv) stroke;
  - (v) transient ischaemic attack;
  - (vi) renal dysfunction (serum creatinine greater than 170umol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min);
  - (vii) diabetes mellitus requiring insulin therapy;
- (f) assessment, including quantification, is required before either percutaneous coronary intervention or coronary bypass surgery to quantify the extent and severity of myocardial ischaemia, and to ensure the criteria for intervention are met;
- (g) assessment is required of relative amounts of ischaemic viable myocardium and non-viable (infarcted) myocardium because the patient has a previous myocardial infarction;
- (h) assessment of myocardial ischaemia with exercise is required because the patient has congenital heart lesions, has undergone surgery and ischemia is considered possible;
- (i) the patient is under 17 years old, with coronary anomalies, and assessment of myocardial perfusion is required before and after cardiac surgery:
  - (i) for congenital heart disease; or
  - (ii) where there is a probable or confirmed coronary artery abnormality;
- (j) myocardial perfusion abnormality is suspected but, due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

#### **2.4.1C Stress myocardial perfusion studies—requirements**

- (1) A stress myocardial perfusion study must be performed:
  - (a) on premises equipped with resuscitation equipment, including a defibrillator; and
  - (b) by a person trained in cardiopulmonary resuscitation who is in continuous personal attendance during the procedure.
- (2) At the time the service is performed, a second person trained in the matters mentioned in subclause (4) and cardiopulmonary resuscitation must be located at the premises while the exercise test is performed, and must be immediately available to respond if required.

- (3) One of the persons mentioned in subclauses (1) and (2) must be a medical practitioner.
- (4) For the purposes of subclause (2), the matters are:
  - (a) how to safely perform exercise or pharmacological stress monitoring and recording; and
  - (b) how to recognise the symptoms and signs of cardiac disease.

#### 2.4.1D Restriction on items for myocardial perfusion studies—patients who are 17 years or older

- (1) Item 61321, 61324, 61329, 61345, 61357, 61394, 61398, 61406 or 61414 applies to a service provided to a patient who is 17 years or older not more than once each 24 months.
- (2) Item 61325 applies to a service provided to a patient who is 17 years or older not more than twice each 24 months.

### 15 Schedule 1 (after item 61314)

Insert:

61321	<p>Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if:</p> <p>(a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and</p> <p>(b) the service uses a single rest technetium-99m (Tc-99m) protocol; and</p> <p>(c) the service is requested by a specialist or a consultant physician; and</p> <p>(d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61325, 61329, 61345, 61398 or 61406 applies (R)</p>	329.00
61324	<p>Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if:</p> <p>(a) the patient has symptoms of cardiac ischaemia; and</p> <p>(b) at least one of the following applies:</p> <ol style="list-style-type: none"> <li>(i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information;</li> <li>(ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information;</li> <li>(iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and</li> </ol> <p>(c) the service includes resting ECG, continuous ECG monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and</p> <p>(d) the service is requested by a specialist or consultant physician; and</p> <p>(e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61325, 61329, 61345, 61357, 61394, 61398, 61406 or 61414 applies (R)</p>	653.05
61325	<p>Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if:</p>	329.00

- (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and
- (b) the service uses:
  - (i) an initial rest study followed by a redistribution study on the same day; and
  - (ii) a thallos chloride-201 (TI-201) protocol; and
- (c) the service is requested by a specialist or a consultant physician; and
- (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61329, 61345, 61398 or 61406 applies (R)

## **16 Schedule 1 (after item 61328)**

Insert:

61329	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: <ul style="list-style-type: none"><li>(a) the patient has symptoms of cardiac ischaemia; and</li><li>(b) at least one of the following applies:<ul style="list-style-type: none"><li>(i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information;</li><li>(ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information;</li><li>(iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and</li></ul></li><li>(c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and</li><li>(d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and</li><li>(e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61345, 61357, 61394, 61398, 61406 or 61414 applies (R)</li></ul>	982.05
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## **17 Schedule 1 (after item 61340)**

Insert:

61345	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: <ul style="list-style-type: none"><li>(a) the patient has symptoms of cardiac ischaemia; and</li><li>(b) at least one of the following applies:<ul style="list-style-type: none"><li>(i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information;</li><li>(ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information;</li><li>(iii) the patient has had a failed stress echocardiography provided in</li></ul></li></ul>	982.05
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**Schedule 1 Amendments**  
**Part 3 Cardiac services**

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- a service to which item 55141, 55143, 55145 or 55146 applies;  
and
- (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and
  - (d) the service is requested by a specialist or consultant physician; and
  - (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61357, 61394, 61398, 61406 or 61414 applies (R)

**18 Schedule 1 (after item 61348)**

Insert:

61349	<p>Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if:</p> <ul style="list-style-type: none"><li>(a) in the previous 24 months, the patient has had a service performed to which item 61324, 61329, 61345, 61357, 61394, 61398, 61406 or 61414 applies and has subsequently undergone a revascularisation procedure; and</li><li>(b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and</li><li>(c) at least one of the following applies:<ul style="list-style-type: none"><li>(i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information;</li><li>(ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information;</li><li>(iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and</li></ul></li><li>(d) the service is requested by a specialist or a consultant physician; and</li><li>(e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730 or 61410 applies</li></ul> <p>Applicable not more than once in 12 months (R)</p>	982.05
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**19 Schedule 1 (after item 61356)**

Insert:

61357	<p>Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if:</p> <ul style="list-style-type: none"><li>(a) the patient has symptoms of cardiac ischaemia; and</li><li>(b) at least one of the following applies:<ul style="list-style-type: none"><li>(i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information;</li><li>(ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information;</li><li>(iii) the patient has had a failed stress echocardiography provided in a service to which items 55141, 55143, 55145 or 55146 applies;</li></ul></li></ul>	653.05
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and

- (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and
- (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and
- (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61394, 61398, 61406 or 61414 applies (R)

## 20 Schedule 1 (after item 61393)

Insert:

61394	<p>Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if:</p> <ul style="list-style-type: none"> <li>(a) the patient has symptoms of cardiac ischaemia; and</li> <li>(b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and</li> <li>(c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and</li> <li>(d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and</li> <li>(e) the service is requested by a specialist or consultant physician; and</li> <li>(f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61398, 61406 or 61414 applies (R)</li> </ul>	653.05
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## 21 Schedule 1 (after item 61397)

Insert:

61398	<p>Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if:</p> <ul style="list-style-type: none"> <li>(a) the patient has symptoms of cardiac ischaemia; and</li> <li>(b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and</li> <li>(c) a stress echocardiography service is not available in the Modified Monash area where the services is provided; and</li> <li>(d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and</li> <li>(e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and</li> <li>(f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61406 or 61414 applies (R)</li> </ul>	982.05
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## 22 Schedule 1 (after item 61402)

Insert:

61406	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61414 applies (R)	982.05
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## 23 Schedule 1 (after item 61409)

Insert:

61410	Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) in the previous 24 months, the patient has had a service performed to which item 61324, 61329, 61345, 61357, 61394, 61398, 61406 or 61414 applies, and has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (d) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies Applicable not more than once in 12 months (R)	982.05
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## 24 Schedule 1 (after item 61413)

Insert:

61414	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and	653.05
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- (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and
- (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and
- (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and
- (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61406 applies (R)

## ***Health Insurance (General Medical Services Table) Regulations (No. 2) 2020***

### **25 Subclause 1.2.6(1) of Schedule 1**

Omit “11724”, substitute “11705, 11724, 11731”.

### **26 Subclause 1.2.7(1) of Schedule 1**

Omit “11724, 11728”, substitute “11705, 11724, 11728, 11731”.

### **27 Subclause 1.2.11(1) of Schedule 1**

Omit “11713, 11715, 11718, 11721, 11725, 11726, 11727”, substitute “11704, 11707, 11713, 11714, 11715, 11716, 11717, 11718, 11721, 11723, 11725, 11726, 11727, 11729, 11730, 11735”.

### **28 At the end of Part 1 of Schedule 1**

Add:

#### **1.2.13 Restriction on items—attendances on same day as electrocardiogram services are performed**

- (1) An item in Part 2 of this Schedule does not apply to a service (the *attendance service*) provided by a specialist or consultant physician to a patient on a day if an electrocardiogram service to which item 11716, 11717, 11723, 11729 or 11735 applies is provided by the specialist or consultant physician to the patient on the same day.
- (2) Subclause (1) does not apply if:
  - (a) the patient has been referred to the specialist or consultant physician; or
  - (b) the patient is being provided with ongoing care by the specialist or consultant physician; or
  - (c) both of the following apply:
    - (i) another medical practitioner has requested the electrocardiogram service;
    - (ii) the attendance service is provided at the same time as, or after, the electrocardiogram service and is required because there is an urgent clinical need to make decisions about the patient’s care as a result of the electrocardiogram service.

**1.2.14 Restriction on items—attendances on same day as echocardiogram services or myocardial perfusion study services are performed**

- (1) An item in Part 2 of this Schedule does not apply to a service (the *attendance service*) provided to a patient on a day if either of the following is provided to the patient on the same day:
  - (a) an echocardiogram service to which item 55126, 55127, 55128, 55129, 55132, 55133, 55134, 55137, 55141, 55143, 55145 or 55146 applies;
  - (b) a myocardial perfusion study service to which item 61321, 61324, 61325, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414 applies.
- (2) Subclause (1) does not apply if:
  - (a) both:
    - (i) the attendance service is provided after another service is provided to the patient; and
    - (ii) clinical management decisions are made about the patient during that other service; or
  - (b) the decision to perform the echocardiogram service or the myocardial perfusion study service on the same day is made as a result of a clinical assessment of the patient during the attendance service.

**29 After clause 4.1.3 of Schedule 1**

Insert:

**4.1.3A Restriction on items 11704, 11705 and 11723—services to include formal reports**

- (1) Items 11704, 11705 and 11723 apply to a service only if:
  - (a) the formal report required for the service complies with subclause (2); and
  - (b) a copy of the formal report is provided to the requesting practitioner.
- (2) The formal report must:
  - (a) be in writing; and
  - (b) include an interpretation of the trace, including the indicators for the investigation; and
  - (c) include comments on the significance of:
    - (i) the trace findings; and
    - (ii) the relationship of the trace findings to clinical decision making for the patient in the clinical context; and
  - (d) if appropriate—include a copy of the trace and any measurements taken or automatically generated; and
  - (e) for item 11705—be a report of a trace from a twelve-lead electrocardiography for the patient:
    - (i) provided with the request by the requesting practitioner; and
    - (ii) that has not previously been reported on.

**4.1.3B Restriction on item 11714—services to include clinical notes**

- (1) Item 11714 applies to a service only if:
  - (a) the clinical note required for the service complies with subclause (2); and

- (b) if appropriate, a copy of the clinical note is provided to the requesting practitioner.
- (2) The clinical note must include:
  - (a) comments on the significance of:
    - (i) the trace findings; and
    - (ii) the relationship of the trace findings to clinical decision making for the patient in the clinical context; and
  - (b) an interpretation that is not based solely on measurements or diagnoses automatically generated from the trace.

#### **4.1.3C Restriction on items 11704 and 11705—financial relationship**

Items 11704 and 11705 apply to a service only if the medical practitioner providing the service does not have a financial relationship with the medical practitioner who has requested the service.

#### **4.1.3D Restrictions on items 11729 and 11730—patient limitations**

- (1) Items 11729 and 11730 apply to a service provided to a patient only if:
  - (a) the patient's body habitus, or other physical condition, is suitable for exercise stress testing or pharmacological induced stress testing; and
  - (b) the patient can complete the exercise sufficiently, or respond adequately to pharmacological induced stress, for the required measurements to be taken.
- (2) Despite subclause (1), item 11729 does not apply to a service if:
  - (a) the patient is asymptomatic and has a normal cardiac examination; or
  - (b) the service is to monitor a patient who has a known cardiac disease, but the absence of symptom evolution suggests the disease has not progressed; or
  - (c) the patient has an abnormal resting electrocardiography result which would prevent the interpretation of results.
- (3) Despite subclause (1), item 11730 does not apply to a service if the patient is asymptomatic and has a normal cardiac examination.

#### **4.1.3E Restriction on items 11729 and 11730—safety requirements**

- (1) Items 11729 and 11730 apply to a service provided to a patient only if:
  - (a) the service is performed on premises equipped with resuscitation equipment, including a defibrillator; and
  - (b) a person trained in the matters mentioned in subclause (2) and cardiopulmonary resuscitation is in continuous personal attendance during the monitoring and recording; and
  - (c) at the time the service is performed, a second person trained in cardiopulmonary resuscitation is located at the premises and is immediately available to respond if required; and
  - (d) at least one of the persons mentioned in paragraphs (b) and (c) is a medical practitioner.
- (2) For the purposes of paragraph (1)(b), the matters are:
  - (a) how to safely perform exercise or pharmacological stress monitoring and recording; and

- (b) how to recognise the symptoms and signs of cardiac disease.

#### 4.1.3F Restriction on certain items—patients receiving hospital treatment or hospital-substitute treatment

Items 11704, 11707, 11714, 11716, 11717, 11723 and 11735 do not apply to a service provided to a patient if the patient is being provided with the service as part of an episode of:

- (a) hospital treatment; or
- (b) hospital-substitute treatment in respect of which the patient chooses to receive a benefit from a private health insurer.

#### 4.1.3G Restriction on certain items—other services on the same day

- (1) Item 11704 does not apply to a service if the specialist or consultant physician providing the service provides to the patient, on the same day, another service to which another item in Part 2 (attendances) applies.
- (2) Item 11705 does not apply to a service if the specialist or consultant physician providing the service provides to the patient, on the same day, another service to which another item in Part 2 (attendances) applies, unless there has been a significant change in the patient’s clinical condition or care circumstances that necessitates the providing of the service.

### 30 Schedule 1 (before item 11713)

Insert:

11704	Twelve-lead electrocardiography, trace and formal report, by a specialist or a consultant physician, if the service: (a) is requested by a requesting practitioner; and (b) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies	32.25
11705	Twelve-lead electrocardiography, formal report only, by a specialist or a consultant physician, if the service: (a) is requested by a requesting practitioner; and (b) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable not more than twice on the same day	19.00
11707	Twelve-lead electrocardiography, trace only, by a medical practitioner, if: (a) the trace: (i) is required to inform clinical decision making; and (ii) is reviewed in a clinically appropriate timeframe to identify potentially serious or life-threatening abnormalities; and (iii) does not need to be fully interpreted or reported on; and (b) the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable not more than twice on the same day	19.00

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**31 Schedule 1 (after item 11713)**

Insert:

11714	Twelve-lead electrocardiography, trace and clinical note, by a specialist or consultant physician, if the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable not more than twice on the same day	25.00
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**32 Schedule 1 (after item 11715)**

Insert:

11716	Continuous ambulatory electrocardiogram recording for 12 or more hours, by a specialist or consultant physician, if the service: (a) is indicated for the evaluation of any of the following: (i) syncope; (ii) pre-syncope episodes; (iii) palpitations where episodes are occurring more than once a week; (iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; (v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and (b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded electrocardiogram data (including resting electrocardiogram and the recording of parameters) and microprocessor based scanning analysis; and (c) includes interpretation and report; and (d) is not provided in association with ambulatory blood pressure monitoring; and (e) is not associated with a service to which item 11704, 11705, 11707, 11714, 11717, 11723, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable only once in any 4 week period	172.75
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11717	Ambulatory electrocardiogram monitoring, by a specialist or consultant physician, if the service: (a) utilises a patient activated, single or multiple event memory recording device that: (i) is connected continuously to the patient for between 7 and 30 days; and (ii) is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and (b) includes transmission, analysis, interpretation and reporting (including the indication for the investigation); and (c) is for the investigation of recurrent episodes of: (i) unexplained syncope; or (ii) palpitation; or (iii) other symptoms where a cardiac rhythm disturbance is suspected and where infrequent episodes have occurred; and (d) is not associated with a service to which item 11716, 11723, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215,	101.50
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12217 or 12250 applies  
Applicable only once in any 3 month period

### 33 Schedule 1 (after item 11721)

Insert:

11723	Ambulatory electrocardiogram monitoring, by a specialist or consultant physician, if the service: (a) utilises a patient activated, single or multiple event recording, on a memory recording device that: (i) is connected continuously to the patient for up to 7 days; and (ii) is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and (b) includes transmission, analysis, interpretation and formal report (including the indication for the investigation); and (c) is for the investigation of recurrent episodes of: (i) unexplained syncope; or (ii) palpitation; or (iii) other symptoms where a cardiac rhythm disturbance is suspected and where infrequent episodes have occurred; and (d) is not associated with a service to which item 11716, 11717, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable only once in any 3 month period	53.55
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### 34 Schedule 1 (after item 11728)

Insert:

11729	Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if: (a) the patient is 17 years or more; and (b) the patient: (i) has symptoms consistent with cardiac ischemia; or (ii) has other cardiac disease which may be exacerbated by exercise; or (iii) has a first degree relative with suspected heritable arrhythmia; and (c) the monitoring and recording: (i) is not less than 20 minutes; and (ii) includes resting electrocardiogram; and (d) a written report is produced by a medical practitioner that includes interpretation of the monitoring and recording data, commenting on the significance of the data, and the relationship of the data to clinical decision making for the patient in the clinical context; and (e) the service is not a service: (i) provided on the same occasion as a service to which item 11704, 11705, 11707 or 11714 applies; or (ii) performed within 24 months of a service to which item 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414	156.95
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applies		
Applicable only once in any 24 month period		
11730	<p>Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), if:</p> <p>(a) the patient is less than 17 years; and</p> <p>(b) the patient:</p> <ul style="list-style-type: none"> <li>(i) has symptoms consistent with cardiac ischemia; or</li> <li>(ii) has other cardiac disease which may be exacerbated by exercise; or</li> <li>(iii) has a first degree relative with suspected heritable arrhythmia; and</li> </ul> <p>(c) the monitoring and recording:</p> <ul style="list-style-type: none"> <li>(i) is not less than 20 minutes in duration; and</li> <li>(ii) includes resting electrocardiogram; and</li> </ul> <p>(d) a written report is produced by a medical practitioner that includes interpretation of the monitoring and recording data, commenting on the significance of the data, and the relationship of the data to clinical decision making for the patient in the clinical context; and</p> <p>(e) the service is not a service:</p> <ul style="list-style-type: none"> <li>(i) provided on the same occasion as a service to which item 11704, 11705, 11707 or 11714 applies; or</li> <li>(ii) performed within 24 months of a service to which item 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414 applies</li> </ul>	156.95
Applicable only once in any 24 month period		
11731	<p>Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming (if required), retrieval of stored data, analysis, interpretation and report, if the service is:</p> <p>(a) an investigation for a patient with:</p> <ul style="list-style-type: none"> <li>(i) cryptogenic stroke; or</li> <li>(ii) recurrent unexplained syncope; and</li> </ul> <p>(b) not a service to which item 38285 applies</p>	35.85
Applicable only once in any 4 week period		
11735	<p>Continuous ambulatory electrocardiogram recording for 7 days, by a specialist or consultant physician, if the service:</p> <p>(a) utilises intelligent microprocessor based monitoring, with patient triggered recording and symptom reporting capability, real time analysis of electrocardiograms and alerts and daily or live data uploads; and</p> <p>(b) is for the investigation of:</p> <ul style="list-style-type: none"> <li>(i) episodes of suspected intermittent cardiac arrhythmia or episodes of syncope; or</li> <li>(ii) suspected intermittent cardiac arrhythmia in a patient who has had a previous cerebrovascular accident, is at risk of cerebrovascular accident or has had one or more previous transient ischemic attacks; and</li> </ul> <p>(c) includes interpretation and report; and</p> <p>(d) is not a service:</p> <ul style="list-style-type: none"> <li>(i) provided in association with ambulatory blood pressure monitoring; or</li> <li>(ii) associated with a service to which item 11716, 11717,</li> </ul>	131.90

11723, 12203, 12204, 12205, 12207, 12208, 12210, 12213,  
12215, 12217 or 12250 applies

Applicable not more than 4 times in any 12 month period

**35 Schedule 1 (item 12203, column 2, paragraph (g))**

Omit “11713”, substitute “11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735”.

**36 Schedule 1 (item 12204, column 2, paragraph (h))**

Omit “11713”, substitute “11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735”.

**37 Schedule 1 (item 12205, column 2, paragraph (f))**

Omit “11713”, substitute “11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735”.

**38 Schedule 1 (item 12207, column 2, paragraph (g))**

Omit “11713”, substitute “11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735”.

**39 Schedule 1 (item 12208, column 2, paragraph (g))**

Omit “11713”, substitute “11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735”.

**40 Schedule 1 (item 12210, column 2, after paragraph (f))**

Insert:

; and (g) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient

**41 Schedule 1 (item 12213, column 2, after paragraph (f))**

Insert:

; and (g) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient

**42 Schedule 1 (item 12215, column 2, after paragraph (g))**

Insert:

; and (h) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient

**43 Schedule 1 (item 12217, column 2, after paragraph (g))**

Insert:

; and (h) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient

**44 Schedule 1 (item 12250, column 2, paragraph (g))**

Omit “11713”, substitute “11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735”.



## **Part 4—Eating disorder services**

### ***Health Insurance (General Medical Services Table) Regulations (No. 2)*** **2020**

#### **45 Subclause 1.2.2(1) of Schedule 1**

Omit “17609 and 17640 to 17655”, substitute “17609, 17640 to 17655, 90260, 90261, 90262, 90263, 90266, 90267, 90268 and 90269”.

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

Omit “17690 and 90020 to 90096”, substitute “17690, 90020 to 90096 and 90250 to 90282”.

#### **47 Subclause 1.2.6(1) of Schedule 1**

Omit “51318 and 90020 to 90096”, substitute “51318, 90020 to 90096 and 90250 to 90282”.

#### **48 Subclause 1.2.6(3) of Schedule 1**

Omit “16399 and 17609”, substitute “16399, 17609, 90262, 90263, 90268, 90269, 90279, 90280, 90281 and 90282”.

#### **49 Subclause 1.2.7(1) of Schedule 1**

Omit “51318 and 90020 to 90096”, substitute “51318, 90020 to 90096 and 90250 to 90282”.

#### **50 Paragraph 1.2.7(4)(c) of Schedule 1**

Omit “16399 and 17609”, substitute “16399, 17609, 90262, 90263, 90268, 90269, 90279, 90280, 90281 and 90282”.

#### **51 Clause 1.2.8 of Schedule 1**

Omit “10816 and 90020 to 90096”, substitute “10816, 90020 to 90096 and 90250 to 90282”.

#### **52 Clause 2.1.1 of Schedule 1 (at the end of the table)**

Add:

39	90272	The fee for item 90271	26.75	2.10
40	90274	The fee for item 90273	26.75	2.10
41	90276	The fee for item 90275	21.40	1.70
42	90278	The fee for item 90277	21.40	1.70

#### **53 Subclause 2.20.6(8) of Schedule 1**

Omit “accredited by the General Practice Mental Health Standards Collaboration”.

#### **54 Subclause 2.20.6(8) of Schedule 1 (note)**

Repeal the note.

## 55 At the end of Part 2 of Schedule 1

Add:

### Division 2.31—Group A36: Eating disorder services

#### 2.31.1 Application of items in Group A36

##### *Eligible patients*

- (1) Subject to this clause, the items in Group A36 apply to a service provided to a patient (an **eligible patient**) covered by clause 2.31.2.

##### *Preparation of eating disorder treatment and management plans*

- (2) The items in Subgroup 1 apply to a service provided to an eligible patient by a medical practitioner (other than a specialist or consultant physician) only if:
  - (a) the service includes the preparation of a plan for the patient in accordance with clause 2.31.3; and
  - (b) during the attendance, a copy of the plan and suitable education about the patient's eating disorder is given to the patient and, if authorised by the patient, the patient's carer.
- (3) The items in Subgroup 2 apply to a service provided to an eligible patient by a consultant physician only if:
  - (a) the service includes the preparation of a plan for the patient in accordance with the requirements in clause 2.31.3; and
  - (b) for a service provided by a consultant psychiatrist—during the attendance, the consultant uses an outcome tool (if clinically appropriate) and carries out a mental state examination; and
  - (c) for a service provided by a consultant paediatrician—during the attendance, the consultant undertakes an assessment of the patient that includes:
    - (i) a comprehensive history (including a psychosocial history and medication review); and
    - (ii) a comprehensive multi-organ system assessment or a detailed single-organ system assessment; and
  - (d) within 2 weeks of the attendance, a copy of the plan is given to:
    - (i) the referring practitioner; and
    - (ii) if clinically appropriate—the patient and, if authorised by the patient, the patient's carer.

##### *Review of eating disorder treatment and management plans*

- (4) The items in Subgroup 3 apply to a service provided to an eligible patient by a medical practitioner (other than a specialist or consultant physician) only if:
  - (a) the service includes a review of an eating disorder treatment and management plan in accordance with clause 2.31.4; and
  - (b) during the attendance, a copy of the plan and suitable education about the patient's eating disorder is given to the patient and, if authorised by the patient, the patient's carer.

- (5) The items in Subgroup 3 apply to a service provided to an eligible patient by a consultant physician only if:
- (a) the service includes a review of an eating disorder treatment and management plan in accordance with clause 2.31.4; and
  - (b) for a service provided by a consultant psychiatrist—during the attendance, the consultant uses an outcome tool (if clinically appropriate) and carries out a mental state examination; and
  - (c) for a service provided by a consultant paediatrician—during the attendance, the consultant undertakes an assessment of the patient that includes:
    - (i) a comprehensive history (including a psychosocial history and medication review); and
    - (ii) a comprehensive multi-organ system assessment or a detailed single-organ system assessment; and
  - (d) within 2 weeks of the attendance, a copy of the plan is given to:
    - (i) the referring practitioner; and
    - (ii) if clinically appropriate—the patient and, if authorised by the patient, the patient’s carer.

*Providing treatments under eating disorder treatment and management plans*

- (6) The items in Subgroup 4 apply to a service only if the service:
- (a) is provided by a medical practitioner covered by clause 2.31.5; and
  - (b) is clinically indicated by an eating disorder treatment and management plan; and
  - (c) is provided using at least one mental health care management strategy covered by clause 2.31.6.

### **2.31.2 Eating disorder services—patients**

- (1) For the purposes of clause 2.31.1, a patient is covered by this clause if:
- (a) the patient has a clinical diagnosis of anorexia nervosa; or
  - (b) both:
    - (i) the patient has a clinical diagnosis of bulimia nervosa, a binge-eating disorder or other specified feeding or eating disorder; and
    - (ii) subclause (2) applies to the patient.
- (2) This subclause applies to a patient if:
- (a) the patient has been assessed as having an eating disorder classified as severe based on clinical screening tool results; and
  - (b) the patient’s condition is characterised by:
    - (i) rapid weight loss; or
    - (ii) frequent binge eating or inappropriate compensatory behaviour, as manifested by 3 or more occurrences per week; and
  - (c) at least 2 of the following apply to the patient:
    - (i) the patient is clinically underweight, with a body weight of less than 85% of the expected weight of the patient, and the weight loss is directly attributable to the eating disorder;
    - (ii) the patient is currently at risk, or has a high risk, of medical complications due to eating disorder behaviours and symptoms;

- (iii) serious comorbid medical or psychological conditions are significantly impacting on the patient's physical or psychological health and ability to function;
- (iv) the patient has been admitted to a hospital for an eating disorder in the previous 12 months;
- (v) the patient has had an inadequate treatment response to evidence based eating disorder treatment over the previous 6 months despite actively and consistently participating in the treatment.

### **2.31.3 Eating disorder services—requirements for eating disorder treatment and management plan**

For the purposes of clause 2.31.1, a plan for the treatment and management of a patient's eating disorder must:

- (a) be in writing; and
- (b) include the following:
  - (i) an opinion on the diagnosis of the patient's eating disorder;
  - (ii) treatment options and recommendations to manage the patient's condition for 12 months commencing on the day the plan is prepared;
  - (iii) an outline of the options for the referral of the patient to allied health professionals for mental health and dietetic services, and to specialists, as appropriate;
  - (iv) if the plan is prepared by a consultant psychiatrist—a comprehensive evaluation of the patient's biological, psychological and social issues, and management recommendations addressing those issues;
  - (v) if the plan is prepared by a consultant paediatrician—a comprehensive history of the patient (including a psychosocial history and medication review) and a comprehensive multi-organ system assessment or a detailed single-organ system assessment; and
- (c) be expressed to expire at the end of the period mentioned in subparagraph (b)(ii).

### **2.31.4 Eating disorder services—requirements for review of eating disorder treatment and management plan**

- (1) For the purposes of clause 2.31.1, a review of an eating disorder treatment and management plan for a patient must include a review of the treatment efficacy of treatments provided under the plan, including by discussing with the patient whether the treatments are meeting the patient's needs.
- (2) In conducting the review, the reviewing practitioner must:
  - (a) if the treatment options in the plan are to be continued—modify the plan, in writing, to include the recommendation that the treatment options are to be continued; and
  - (b) if the treatment options in the plan are to be revised—modify the plan, in writing, to include the recommendation that the treatment options are to be revised and the revised treatment options.
- (3) If the review is conducted by a medical practitioner (other than a specialist or consultant physician), and the practitioner considers that it is appropriate for a consultant physician to review the plan, the practitioner must refer the patient to the consultant physician for the review of the plan.

### **2.31.5 Eating disorder services—medical practitioners for providing treatments**

For the purposes of clause 2.31.1, a medical practitioner is covered by this clause if:

- (a) the practitioner's name is entered in the register maintained by the Chief Executive Medicare under section 33 of the *Human Services (Medicare) Regulations 2017*; and
- (b) the practitioner is identified in the register as a medical practitioner who can provide services to which items in Subgroup 2 of Group A20, and items 283, 285, 286, 287, 371 and 372, apply; and
- (c) the practitioner meets any training and skills requirements determined by the General Practice Mental Health Standards Collaboration for providing those services.

Note 1: Section 33 of the *Human Services (Medicare) Regulations 2017* provides for the Chief Executive Medicare to establish and maintain a register of medical practitioners who may provide focused psychological strategies under the initiative known as the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) Initiative.

Note 2: For items 285, 286, 287, 371 and 372, see the determination about other medical practitioners under subsection 3C(1) of the Act.

### **2.31.6 Eating disorder services—mental health care management strategies for use in providing treatments**

For the purposes of clause 2.31.1, the following mental health care management strategies are covered by this clause:

- (a) family based treatment (including whole family, parent based, parent only or separated therapy);
- (b) adolescent focused therapy;
- (c) cognitive behavioural therapy;
- (d) specialist supportive clinical management;
- (e) Maudsley model of anorexia treatment in adults;
- (f) interpersonal therapy for bulimia nervosa or binge-eating disorder;
- (g) dialectical behavioural therapy for bulimia nervosa or binge-eating disorder;
- (h) focal psychodynamic therapy.

### **2.31.7 Restrictions on items in Group A36—general**

*Items do not apply to services provided to admitted patients*

- (1) An item in Group A36 does not apply to an attendance on an admitted patient.

*Limit on number of plans that can be prepared for a patient each year*

- (2) An item in Subgroup 1 or 2 of Group A36 does not apply to a service that is provided to a patient who has already been provided, in the previous 12 months, with:
  - (a) another service to which an item in Subgroup 1 or 2 of Group A36 applies; or
  - (b) a service to which an item in Subgroup 21 to 24 of Group A40 applies; or
  - (c) a service to which item 92422, 93423, 92431 or 92432 applies.

*Items do not apply to services provided in association with certain other services*

- (3) An item in Subgroup 1 of Group A36 does not apply to a service performed in association with a service to which item 279, 235 to 244, 735 to 758, 2713, 92115, 92121, 92127 or 92133 applies.
- (4) Items 90261 and 90263 do not apply to a service performed in association with a service to which item 110, 116, 119, 132, 133, 91824, 91825, 91826, 91834, 91835 or 91836 applies.
- (5) An item in Subgroup 3 of Group A36 does not apply to a service performed in association with a service to which item 279, 2713, 92115, 92121, 92127 or 92133 applies.

### **2.31.8 Restrictions on items in Group A36—attendance by video conference**

- (1) Items 90262, 90263, 90268 and 90269 apply to a service provided to a patient by video conference only if the patient:
  - (a) is located within a telehealth eligible area and, at the time of the attendance, is at least 15 kilometres by road from the medical practitioner providing the service; or
  - (b) is a care recipient in a residential aged care facility; or
  - (c) is a patient of:
    - (i) an Aboriginal Medical Service; or
    - (ii) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies.
- (2) Items 90279, 90280, 90281 and 90282 apply to a service provided to a patient by video conference only if the patient is located within a Modified Monash 4, 5, 6 or 7 area and, at the time of the attendance, is at least 15 kilometres by road from the medical practitioner providing the service.

### **2.31.9 Restriction on items in Group A36—limitation on number of services providing treatments under a plan**

- (1) An item in Subgroup 4 of Group A36 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:
  - (a) the service is provided more than 12 months after the plan is prepared; or
  - (b) the patient has already been provided with 40 services under the plan; or
  - (c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing practitioner is given that additional services should be provided under the plan; or
  - (d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:
    - (i) a medical practitioner (other than a specialist or consultant physician);
    - (ii) a consultant physician; or
  - (e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.

- (2) A reviewing practitioner may recommend that additional services be provided under a plan only if:
- (a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 or Subgroup 25 or 26 of Group A40 applies; and
  - (b) the service is provided:
    - (i) for the purposes of paragraph (1)(c)—after the patient has been provided with 10 services under the plan; and
    - (ii) for the purposes of paragraph (1)(d)—after the patient has been provided with 20 services under the plan; and
    - (iii) for the purposes of paragraph (1)(e)—after the patient has been provided with 30 services under the plan; and
  - (c) the practitioner records the recommendation in the patient’s records.
- (3) For the purposes of this clause, in counting the services providing treatments under a plan, only count the services to which any of the following apply:
- (a) items 283, 285, 286, 287, 371 and 372;
  - (b) items 2721, 2723, 2725 and 2727;
  - (c) items in Groups M6, M7 and M16 other than items 82350 and 82351;
  - (d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282;
  - (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.

### 2.31.10 Items in Group A36

This clause sets out items in Group A36.

<b>Group A36—Eating disorders</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
<b>Subgroup 1—Preparation of eating disorder treatment and management plans: general practitioners and non-specialist medical practitioners</b>		
90250	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes	73.95
90251	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes	108.85
90252	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes, if the practitioner has successfully completed mental health skills training	93.90
90253	Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes, if the practitioner has successfully completed mental health skills training	138.30
90254	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plant, lasting at least 20 minutes but	59.15

**Schedule 1** Amendments  
**Part 4** Eating disorder services

<b>Group A36—Eating disorders</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	less than 40 minutes	
90255	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 40 minutes	87.10
90256	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes, if the practitioner has successfully completed mental health skills training	75.10
90257	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 40 minutes, if the practitioner has successfully completed mental health skills training	110.65
<b>Subgroup 2—Preparation of eating disorder treatment and management plans: consultant physicians</b>		
90260	Professional attendance at consulting rooms by a consultant physician in the practice of the physician’s specialty of psychiatry to prepare an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 45 minutes	473.80
90261	Professional attendance at consulting rooms by a consultant physician in the practice of the physician’s specialty of paediatrics to prepare an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 45 minutes	276.25
90262	Professional attendance by a consultant physician in the practice of the physician’s specialty of psychiatry to prepare an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance is by video conference and lasts at least 45 minutes	473.80
90263	Professional attendance by a consultant physician in the practice of the physician’s specialty of paediatrics to prepare an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance is by video conference and lasts at least 45 minutes	276.25
<b>Subgroup 3—Review of eating disorder treatment and management plans</b>		
90264	Professional attendance by a general practitioner to review an eating disorder treatment and management plan	73.95
90265	Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to review an eating disorder treatment and management plan	59.15
90266	Professional attendance at consulting rooms by a consultant physician in the practice of the physician’s specialty of psychiatry to review an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 30 minutes	296.20



<b>Group A36—Eating disorders</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
90267	Professional attendance at consulting rooms by a consultant physician in the practice of the physician’s specialty of paediatrics to review an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance lasts at least 20 minutes	138.30
90268	Professional attendance by a consultant physician in the practice of the physician’s specialty of psychiatry to review an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance is by video conference and lasts at least 30 minutes	296.20
90269	Professional attendance by a consultant physician in the practice of the physician’s specialty of paediatrics to review an eating disorder treatment and management plan, if: (a) the patient is referred; and (b) the attendance is by video conference and lasts at least 20 minutes	138.30
<b>Subgroup 4—Providing treatments under eating disorder treatment and management plans</b>		
90271	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes	95.65
90272	Professional attendance at a place other than consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes	Amount under clause 2.1.1
90273	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes	136.85
90274	Professional attendance at a place other than consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes	Amount under clause 2.1.1
90275	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes	76.50
90276	Professional attendance at a place other than consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes	Amount under clause 2.1.1
90277	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes	109.50
90278	Professional attendance at a place other than consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes	Amount under clause 2.1.1
90279	Professional attendance at consulting rooms by a general practitioner to	95.65

Schedule 1 Amendments  
Part 4 Eating disorder services

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<b>Group A36—Eating disorders</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
	provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes, if the attendance is by video conference	
90280	Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes, if the attendance is by video conference	136.85
90281	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes, if the attendance is by video conference	76.50
90282	Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes, if the attendance is by video conference	109.50

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## 56 Clause 7.1.1 of Schedule 1

Insert:

***eating disorder treatment and management plan*** means a plan prepared in accordance with clause 2.31.3, including any modifications to the plan made in accordance with clause 2.31.4.

***mental health skills training*** means training of that name 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.

## **Part 5—Transvaginal repair of pelvic organ prolapse and procedures for the excision of graft material**

### *Health Insurance (General Medical Services Table) Regulations (No. 2) 2020*

#### **57 Subclause 1.2.6(1) of Schedule 1**

Omit “3028, 4001”, substitute “3028, 35570, 35571, 35573, 35577, 35581, 35582, 35585, 4001”.

#### **58 Clause 5.10.17 of Schedule 1 (heading)**

Repeal the heading, substitute:

#### **5.10.17 Restrictions on items in Subgroups 4 and 6 of Group T8—surgical techniques**

- (1) For items 35581 and 35582, the size of the excised graft material must be histologically tested and confirmed.

#### **59 Clause 5.10.17 of Schedule 1**

Before “Items”, insert “(2)”.

#### **60 Schedule 1 (after item 35569)**

Insert:

35570	Anterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving repair of urethrocele and cystocele; and (b) using native tissue without graft; other than a service associated with a service to which item 35573, 35577 or 35578 applies (H) (Anaes.) (Assist.)	571.15
35571	Posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving repair of one or more of the following: (i) perineum; (ii) rectocele; (iii) enterocele; and (b) using native tissue without graft; other than a service associated with a service to which item 35573, 35577 or 35578 applies (H) (Anaes.) (Assist.)	571.15

#### **61 Schedule 1 (after item 35572)**

Insert:

35573	Anterior and posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving anterior and posterior compartment defects; and (b) using native tissue without graft;	856.85
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**Schedule 1** Amendments**Part 5** Transvaginal repair of pelvic organ prolapse and procedures for the excision of graft material

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	other than a service associated with a service to which item 35577 or 35578 applies (H) (Anaes.) (Assist.)	
35577	Manchester (Donald Fothergill) operation for pelvic organ prolapse, involving either or both of the following: (a) cervical amputation; (b) anterior and posterior native tissue vaginal wall repairs without graft (H) (Anaes.) (Assist.)	695.60

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**62 Schedule 1 (after item 35578)**

Insert:

35581	Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), less than 2cm <sup>2</sup> in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35582 or 35585 applies (H) (Anaes.) (Assist.)	571.15
35582	Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), 2cm <sup>2</sup> or more in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35581 or 35585 applies (H) (Anaes.) (Assist.)	856.85
35585	Abdominal procedure, by open, laparoscopic or robot-assisted approach, if the service: (a) is for the removal of graft material: (i) in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure); or (ii) where the graft has penetrated adjacent organs such as the bladder (including urethra) or bowel; and (b) if required—includes retroperitoneal dissection, and mobilisation, of either or both of the bladder and bowel; other than a service associated with a service to which item 35581 or 35582 applies (H) (Anaes.) (Assist.)	1,519.20

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## **Part 6—Optical coherence tomography**

### ***Health Insurance (General Medical Services Table) Regulations (No. 2)*** **2020**

#### **63 Schedule 1 (after item 11218)**

Insert:

11219	Optical coherence tomography for diagnosis of an ocular condition for the treatment of which there is a medication that is: (a) listed on the pharmaceutical benefits scheme; and (b) indicated for intraocular administration Applicable only once in any 12 month period	41.25
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## Part 7—Mental health care telehealth services

### *Health Insurance (General Medical Services Table) Regulations (No. 2) 2020*

#### 64 Schedule 1 (after item 2727)

Insert:

2729	Professional attendance at consulting rooms, by a general practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, to provide focussed psychological strategies for assessed mental disorders, if: (a) the attendance is by video conference and lasts at least 30 minutes but less than 40 minutes; and (b) the patient is not an admitted patient; and (c) the patient is located within a Modified Monash 4, 5, 6 or 7 area and, at the time of the attendance, is at least 15 kilometres by road from the general practitioner	95.65
2731	Professional attendance at consulting rooms, by a general practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, to provide focussed psychological strategies for assessed mental disorders, if: (a) the attendance is by video conference and lasts at least 40 minutes; and (b) the patient is not an admitted patient; and (c) the patient is located within a Modified Monash 4, 5, 6 or 7 area and, at the time of the attendance, is at least 15 kilometres by road from the general practitioner	136.85

## **Part 8—Archival tissue retrieval**

### ***Health Insurance (Pathology Services Table) Regulations 2020***

#### **65 After clause 2.5.5 of Schedule 1**

Insert:

##### **2.5.5A Application of item 72860**

Item 72860 applies to a service (the *relevant service*) for a patient if:

- (a) the relevant service is subsequent to one or more earlier patient episodes involving:
  - (i) the rendering of services to which one or more items in Groups P5, P6 or P7 apply (other than item 72860); and
  - (ii) the collection of tissue material (either biopsy material or samples submitted for cytology) from which a tissue block was prepared; and
  - (iii) the archiving of the tissue material in formalin fixed paraffin embedded blocks; and
- (b) following the earlier patient episode or episodes, the treating practitioner determines that a service to which an item in Group P7 (which deal with genetic testing) applies is clinically necessary for the patient; and
- (c) the relevant service is rendered in a patient episode with services to which one or more items in Group P7 apply, but is not rendered in the same accredited pathology laboratory as those services.

#### **66 Schedule 1 (after item 72859)**

Insert:

72860	Retrieval and review of one or more archived formalin fixed paraffin embedded blocks to determine the appropriate samples for the purpose of conducting genetic testing, other than: <ul style="list-style-type: none"><li>(a) a service associated with a service to which item 72858 or 72859 applies; or</li><li>(b) a service associated with, and rendered in the same patient episode as, a service to which an item in Group P5, P6, P10 or P11 applies</li></ul> Applicable not more than once in a patient episode	85.00
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## Part 9—Computed tomography services

### *Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020*

#### 67 Schedule 1 (after item 57354)

Insert:

57357	<p>Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of the pulmonary arteries and their branches, including any scans performed before intravenous contrast injection— one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if:</p> <p>(a) the service is:</p> <ul style="list-style-type: none"><li>(i) performed for the exclusion of pulmonary arterial stenosis, occlusion, aneurysm or embolism and is requested by a specialist or consultant physician; or</li><li>(ii) performed for the exclusion of pulmonary arterial stenosis, occlusion or aneurysm, is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient’s case has been discussed with a specialist or consultant physician; or</li><li>(iii) performed for the exclusion of pulmonary embolism and is requested by a medical practitioner (other than a specialist or consultant physician); and</li></ul> <p>(b) the service is not:</p> <ul style="list-style-type: none"><li>(i) a service to which another item in this group applies; or</li><li>(ii) a study performed to image the coronary arteries (R) (Anaes)</li></ul>	517.65
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## **Part 10—Neurological services**

### ***Health Insurance (General Medical Services Table) Regulations (No. 2)*** **2020**

#### **68 Schedule 1 (items 39018, 39109 and 39113)**

After “(Anaes.)”, insert “(Assist.)”.

## Part 11—Other amendments

### *Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020*

#### **69 Schedule 1 (item 55118, column 2, paragraph (b))**

Repeal the paragraph, substitute:

(b) the service is not:

- (i) an intra-operative service; or
- (ii) a service associated with a service to which an item in Subgroup 3 of this Group applies

(R) (Anaes.)

#### **70 Clause 2.3.3 of Schedule 1**

Repeal the clause, substitute:

##### **2.3.3 Increased fees for certain diagnostic radiology services carried out at residential aged care facilities**

(1) This clause applies to a service to which item 57509, 57515, 57521, 57527, 57703, 57709, 57712, 57715, 58503, 58521, 58524, 58527 or 58903 applies.

(2) If:

- (a) a providing practitioner renders a service to a care recipient of a residential aged care facility during an attendance at the facility; and
- (b) subclause (3) does not apply in relation to that attendance; and
- (c) the service was requested during a personal attendance on the care recipient at the facility by the requesting practitioner; and
- (d) subclause (4) applies to the service;

the fee for the service is the amount listed in the item that applies to the service plus \$74.75.

(3) If:

- (a) a providing practitioner renders 2 or more services to one or more care recipients of a residential aged care facility during an attendance at the facility; and
- (b) the services were requested during personal attendances on the care recipients by one or more requesting practitioners at the facility; and
- (c) subclause (4) applies to at least one of the services;

the fee for the first service carried out during the attendance by the providing practitioner is the amount listed in the item that applies to the service plus \$74.75.

(4) This subclause applies to a service if the service is requested because a care recipient of a residential aged care facility:

- (a) for a service to which item 57509, 57515, 57521, 57527, 57703, 57709, 57712, 57715, 58521, 58524 or 58527 applies—has had a fall; and
- (b) for a service to which item 58503 applies—is suspected of having pneumonia or heart failure; and
- (c) for a service to which item 58903 applies—is suspected of having an acute abdomen or bowel obstruction.

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**71 Schedule 1 (item 57352, column 2, subparagraph (d)(ii))**

Omit “general practitioner”, substitute “medical practitioner (other than a specialist or consultant physician)”.

**72 Schedule 1 (items 57353 and 57354, subparagraph (c)(ii))**

Omit “general practitioner”, substitute “medical practitioner (other than a specialist or consultant physician)”.

**73 Clause 2.4.1 of Schedule 1 (heading)**

Repeal the heading, substitute:

**2.4.1 Nuclear scanning services (other than PET nuclear scanning services) and adjunctive services**

**74 Clause 2.4.1 of Schedule 1**

After “Subgroup 1”, insert “or 3”.

**75 Subdivision B of Division 2.4 of Part 2 of Schedule 1 (heading)**

Omit “Subgroups 1 and 2”, substitute “Subgroups 1, 2 and 3”.

**76 Clause 2.4.6 of Schedule 1 (heading)**

Omit “Subgroups 1 and 2”, substitute “Subgroups 1, 2 and 3”.

**77 Clause 2.4.6 of Schedule 1**

Omit “Subgroup 17 of Group I3”, substitute “Subgroups 1, 2 and 3 of Group I4”.

**78 Schedule 1 (item 61505)**

Repeal the item.

**79 Clause 2.4.6 of Schedule 1 (at the end of the table)**

Add:

**Subgroup 3—Adjunctive services**

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61505	CT scan:	100.00
	(a) performed at the same time as, and covering the same body area as, single photon emission tomography or positron emission tomography; and	
	(b) performed for the purpose of anatomic localisation or attenuation correction; and	
	(c) performed in association with a service to which an item in Subgroup 1 or 2 of Group I4 applies;	
	if no separate diagnostic CT report is issued (R)	

**80 Clause 3.1 of Schedule 1 (definition of *eligible X-ray procedure*)**

Repeal the definition.

***Health Insurance (General Medical Services Table) Regulations (No. 2)  
2020***

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

Omit “3014, 6019”, substitute “3014, 6009 to 6015, 6019”.

**82 Schedule 1 (items 12210 and 12213, column 2, paragraph (g))**

Omit “11707, 11714”, substitute “11707, 11713, 11714”.

**83 Schedule 1 (items 12215 and 12217, column 2, paragraph (h))**

Omit “11707, 11714”, substitute “11707, 11713, 11714”.

**84 Schedule 1 (item 15338)**

Omit “(H) (Anaes.)”.

**85 Schedule 1 (item 15900)**

Omit “radiotherapy, using an intrabeam device”, substitute “radiation therapy, using an Intrabeam<sup>®</sup> or Xofig<sup>®</sup> Axxent<sup>®</sup> device”.

**86 Schedule 1 (item 15900)**

Omit “(H)”, substitute “Applicable only once per breast per lifetime (H)”.

**87 Schedule 1 (cell at item 22060, column 3)**

Omit “408.00”, substitute “612.00”.

**88 Schedule 1 (item 30196, column 2, paragraph (b))**

After “dermatology”, insert “or plastic surgery”.

**89 Schedule 1 (item 30202)**

After “dermatology”, insert “or plastic surgery”.

**90 Schedule 1 (item 30630)**

Repeal the item.

**91 Schedule 1 (cell at item 31516, column 2)**

Repeal the cell, substitute:

Breast, malignant tumour, complete local excision of, with or without frozen section histology when targeted intraoperative radiation therapy (using an Intrabeam<sup>®</sup> or Xofig<sup>®</sup> Axxent<sup>®</sup> device) is performed concurrently, if the patient satisfies the requirements mentioned in paragraphs (a) to (g) of item 15900

Applicable only once per breast per lifetime (H) (Anaes.) (Assist.)

**92 Schedule 1 (item 42739)**

Omit “anaesthetic services”, substitute “the administration of anaesthetic by a specialist anaesthetist”.

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**93 Schedule 1 (after item 45656)**

Insert:

- 45658      Correction of a congenital deformity of the ear if: 537.55
- (a) the congenital deformity is not related to a prominent ear; and
  - (b) the deformity has been clinically diagnosed as a constricted ear, Stahl's ear, or a similar congenital deformity; and
  - (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes
- (H) (Anaes.) (Assist.)

***Health Insurance (Pathology Services Table) Regulations 2020***

**94 Schedule 1 (cell at item 73296, column 2)**

Repeal the cell, substitute:

Characterisation of germline gene variants:

- (a) including copy number variation in:
  - (i) BRCA1 genes; and
  - (ii) BRCA2 genes; and
  - (iii) one or more of the genes STK11, PTEN, CDH1, PALB2 and TP53; and
- (b) in a patient:
  - (i) with breast, ovarian, fallopian tube or primary peritoneal cancer; and
  - (ii) for whom clinical and family history criteria (as assessed, by the specialist or consultant physician who requests the service, using a quantitative algorithm) place the patient at greater than 10% risk of having a pathogenic or likely pathogenic gene variation identified in one or more of the genes specified in subparagraphs (a)(i), (ii) and (iii);requested by a specialist or consultant physician

**95 Schedule 1 (cell at item 73297, column 2)**

Repeal the cell, substitute:

Characterisation of germline gene variations:

- (a) including copy number variation in:
  - (i) BRCA1 genes; and
  - (ii) BRCA2 genes; and
  - (iii) one or more of the genes STK11, PTEN, CDH1, PALB2 and TP53; and
- (b) in a patient who:
  - (i) is a biological relative of a patient who has had a pathogenic or likely pathogenic gene variation identified in one or more of the genes mentioned in subparagraphs (a)(i), (ii) and (iii); and
  - (ii) has not previously received a service to which item 73295, 73296 or 73297 applies;requested by a specialist or consultant physician

**96 Schedule 1 (item 73357, column 2, paragraph (a))**

Omit “first-degree”, substitute “biological”.

***Health Insurance Regulations 2018***

**97 Subsection 28(1) (table item 28C)**

Repeal the table item.

## **Part 12—Consequential amendments**

### ***Health Insurance (General Medical Services Table) Regulations (No. 2) 2020***

#### **98 Clause 1.1.3 of Schedule 1**

Omit “paragraph (c)”, substitute “paragraph (b)”.

#### **99 Clause 1.1.3 of Schedule 1 (note)**

Omit “section 22”, substitute “section 16”.